

# TOWARDS 2000 - STRATEGY PLANNING FOR SOUTH AFRICAN PHYSIOTHERAPY

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## INTRODUCTION

Our most deeply held assumptions about the environment, about how organisations survive and thrive in it and about how to manage the future, are all being called to account.

Anthony Manning 1988

The philosopher Alfred North Whitehead once suggested that, properly organised, education should proceed through three stages. In the first stage, that of ROMANCE, the students' interest is aroused; he or she is brought face to face with the object of study in all its power and mystery. In the second stage, labelled DISCIPLINE, the student acquires the concepts and methods required to analyse the subject and its parts and processes. In the third stage, that of FRUITION, the methods and concepts are applied to the subject so that its structure and functioning may be understood and, perhaps, improved<sup>1</sup>.

Our subject is strategic management, not education; and since this may be a relatively unknown concept to many of you, these articles attempt to arouse your intellectual and practical interests with the hope that you will bring about "fruition" and contribute to the betterment of the Physiotherapy profession. An attempt is made to show the impact strategic management could make on a profession such as Physiotherapy.

The role and purpose of medical institutions is currently being challenged – from inside the organisations and outside, suddenly Medicine and all its concomitant disciplines have become subject to the stresses and strains experienced by the business sector. The old referral models of GP, Specialist and State Hospital are almost a thing of the past. Clients now use different values to decide who will attend to their medical needs; these may be as varied as monetary considerations, skills available, convenience or hearsay. Recent media articles portray medical services in many parts of the world, including South Africa, to be in crisis. (*Time* 27 June 1988; *Cape Times* 3 March 1990).

Health practitioners must now be familiar with a variety of medical management systems, such as those dealing with accounting and financial procedures, industrial relations management and disciplinary procedures, quality control policies, operations management, and staff recruitment and training.

Population shifts to the urban areas represent a major crisis to health planning. The total South African population is currently 36,5 million. In the year 2000 the population will

grow to 47 million. Quoted statistics reveal that in 1985 the South African urban population was 16,7 million. It will grow to 35,7 million by the year 2000 and to about 38 million by 2010. The urban black population will grow by some 750,000 a year for the next two decades. The impression is gained that even in the urban areas at present the health services are not always readily available to all sections of the population.

In the period 1983 – 2000 the annual output of white matriculants will fall from 63,000 to 53,000. In sharp contrast the number of black matriculants will jump from 40,000 to 186,000. Because of the differences in education and social environment many black matriculants applying to physiotherapy schools are disadvantaged, both in the selection procedures and in their ability to cope in the mainly academic first and second years of university study. Thus approximately 180 physiotherapists will qualify each year but only 10% will be black physiotherapists.

In South Africa the provision of Health and Welfare services throughout the country has required the merging of the demands of the most sophisticated First World technology and skills with the staggering Third World needs and problems. Services, including physiotherapy, have grown somewhat haphazardly. Maldistribution of these services on apartheid grounds is exacerbated by the fragmentation of health departments of which South Africa has 18.

The Medical Association of South Africa has commissioned an academic study of this fragmentation and the adverse impact of compartmentalisation. There appears to be a lack of overall management strategy for both private and state health care services within South Africa.

Peter Joubert, Chairman of Afrox (*Leadership* 10 1989) says:

"Afrox continues to urge government along the road to privatisation of health care services...

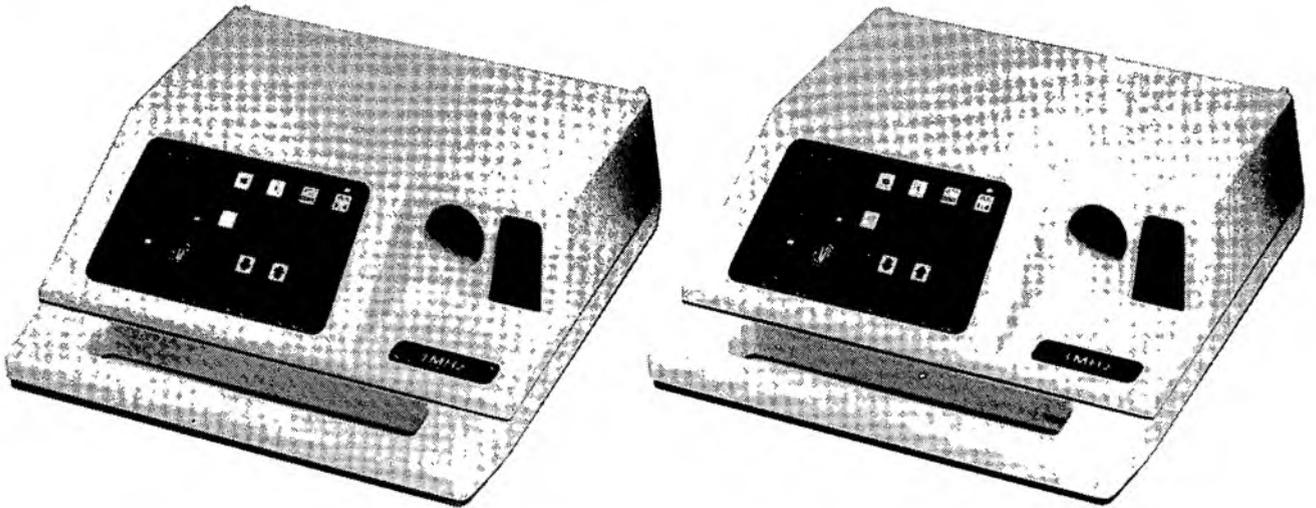
At the moment the state has no effective means of measuring the real cost of health services...

