

Connections between post-1994 Health Care and Street-level Bureaucracy



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Abstract

Performance metrics continue to be a useful tool for modifying bureaucratic procedures in the workplace, although the majority of bureaucracy research and intervention has been centred on increasing efficiency. Lipsky (1980) contends that street-level bureaucracy is compelled to consider the public objectives of efficiency and cost effectiveness, except for unique circumstances like a new service plan for locating clients. This conceptual article, which is based on secondary sources like journals, explains how the provision of health services changed during the apartheid era and how it was notably progressive considering the passage of laws protecting patients' constitutional rights. The article further argues that improvements in people's access to health care were brought about by the democratic dispensation, departing from a time when segregation of South African health services was regulated by law.

Keywords: Street-level bureaucracy, health sector, bureaucracy, apartheid, performance management, policy, authority, discretion

Introduction

Health personnel have attempted to give equal care in the face of inadequate financial allocations in the post-1994 civil service bureaucracy. Worth

mentioning is that health care professionals are tasked with enforcing regulations based on the requirements of the Constitution to minimise the impact of uneven access to care.

Brauns (2014) contends, however, that although the health sector is regarded as competent in ideation, policy formulation, resource allocation, and recommendation making, it is not in policy execution. This is highly likely to occur in situations where there is a severe lack of personnel and resources, which is unique to developing nations like South Africa (Meyer and Cloete 2006).

Whilst Lipsky (1980) did not have a democratic South Africa in mind, he overlooks the significance of community health workers in mitigating the influx of patients in public hospitals. Sudhipongpracha and Poocharoen (2021, p. 235) claim that, despite not being formally employed by local governments, community health workers (CHWs) carry out public service responsibilities in their communities by providing basic medical care and health education in compliance with orders from public health authorities. Because they allow private actors to actively participate in supervising and performing public functions, CHWs are an essential component of contemporary government.

Since health care workers cannot control negative social determinants of health like poverty, unhealthy housing, high transportation costs, unemployment, etc., these factors have hampered efforts to implement health reforms since 1994. Nevertheless, given the eventual containment of the Covid-19 pandemic, these obstacles are not insurmountable. Except for Sweden, the Scandinavian nations, Germany, France, Portugal, Israel, New Zealand, and other nations were sure to fortify their health systems and keep their borders closed (Goffen and Lotta 2021). It is noteworthy that even though Covid-19 was unprecedented and that governmental decisions were made to adopt these initiatives, health care personnel were ultimately responsible for putting the policy into action, which successfully contained the pandemic and prevented additional deaths.

Negativity Surrounding Post-apartheid Health Care

Given the restricted access that existed during apartheid, health care professionals are in a good position to provide services in restorative and participative ways thanks to their discretionary powers. However, Harris (2015) contends that authoritarian practices persist in post-apartheid

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health services that could impede access to care. These practices include abusive street-level bureaucracy and the top-down imposition of new policies that force health care providers to put the demands of managers ahead of the needs of patients. In times of personnel shortage, this could manifest as worn-out nurses being forced to work the required overtime.

Using a veiled allusion to discretion, Lipsky (1980) contends that employee compliance is influenced by how legitimate managers' instructions are viewed. According to Verloo (2019), street-level bureaucrats make two decisions about citizens' participation in policymaking and planning: first, they determine whether a citizen is eligible for government benefits; second, they use their discretionary powers to decide how to implement strategies and regulations. I would argue that street-level officials have the discretionary power

to handle circumstances as they see fit. However, noting that street-level bureaucrats contend with policies that are sometimes at odds with the realities of frontline work, Fox, Bayat, and Ferreira (2006), raise the prospect that policies are sometimes predicated on false information, irrationality, or impossibilities. This justification calls into question the belief that the nation has excellent policies, some of which may be beyond our capacity to carry out.

