VIEWS OF PROFESSIONAL NURSES REGARDING PROPOSED NATIONAL HEALTH INSURANCE IN A HOSPITAL IN THE MPUMALANGA PROVINCE, SOUTH AFRICA

by

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Submitted in accordance with the requirements for the degree of

Master of Public Health

at the

University of South Africa

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November 2013

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DECLARATION

I declare that VIEWS OF PROFESSIONAL NURSES REGARDING PROPOSED
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ABSTRACT

The aim of this study was to capture nurses' experiences and reality of practice in order to understand their views on National Health Insurance (NHI) policy. A hermeneutic phenomenological research design was used to collect data from professional nurses working at Embuleni Hospital in the Gert Sibande District of Mpumalanga province. A sample of 10 professional nurses was included in the study and semi-structured interviews were used to collect data which was analysed following van Manen's (1990) approach. The results revealed that professional nurses are of the view that the policy on management of hospitals is the source of health system problems which have caused inequalities and insufficient management of rural hospitals, thus affecting their efficiency in service delivery. However, the study revealed that professional nurses viewed the same policy in the light of national core-standards which they use as an objective tool for the purpose of monitoring their practice. The findings present an opportunity for policy makers to use evidence-based knowledge in realigning policy for relevance, bringing nurses on board in the policy process and understanding the key constituents of policy content.

KEY WORDS

Policy, health policy, health system, views, nursing, NHI

ACKNOWLEDGEMENTS

This study is dedicated to my grandmother, Chitema Ben, and my late parents, Zodwa Kgalo-Dube and James Nkomo.

TABLE OF CONTENTS

CHAPTER 1

ORIENTATION TO THE STUDY

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

CHAPTER 1
ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The nursing profession faces major changes in health and health care and nurses need to be visible in the public debate about future models of health and health care services (Fyffe 2009:698). One of these changes in the South African context is the currently piloted National Health Insurance (NHI) policy aimed at reforming the health sector to achieve equitable access to health care (NHI Policy 2011:04). This proposed policy will not only have an impact on the health system but it will also affect significant changes on the nursing profession and service provision by health practitioners. The NHI policy (2011:04) states that the NHI is intended to ensure that all South Africans and legal residents will benefit from health care financing on an equitable and sustainable basis, a process which will entail major changes in the service delivery structure as well as administrative and management systems. When the Green Paper on the NHI was published, debates centred on how these changes would affect certain interest groups and on issues of market mechanisms. Gilson (2012:28) states that health policies are understood as formal written documents, rules and guidelines that policy makers use to make decisions about what actions are deemed legitimate and necessary to strengthen the health system and improve health. However, these formal documents are translated by practitioners, such as nurses, in their daily practices. Ultimately, these daily practices become health policy as it is translated, experienced and enacted in ways which may differ from the intentions of the formal documents, such as the NHI.

This study seeks to understand and capture how health practitioners, particularly nurses, make meaning of the proposed NHI policy and their experience in implementing it. This will help nurses to contribute to the NHI policy making process and also help policy makers with evidence based information on how health care practitioners understand this policy within their specific health care context.

1.2   BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

1.2.1 Background to the research problem

Several industrialised and developing countries have introduced various health sector reform processes aimed at improving access and quality of health services. Governments are therefore revising health policies and changing the structure and management of organisations and how they deliver services (International Council of Nurses-ICN 2005:05). The complexity of health care systems and increasing challenges of meeting needs within available resources has, in turn, led to the phenomenon of governments increasingly guiding health policy development (ICN 2005:05). Health care has thus become political in many parts of the world and the nursing profession should adapt in order to impact and shape outcomes in this realm.

Health sector reform in South Africa has been triggered by political and economic changes, rather than the need for change due to the huge burden of diseases. The 1994 African National Congress (ANC) Health Plan indicated the imminence of such reforms, as influenced by political changes in the country. The ANC Health Plan (1994:06) states that the legacy of Apartheid policies created large disparities between racial groups in terms of socio-economic status, occupation, education, housing and health. These policies are said to have created a fragmented health system which resulted in inequitable access to health care which affected the most vulnerable groups in society.