The solution is at least to hand the management of state health care facilities to private interest in order to increase efficiencies and maximise returns on a huge field of public investment. Another possibility is for private operations to provide health services for the indigent, subsidised by the state."

Dr Coen Slabber, Director-General of Health and Population Development (*Leadership* 10 1989) believes there is only one way to deliver a fairly equitable and reasonable health care system and "that is to move from institutionalised care to community services; from curative to preventative". This is a surprising statement since government policy has always been to emphasise curative treatment and give virtually no attention to primary health care.

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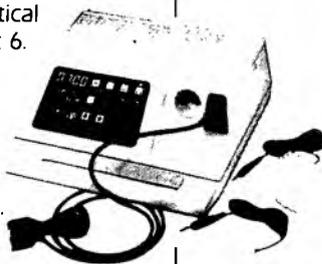
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*50 Years of Service to the Physiotherapy Profession*

Benatar<sup>2</sup> sets the scenario for the future in which teaching hospitals become large centres for the treatment of the old, the infirm and the indigent by relatively junior staff who are there just to gain experience before moving on.

Coetzee<sup>3</sup> says some university hospitals appear to be on the verge of collapse and others are endangered.

The salary scales for full time physiotherapists working in state hospitals effectively ensures that after a few years of employment, aspiring physiotherapists will be forced into the private sector or to careers in other parts of the world.

Clearly the pressures on health care services and medical education and training is going to be astronomical. The demographic changes must be looked at in the light of all the social changes:

- More people are entering the main-stream economy. Markets for just about everything including medical services will grow.
- Aspirations will rise as clients and consumers are exposed to the glamour programmes in the media – thus better client service, higher quality medicine and more convenience will all be demanded.
- People will expect to be consulted as to the type of facility and its availability to the local community, thus the potential users will want more involvement in planning health services.

The questions which have to be asked are:

- How is the physiotherapy profession going to respond to the concept of Health For All by the year 2000, a philosophy supported by WHO?
- How is the physiotherapy profession going to manage in this continually changing market?
- What will be the function of the teaching hospitals and how will they provide a service to both patient and student?
- How will community services be organised?
- What services should private practitioners provide?
- What technical and management skills will be required?
- How will aspiring black matriculants be incorporated into the somewhat academically elitist physiotherapy undergraduate training programmes?
- What type of physiotherapy assistant programmes are required and where should they be situated?
- If hospitals are privatised how will the physiotherapy services be structured?
- What is the general plan for the structuring of physiotherapy services, what level will be required, and what type of service will be required?

Clearly the demographic changes and political forces in our society will require structural changes to our profession. These forces will become irresistible so our services will have to change.

We have to ask ourselves whether the education given to student and graduate physiotherapists prepares them for a place in the open market. Even in the teaching hospital environment they are no longer “protected” and have to compete with all the other professions clammering for resources, recognition and power.

Purtillo<sup>4</sup> urges physiotherapists to consider: “How can we prevent our profession from ‘missing the mark’ regarding both the proper definition and scope of our professional responsibility, leaving us to wander aimlessly through the dusty wastelands of obsolescence?” A similar possible scenario

is depicted by Sunter<sup>5</sup> for South Africa whereby one future possibility is the “low road degenerating into a wasteland”.

For physiotherapy services to become cost-effective, they will have to become relevant to the multiple needs and changing values of tomorrow’s society. Physiotherapists are going to have to expand their concept of management and in particular strategic management in order to cope with the continuous change and increased complexity in the environment which is already surrounding their places of work.

**Strategic management** is the way in which successful leaders formulate and implement strategies that achieve the goals and objectives which give purpose to their departments or practices. Strategy is not a statement of sanctimonious intentions or hopeful wishes, it is not just looking into the future and selecting a cluster of ideas which look as if they can improve things. Strategic management is hard work and includes the pattern of decisions made by the practice or organisation that determines and reveals its objectives, purposes or goals. It produces plans for achieving those goals and defines the range of business the organisation or practice is to pursue<sup>6</sup>

In order for the Physiotherapy profession to compete in our changing world, we may have to throw out our old values and assumptions about how a practice or organisation should function. We may have to design a new organisation and a new form of practice to fit into the new world. Rapp<sup>7</sup> has suggested that the answer is not necessarily to produce more of the same but to design special services for different client needs and to open up new channels of communication.

Your success will depend on the way you define your client and on your insight into his/her needs and wants. The effectiveness of the profession will be reflected in its ability to anticipate the changes in the environment and develop strategies in advance and thus be in a position to grow in the changing world.

Three workshops have recently been led by the author whereby various members of the Physiotherapy profession have worked through a number of the concepts involved in strategic management. Examples from these workshops will be utilised in the following text. In particular techniques used in formulating strategy for the South African Society of Physiotherapy will be contrasted with examples from other aspects of the Physiotherapy profession. Further issues of the Journal will discuss strategy implementation and control.

We live in an extremely complex environment. No matter whether you work in a large teaching hospital, private practice or old age home, you need to carry out some planning. I trust these articles will be of some help to you.

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