Noteworthy is that the improvements in South Africa's public health care delivery continue to be punctuated by elements of inadequacy insofar as equipment, infrastructure, shortage of medicine, staff shortage, influx of patients are concerned, and this results in worker alienation. Lipsky (1980, p. 75) asserts that worker alienation encapsulates several issues, including the degree to which the worker decides what gets done, has authority over what is created and how it is fashioned, and affects how the result is disposed of. Confronted with the challenges, health care workers express or repress their human and creative impulses through their professional activities. Leonardi, Paraciani and Raspanti (2024, p. 294) argue that a useful method for considering the heterogeneity of service realities is to use context as a guide. In this regard, through the conceptual lens of street-level bureaucracy theory, it is also feasible to observe how the South African public health care in which frontline workers operate affects their margins of discretion and responsibility. This has an impact on the bureaucratic relations and the standard of public services offered.

Impediments to Performance Efficiency

Hanning (2018) asserts that bureaucratic management has disadvantages of its own, one of which is that it restricts employees' freedom to be creative because they must fit into predetermined job profiles. This is a result of bureaucracy's rigidity and inability to accept workplace "order" aberrations. A counter-argument, on the other hand, is that since the work programme has become usual, health care professionals may find strategies to reduce stress at work without sacrificing the quality of care they provide to patients. The widely held perspective of street-level bureaucracy is that employees work in an environment with little oversight. According to Lipsky (1980), control

and supervision serve as a guidance for workers in making sure that bureaucratic objectives are met. Performance management, which allows management to identify unjustified departures from the standard, is one method of guaranteeing the accomplishment of these objectives.

Lipsky (1980), underlining the challenge of performance evaluation, notes that bureaucracies typically make it difficult to gauge employee performance. Similar in their viewpoint, Govender and Bussin (2020, p. 2) assert that research indicates that when there is a discrepancy between the organisation's goals and the metrics being used, performance management may have a negative effect on performance. The fact that quality is typically measured qualitatively and is hence descriptive in character is crucial to both points. It should be underlined that the discretionary acts of street-level bureaucrats can be evaluated by determining if, for instance, police operations were legal or went beyond the line of self-defence. For instance, in a hospital context, health care providers may be evaluated based on recommendations, grievances, and compliments. Assessing employees' performance in relation to precise roles and goals is the most effective way to do so.

According to Lipsky (1980), street-level bureaucrats are subject to agency goals, and public managers are drawn to holding them more accountable by restricting their discretion and choices—even though this may lessen their efficacy. In this context, the McDonald (2002) discovery is a relevant example. According to a British study on general practitioners' (GPs') working patterns, restricting their ability to allocate resources whenever they see fit will make the system less effective at managing supply and demand imbalances overall. This suggests that only street-level bureaucrats' discretionary powers can enhance system performance.

Bureaucracy Under Scrutiny

Discretionary powers can be a good break from the usual, but to produce the kinds of outcomes the organisation wants, they still need to elicit efficiency. According to Lipsky (1980), it is challenging to consistently ascertain what would have happened to a client in the absence of intervention.

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This is since individuals are complicated and the appropriate indications are insufficient. Bureaucratic principles would demand that the interventions be documented to serve as points of reference when executing policies to maximise efficiency. Zimmermann (2019) elaborates on the importance of documentation, stating that once information is codified, it becomes norms and regulations regarding how tasks should be completed. However, Zimmerman (2019) contends that because of its ostensibly rigid management style, companies frequently reject this structure. In reference to Zimmermann's (2019) claim, it may be deduced that efficiency can only be achieved if staff members are given the freedom to use their judgement.

Although research indicates that different academics have different opinions on the best ways to implement bureaucratic management, bureaucracy remains an essential mechanism in formal labour. According to Yuksel (2014), bureaucracy has been unable to solve issues related to teamwork, flexibility, adaptation, knowledge management, and employee contributions, among

other organisational and administrative issues. According to Yuksel (2014), a substantial amount of literature has been written about the drawbacks of bureaucracy. According to Bohm (2006), bureaucracy is frequently seen as ineffective, slow, typified by choices made from the top down and the misappropriation or waste of resources. One could argue that the advent of Lipsky's (1980) street-level bureaucracy theory in the late 1960s made employees more aware of opportunities for flexibility in the workplace.