On 12 August 2011 the Minister of Health in the ANC-led government published a policy paper on NHI for public consultation and comments before adoption into policy (NHI Policy 2011). The policy paper did not deviate significantly from the overall structures outlined in the Discussion Document released after the 2010 National General Council of the ANC, in September 2010.This reflects the inherent political nature of health policy development which puts nurses in a less influential position as they have for far too long been perceived as less competent in political debates, as emphasised by Phaladze (2003:30) in a study on the role of nurses in the HIV/AIDS policy process in Botswana.

The NHI policy paper states that four key interventions need to be made simultaneously for the successful implementation of a health care financing mechanism. These include complete transformation of health care service provision and delivery; total overhaul of

the entire health care system; radical change of administration and management; and the provision of comprehensive Primary Health Care (PHC) (NHI 2011). These four key interventions identified by the NHI were not engaged or questioned by powers that be in the nursing profession as they surely affect nursing practice and form the core driving elements of the proposed policy. Porch (2012:115) posits that nurses and other health care professionals' discipline, specific knowledge and experience within the health care system provides them with a unique knowledge and experiential base from which to influence the development of policy.

One observed that nurses' involvement in engaging government regarding working conditions and the profession received widespread media and scholastic attention since the formation of organisations like the Democratic Nursing Organisation of South Africa (DENOSA) and South African Nursing Council (SANC), which have been vocal about asserting the nursing profession's rights, education and improvement of working conditions. However, these two organisations engaged in the NHI policy debate in as far as the content and process of the policy is concerned. DENOSA's media statement indicated that "it supports and endorses endeavours by government in realizing the ANC Polokwane decisions on improving the quality and access to health care including the implementation of NHI" (DENOSA 2012). This statement seemed to be inclined towards DENOSA's political affiliation with the ANC, which is the ruling party that is one of the leading interest groups in health reforms. DENOSA and the SANC's full engagement in this debate could not be found in any public literature sources including DENOSA website (www.denosa.org.za and SANC's website www.sanc.co.za.sanc.co.za); this leads one to believe that the view of nurses on NHI policy were not captured.

Input to the NHI debate by nurses and its representative organisations have not been conspicuously reported in the media, as discussed in the previous paragraph. Hence, there appears to be a need to cover this gap with empirical evidence which will capture the views of nurses in order to contribute to the development of the NHI policy. Nault (2012:15) emphasises the importance of nursing being constructively involved in policy discussions on the future shape of health care and the need to expand the focus of the nursing workforce agenda beyond professional aspirations and advocate more strongly for policy relevance.

1.3   RESEARCH PROBLEM

The proposed NHI policy is a relatively new phenomenon currently piloted in 10 South African public hospitals, from which the following districts were selected: OR Tambo (Eastern Cape); Gert Sibande (Mpumalanga); Vhembe (Limpopo); Pixley ka Seme (Northern Cape); Eden (Western Cape); Dr Kaunda (North West) Thabo Mofutsanyane (Free State); Tshwane (Gauteng) and two districts - uMzinyathi and uMgungundlovu - in KwaZulu Natal Province (Motsoaledi 2012:17). Its objective is to radically transform the fragmented health system in order to provide quality and equitable health for all across the economic divide. However, this objective is entirely dependent on how key policy actors, like nurses, understand and implement it.

The comprehension of this policy, on the part of nurses, informs their practice methods in implementation which might fall within or outside the confines of the NHI policy. Dearth of published literature on nurses 'contribution and views on NHI creates a gap on their insight of how they interpret and understand this policy as Gilson (2012:28) points out that nurses' daily practice becomes policy as it is translated, experienced and enacted. This research, therefore, seeks to map out or capture nurses' views on NHI in order to understand their perceptions and experience of this policy in one of the selected pilot sites of NHI in the Mpumalanga province of South Africa.

1.4 AIM OF THE STUDY

1.4.1 Research purpose

The aim of the current research is to capture nurses' experiences and reality in the context of practice in order to understand their views on NHI policy.

1.4.2 Research objectives

The research objectives are to:

- Explore and describe the views and experiences of nurses regarding the NHI policy.

1.5 SIGNIFICANCE OF THE STUDY

The underlying problem of slow translation of research into practice is rooted in the way in which production of evidence is organised institutionally, with highly centralised mechanisms, whilst the application of that science is highly decentralised. The social distance prevails because scientists are more oriented to international audiences of other scientists which they publish than to the needs of practitioners, policy makers or the local public (Green, Ottoson, Garcia, and Hiatt 2009). This research aims to reflect the views of nurses on the development and implementation of the NHI policy at the pilot site in the Gert Sibande district of Mpumalanga. The target audience consists of professional nurses and policy makers in the wake of health reform in South Africa.

