

UNIVERSITY OF SWAZILAND
FACULTY OF COMMERCE
DEPARTMENT OF BUSINESS ADMINISTRATION
SUPPLEMENTARY EXAMINATION 2005

TITLE OF PAPER: INDUSTRIAL RELATIONS

DEGREE AND YEAR: BACHELOR OF COMMERCE IV

COURSE NUMBER: BA 414

TIME ALLOWED: THREE (3) HOURS

INSTRUCTIONS

1. THIS PAPER CONSISTS OF SECTION (A) AND (B)
2. THE CASE STUDY SECTION (A) IS COMPULSORY
3. ANSWER ANY THREE QUESTIONS FROM SECTION B

NOTE: YOU ARE REMINDED THAT IN ASSESSING YOUR WORK, ACCOUNT WILL BE GIVEN OF THE ACCURACY OF LANGUAGE AND THE GENERAL QUALITY OF EXPRESSION, TOGETHER WITH THE LAYOUT AND PRESENTATION OF YOUR FINAL ANSWER.

THIS PAPER MUST NOT BE OPENED UNTIL THE INVIGILATOR HAS GRANTED PERMISSION.

GOOD LUCK!!!

CASE: A Thankless Dreary Task

It is 5: 30 AM and still dark, and here I am cleaning patients, floors and about to feed some of them because of certain physical disabilities. This is just the beginning of an 8i/2 hour shift that usually leaves one very exhausted. I have been asked by one of the News agents to go under cover and get a job with a hospital contract cleaning firm to see first hand what levels of hygiene we can expect in an average hospital. Hospital cleaners are under tense public scrutiny after numerous reports presented after the Hospitals audits by the Department of Health found that almost all the government hospitals except the newly opened one in Mankayane are unacceptably dirty, and often failing the most basis hygiene test. Filthy lavatories and bathrooms, some of which don't even flush; poor staff practices and grimy shabby wards were discovered in the last 2004 evaluation.

I had written a speculative letter applying for a job from Vital Hygiene, the hospital's private cleaning firm, half expecting it to be put on file. But I was contacted virtually by return of post and invited to an interview. This is conducted by a friendly, enthusiastic manager in one of the small basement offices occupied by the company representative. She says I will be taken on as a cleaner, earning E 35/day plus a 50c " bonus" if I clock in and leave on time. Arriving 5 minutes late has implications that I will loose about 20 minutes pay.. There will be 1 hour for lunch(unpaid) and a 15 minutes' break in the morning. I am surprised to be taken on quickly, but this is explained in part when the interviewer tells me that the company which employs 50 people in various hospitals in the country has a high staff sickness rate and a rapid turnover of employees, as some people quickly find that they can't stand the pace. I am impressed when she adds: we ask that you be nice to patience and their relatives. They are in a stressful situation and we like our staff to be mindful of that. Within a couple of days in the job, I know what she exactly means.

I am then given a morning's training with two other new employees: a female student from the Faculty of Health Sciences who wants part-time work after college and a young man send by a job centre. We are taught basic hospital cleaning rules. All cloths, buckets, rubber gloves and mops are colour coded for specific areas: for toilet cleaning, we must use red equipment; general areas are yellow; kitchen blue; isolation rooms green. 'We must not mix different detergents. We have to be extra vigilant about cleanliness', we are told. ' It is all over the newspapers about dirty hospitals, so we have to be on our toes'.

The next morning I clock in for my next shift, wearing the blue and white cotton uniform provided. I am shown to the area where I will work permanently, a 40 bed female surgical ward. My experience of hospitals is limited, but as I walk into the ward for the first time, I shudder. Above every bed, plaster is peeling off the walls and there is mould in some areas. The blinds are tatty, and from the outside the windows are courted with grime. The back end of the hospital buildings has its window frames and bricks blackened through pollution and

disrepair. Inside, the walls look as if they haven't painted in 20 years. A member of staff later says that is probably the case.

Getting on with my work, the next day I scrubbed the floors, dust the windowpane, chairs and lockers and make up their beds. This is done after serving the patients with their breakfast. Dust is the major courier of bugs that spread infections in the hospitals and kills over 1000 patients each year. But the cleaners and nursing staff seemed fairly particular on this matter. I saw nurses and cleaning supervisors run their fingers a long surfaces on several occasions.

Chairs and windowsills must be treated with a special disinfectant once a week. But on my first day on the ward, female patient told me that when I arrived ten days earlier, there was so much dirt under her bed and that her mother had insisted that it be pulled out and swept underneath. An elderly woman complains that her table is dirty and sticky. Another patient relative shouts at me that the toilets are disgusting. When I try helping one of the patients who can hardly move, she shouts at me that I am too rough with her, she rather prefers someone else to assist. Other patients would even go to the extent of swearing at you, and we are still expected to be caring to them despite all that. What ever stress they experience, we get a double share. All this is part of the cleaner's experience. Hospitals are where we see the best and worst of people and cleaners like nurses can feel the sharp end of patients' stress. The list of blows we get is unlimited, it even extends to the possibility of contracting germs and disease as we change the catheters, bandages, remove the soiled linen from the sluice room to the laundry. This is really not a pleasant job-the sheets are still warm and covered with bodily fluids-and I am told off by the supervisor for not wearing the gloves. The chemicals used for cleaning and the gloves we use for changing patients are also corrosive. There are drops of mess either on the toilets seats are the floor that are also waiting for my attention. The lady on a wheel chair also needs me to assist in wiping her after finishing and at the same time she complains I'm not doing it properly.

Sometimes I'm told off by the supervisors for haven't not done well my job like cleaning the floors. Even when you scrub a floor, it does not matter how hard you scrub and polish an old sick or floor; if it is cracked and weathered with age. It will always look the same.

Nursing Sisters have also been given powers to sack cleaners who do not co-operate with them. SNACS, the public service union estimates that there are now 5000 cleaners employed in hospitals a drop of 40 % since 1999. This is an indication that hours are being squeezed, says a spokesperson.

Required:

1. Critically analyse problems in this case? (20 marks)
 2. As a chairperson of Private Cleaners' Union Association (PCUA), what recommendations can you make to improve the status of hospital cleaners in Swaziland? (20 marks)
- Total** (40marks)

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SECTION B

(Answer any three (3) questions from this section)

Question 2

Discuss different forms of workers' participation programmes. (20 marks)

Question 3

Using examples, discuss the role of communication in the employment relationship? (20 marks)

Question 4

Recommend strategies for minimising the potential for conflict in the employment relationship in Swaziland. (20 marks)

Question 5

Critically evaluate the different IR perspectives on industrial relations and their relevance in understanding Swaziland's industrial relations' system. (20 marks)

Question 6

What is the significance of collective bargaining and barriers experienced during the process in Swaziland? (20 marks)