Even though Zimmerman (2019) has reservations about bureaucracy, impersonal norms are one of the concepts that boost productivity. According to Weber (1986), the bureaucratic organisation's growth has always been primarily due to its complete technological supremacy over all prior organisations. Stated differently, bureaucracy is not restricted or deferential to the values or customs of any one institution. The management can enforce rules uniformly and impartially throughout the workforce by implementing impersonal regulations. Traditional leadership and charismatic authority both have the drawback of certain subordinates being immune from punishment should they break the rules due to their allegiance. This type of relationship could undermine the organisation's objectives and reduce its effectiveness.

In certain instances, a street-level bureaucrat's effectiveness may not always be obvious—rather, it may only be demonstrated by the client's actions following their recommendations. According to Lipsky (1980), street-level bureaucrats have different interests from managers since they must do their work quickly. Street-level bureaucrats like health care workers learn to take short cuts and simplify tasks to handle the pressure of their jobs since they must use judgement when handling a lot of work with little resources. The supervisors of the agencies in which street-level bureaucrats work frequently do not approve of the coping techniques they adopt. Occasionally, the public and their clients scrutinise the attitudes exhibited by street-level bureaucrats. According to Lipsky (1980), important public affairs include the decisions made by clients and the deeds of local administrators. His point of view may suggest that public “oversight” is influenced by worries about client respect and work ethics.

Socialisation Impacting Workplace Environment?

Using the example of street-level bureaucrats, Lipsky (1980) argues that while socialisation explains some important aspects of professional performance, the immediate work environment does. In other words, Lipsky (1980) argues that the structured nature of the conduct demanded by the work environment limits the effects of socialisation. However, it should be noted that not all forms of socialisation are inherently *laissez-faire*; rather, those that are more restrictive may instil qualities like honesty and a sense of deference to authority. Thus, my contention is that the rapport that occasionally characterises the dyadic relationships between health care providers and patients is impacted by socialisation to a lesser degree as well as the rules of the workplace. I therefore find that socialisation is resilient to the formalities of the workplace.

It might be argued that health care workers' institutional expertise gives them the ability to diffuse conflicts between patients and management in the connection between street-level bureaucrats and their clients. Lipsky (1980), who seems to be concerned about this possibility, explains that when people are unable to receive services, street-level officials act as a mediator between the people and the government. They sometimes can mediate disputes between customers and the organisation that is offering a service. Street-level bureaucrats implement policies as frontline staff members do, and they are the first to address clients when the state does not influence service delivery.

For instance, a hospital staffing shortage could not be immediately apparent to all patients, which could lead to unjustified criticism of medical professionals. Frontline staff members may be held accountable for patient service delays due to their perceived sluggishness in response to complaints. In this situation, clients might not be aware of the systemic choices that cause the delivery of health services to deteriorate. According to Lipsky (1980), street-level bureaucrats take charge of their work in reaction to such situations to save their current arrangements and themselves. To put it plainly, they must demonstrate the importance of their presence, the rationale of their behaviour, and the

status quo as a coping strategy. By considering these possibilities, health care professionals can use their discretionary abilities to enhance their relationships with patients.

Conclusion

The discretionary powers enjoyed by street-level bureaucrats have proven to be a mitigating factor against the rigidity of government policies that remain at odds with the realities of frontline work. Whilst the needs of patients, regardless of political dispensation remain the same, South Africa's health care workers continue to provide health services despite resource shortages. The post-apartheid era health care is in part influenced by the innovative element inherent in street-level bureaucracy, resulting in progressive health care policies.

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