Health policies are affected by political context and interest during its development and implementation process. However, the experience of health reform is located in decisions made by key stakeholders - like nurses - whose beliefs, norms, values and informal unwritten standards impact on policy implementation. The views of nurses on the NHI policy can frustrate its objectives or communicate how it is supposed to achieve its goals. Therefore, capturing the nurses' views on the NHI policy is significant in realigning policy for relevance and implementation strategies, especially during its piloting stage.

There is little understanding of how nurses engage in health policy formulation and health system strengthening as policies and health system reforms are debated between government officials and various (influential) interest groups. The need to capture nurses' views on the NHI policy seeks to add value to the development and improvement of the nursing curriculum so as to include basic education on policy/political economy on health and training of nurses; this is targeted at capacity building on policy development and implementation. This study will therefore improve management decisions and the performance of national health systems.

1.6 DEFINITIONS OF TERMS

1.6.1 Policy

Birkland (2011:203) defines policy as a statement by government of what it intends to do or not to do. Crinson (2009:08) states that policies provide the legal framework through which individuals must operate and policy-making is the process by which government translates its political vision into programmes and actions in order to deliver outcomes-desired changes in the real world.

In this study, policy is defined within a political realm led by government and as a collective statement by individuals, groups or organisations on principles of action to deliver desired outcomes in the real world. Policy-making therefore includes government, individuals, groups and organisations making an input through robust debate in the development and implementation of policy. Individuals, groups and organisations are key participants in policy development and implementation.

1.6.2 Health Policy

Gilson (2012:05) states that health policies are understood as the formal written documents, rules and guidelines that present policy-makers' decisions about what actions are deemed legitimate and necessary to strengthen the health system and improve health. This study adopts Gilson's definition and thus takes the NHI as a health policy aimed at strengthening the health system.

1.6.3 NHI

NHI is defined in "in the policy document by the same name as an approach to health financing that is structured to ensure universal access to a defined, comprehensive package of health services for all citizens, irrespective of their social, economic and/or any other consideration that affects their status (NHI 2011).

1.6.4 Health System

The NHI Policy Paper (2011) defines a health system as the combination of organisations, institutions and individuals that are directly and indirectly involved in the provision and delivery of health services to the national population. The World Health Organization (WHO 2007) states that the goals of a health system include

responsiveness to the expectations of the population and the promotion of respect for the dignity of persons. According to Gilson (2012:23), these goals require ethical integrity, citizens' rights, as well as the participation and involvement of health system users in policy development.

This study therefore defines the health system as an organised scheme of health care providers whose actions or inactions have an influence on access to services, societal relations and the direction or development of health policies. These elements are influenced by service providers, and have a reciprocal effect on this organised scheme of health care provision.

1.6.5 Nursing

Nursing means a caring profession practiced by a person registered with the SANC, which supports, cares for and threats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death (Nursing Act 2005).The Nursing Act offers a broad definition that covers other areas of nursing such as student nurses, staff nurses, auxiliary nurses or midwives.

This study will, however, define a nurse as a professional who has acquired a formal degree in nursing and registered with SANC to practice as a nurse, in terms of the Nursing Act of 2005. These registered nurses will form the target population sampled in this study. Section 31(1) (a) of the Nursing Act 33 of 2005 states that a "registered person" shall mean a person who is registered as a professional nurse in terms of the Act (South Africa Nursing Act ,Act no. 33,2005).

1.6.6 Views

The Oxford Online Dictionary (2012, Sv "view") defines the word "view" as a particular way of considering or regarding something, an attitude or opinion. This definition not only describes an individual's mental construction of a phenomenon, but it also explains the word in relation to attitude or behaviour.

In this study, the word views refers to an individual's mental construction about an experience or seen phenomenon which has a bearing on how that individual conducts him/herself in a social and professional context.

1.7 RESEARCH DESIGN AND METHOD

The phenomenon of interest in this study is the views of professional nurses regarding the NHI policy. The focus of the inquiry is to capture how professional nurses experience and make meaning of the development and implementation of the NHI policy. To undertake this research, a hermeneutic phenomenological approach will be utilised.

The fact that a profession nurse is part of a health system and a social setup makes it necessary that one understands the nurse's context of professional practice and social position, as these aspects are closely linked to spatiality and. Such contexts are affected by policies and events that do not only occur naturally but are also socially constructed, like health policy or political events. It is therefore assumed that professional nurses experience such events and make meaning of them through their own understanding and experience. Hermeneutic inquiry is therefore the most appropriate phenomenological approach used to capture the views of professional nurses on socially constructed policy, like the NHI. This speaks to the researcher being in the world of the participants as a way to understand their experiences in a meaningful context and manner (Pratt 2012:13).

The hermeneutic approach therefore assists the researcher to capture salient data on how professional nurses experience the context, process and make meaning of the content of the NHI policy.

1.7.1 Research paradigm

The research is centred on the naturalist paradigm which posits that reality is the result of multiple and subjective mental constructions by individuals. Polit and Beck (2008:17) state that naturalist investigators place a heavy emphasis on understanding human experience as it is lived, usually through the careful collection and analysis of qualitative materials that are narrative and subjective.

Health policies are developed through interaction by key stakeholders and they are thus constructed through the way key stakeholders interpret or make meaning of their experience, which also changes over time. The primary data sought in this study is centred on how nurses make meaning of and experience the NHI policy. This presents multiple interpretations about phenomenon and is usually difficult to quantify through quantitative research methods. Qualitative research is therefore the most appropriate method for a study of this nature, as Joubert and Ehrlich (2007:319) state that it is an approach which is concerned with how behaviours and social processes are determined. This research method ascribes to an interpretive or subjective approach focused on how participants experience and understand a particular situation. Qualitative research, therefore, requires that researchers become intensely involved - often remaining in the field - for lengthy periods of time to collect data.

1.7.2 Research Design

The phenomenon of interest in this study is the views of professional nurses on the NHI policy. The focus of the inquiry is to capture how professional nurses experience and make meaning of the development and implementation of the NHI policy. To undertake this research, a hermeneutic phenomenological approach will be utilised.

Phenomenology is an umbrella term encompassing both a philosophy and a range of research approaches. Finlay (2009:474) states that the central concern of phenomenological research is to give vivid description of human experience in all its complexity. Joubert and Ehrlich (2007:223) state that hermeneutic inquiry is a school of phenomenology which almost always focuses on meaning and interpretation; that is, how socially and historically conditioned individuals interpret their world within their given context. Phenomenologists investigate subjective phenomena in the belief that critical truths about reality are grounded in people's lived experiences. Joubert and Ehrlich (2008:227) highlight that there are four aspects of lived experience that are of interest to phenomenologists; these include lived space/spatiality; lived body/corporeality; lived time/temporality and lived human relation/relationality. The hermeneutic approach therefore assists the researcher to capture salient data on how professional nurses experience the context, process and make meaning of the content of the NHI policy.

Kafle (2011:190) makes it known that in using this approach we accept the difficulty of bracketing by acknowledging our implicit assumptions and attempt to make them explicit. Van Manen (1990:176) states that bracketing describes the act of suspending one's various beliefs in the reality of the natural would in order to study essential structures of the world.

1.7.3 Research methods
1.7.3.1 Population and sample selection

Kothari (2004:55) states that a sample design is a definitive plan for obtaining a sample from a given population. It refers to the technique or the procedure that the researcher would adopt in selecting items for the sample. Khothari (2004) further states that all items in any field of inquiry constitute a universe or population. Houser (2008:211), however, argues that 'population' and 'target population' are terms which are used interchangeably, as they refer to the same thing. Alternatively, Polit and Beck (2008:337) define the target population as the entire population in which the researcher is interested and to which he or she would like to generalise the study results. Polit and Beck (2008:338) further emphasize the need to distinguish between the target population and accessible populations. They define an accessible or source population as the aggregate of cases that conform to designated criteria and that are accessible as subjects of the study.

This research uses Polit and Beck's (2008:338) above mentioned distinction to define the inclusion and exclusion criteria of the sample. The target population of the study are professional nurses working at one of the pilot sites for the NHI in an Mpumalanga hospital. The accessible sample should meet the criteria of having field experience; senior position of responsibility (supervisor, manager) and a formal degree in nursing.

Purposive sampling is therefore used in this study. The criteria of selection is field experience in nursing practice of over 5 years, as this period is inclusive of the time when and context in which the NHI policy was drafted, debated and piloted. Supervisory or managerial experience is another criterion of inclusion that was used to ensure access to data sources with rich information as they form key stakeholders who direct and interpret policy implementation to their subordinates. This was to allow for the

salient and in-depth capturing of concrete experience on how nurses interpret/view the NHI policy.

The experiences of professional nurses will also offer information on their social context, describing setting which is going to maximise on transferability of data. Kothari (2004:55) states that an important mechanism for promoting transferability is the amount of information that qualitative researchers provide about the context of their studies.

1.7.3.2 Data collection

Kothari (2004:95) states that, in descriptive research, primary data can be obtained either through observation or direct communication with participants, in one form or another, or through personal interviews.

This research utilised primary sources of data like the NHI policy and written submissions by professional nurses and organisations as comments on the NHI policy discourse. These will help the researcher to project an understanding of the time and context of formulation of the NHI policy. In this regard, semi-structured interviewing techniques will be used to source secondary data from participants.

Polit and Beck (2008:384) state that the primary method of collecting qualitative data is through interviewing study participants, as phenomenologists rely primarily on in-depth interviews with individual participants. Walker (2011:20) states that research interviews can be located along a continuum with structured and unstructured interview types representing opposite ends of the spectrum. Walker (ibid) quotes Van Manen (1990) who argues that deciding on the most appropriate type of interview should be determined by the fundamental question that prompted the need for the interview in the first place. The objective of this study was to capture nurse's views of the NHI policy and the discourse in the interviews should cover relevant aspects of this policy. However, some researchers argue that the phenomenological interview should be open and unstructured. Maddocks, Wright and Stickley (2010:676) use Koch's (1996) assertion that the semi-structured approach allows for all aspects of a particular phenomenon to be explored. Gerrish and Lacey (2010:349) highlight that semi-structured interviews retain the flexibility necessary to follow-up on issues raised by

participants that had not been anticipated. This technique ensured that the researcher obtained all the information required and gives people the freedom to respond in their own words, provide as much detail as they wish and offer illustrations and explanations (Polit and Beck 2008:394). While the focus of the inquiry is interpretation, the semi-structured interview method which allows for open-ended questions helps maintain the scope of the interview within the topic guide of context, process and content as envisaged in the theoretical framework that underpins this research.

1.7.3.3 Data analysis

Benner (1985, in Walker 2011:19) states that hermeneutic phenomenology is concerned with identifying, describing and interpreting everyday lived experiences (in context) with the goal of discovering meaning and achieving a sense of understanding. This captures the essence of this study which is to understand how nurses view the NHI policy. Dowling (2006:31) states that Hermeneutics assumes that humans experience the world through language and this language provides both understanding and knowledge. In this regard, the qualitative data (language) captured in this research was analysed using hermeneutic phenomenology.

Polit and Beck (2008:521) are of the view that the notion of a hermeneutic cycle is central to a hermeneutic study; hermeneutic cycle signifies a methodological process by which to reach an understanding. Gadamer (1975) cited in Polit and Beck (2008:521) highlight that researchers cannot separate themselves from the meanings of the text and must strive to understand the possibilities that a text can reveal. The theoretical framework used in this research seeks to identify different components of a policy issue or problem which can be used to map the positions of the actors in relation to the issue as well as each other. Benner's approach of analysing hermeneutic data, as highlighted in Polit and Beck (2008:522), is used to analyse data in this study.

Benner's interpretive analysis consists of three interrelated processes; namely, the search for paradigm cases, thematic analysis and the analysis of exemplars. Benner states that paradigm cases are strong instances of concern or ways of being in the world. According to Jensen (2007:02), a paradigm case is a case that is based on experience which guides clinicians in both how to practice and not to practice.

Stakeholder analysis, as a conceptual framework used in this study, is premised on the idea that nurses share a common concern with how NHI policy affects their professional practice and what it should address in their context. Such fundamental concerns will be used as paradigm cases for gaining an understanding of how nurses view the NHI policy.

Benner (1985) cited in Polit and Beck (2008:311) states that thematic analysis is done to compare and contrast similarities across cases. This is going to be done by transcribing the spoken narratives of participants into text for analysis. The themes will then be identified by selecting sections of the text by describing concepts within these sections. Similar themes are then grouped together and compared with different components of policy in order to interpret the views of nurses in relation to policy and each other.

Lastly, paradigm cases and thematic analysis can be enhanced by exemplars that illuminate aspects of a paradigm case or theme. The presentation of paradigm cases and exemplars in research reports allows readers to play a role in the consensual validation of the results, by deciding whether the cases support the researcher's conclusions (Polit and Beck 2008:522) This will further enhance the confirmability of the research.

1.8 SCOPE OF THE STUDY

Health policies and systems are fundamentally shaped by political decision making, whilst the routines of health systems are brought alive through the relationships amongst the actors involved in managing, delivering and assessing health care. In essence, health policies and systems are constructed through human behaviour and interpretations (Gilson et al. 2011:02). This research seeks to capture the experience and interpretations involved in the construction of health policies, such as the NHI. However, the fact that such policies are constructed within contested political debates and organised group interests may discourage professional nurses from participating in the research for fear of unknown reprisals or compromising their jobs.

This study undertakes to address such issues through its emphasis on the confidentiality and anonymity of individuals who participate in the research, by withholding their true identities. Each individual interview will be conducted in a private

room at a time convenient for the participating professional nurse. The interviewer will record the interview on a tape recorder for the purpose of collecting information. The tape recordings and the transcribed interviews will be kept securely locked up in a place only accessible to the researcher and the study supervisor. The transcribed data will be available only to these two people from one secure computer which is protected by a secure password. These records will be destroyed after the research report has been accepted. Information obtained from the interviews will be managed by the interviewer in such a way that no person will be identifiable and all information will be treated with utmost confidentiality. The research report will be based on the information obtained from all participants and no participant will be identified in this report. In this regard, the confidentiality of the study participants will be ensured. The research purpose and objectives will be clearly and unambiguously explained to participants in order to obtain informed consent.

Polit and Beck (2008:344) state that non-probability samples are rarely representative of the population, since every element in the population does not have a chance of being included in the sample; it is likely that some segment of the population will be systematically under-represented. However, the NHI policy is still a relatively new phenomenon within the nursing population and engaging its content, context and process requires experienced and knowledgeable nursing practitioners. Therefore, the sample for this study was purposively selected following such a criteria until the data was saturated in order to ensure that there is no sampling bias in the study.

1.9 STRUCTURE OF THE DISSERTATION

Chapter 1 presented the background of the NHI and the problem statement. The study purpose and objectives were discussed herein and the key terms of the study were defined.

Chapter 2 provides the literature review on health system transformation, as influenced by health policies. Literature on the role of nurses in this exercise and different models of health insurance are reviewed in this chapter.

Chapter 3 outlines the research design and methodology employed in this study. This includes the data collection processes of the study, as well as the analysis and validity of the study.

Chapter 4 presents the analysis and description of the research findings.

Chapter 5 concludes the study. In this chapter, the interpretation of the research findings and the researcher's recommendations are presented.

1.10 CONCLUSION

This chapter discussed the background of the NHI and the problem statement which is the motivation for the purpose and objectives of the study.

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

The introduction of the National Health Insurance policy in South Africa is a calculated move by its government to radically transform its health system. This health policy forms the central strategy of the government's intentions to address health care equity and improve service delivery. This process is inherently political and its success hinges on policy's political feasibility, particularly on the front of nurses who are key stakeholders in the implementation process. The nurses' contribution to this process is critical as their interpretation, views and interests determine how they implement and see to the success of NHI. A literature search on Ebsco host Academic search premier, Sage, Science Direct and Google Scholar databases was conducted using Health System, Health Policy and National Health Insurance as key words for the purpose of conducting a literature review on this subject. This chapter therefore presents a critical review of the conceptual aspects of the health system and policy as well as the contribution of nurses in this process.

2.2 Health system

Health systems have been defined and conceptualised in various ways; there is thus a persistent lack of consensus in the development and analysis of health policies. Van Olmen et al. (2012) argue that frameworks on health systems are products of their time, emerging from specific discourses which are purposive and shaped by the agendas of their authors. The researcher is, however, of the view that having a better understanding of the subjectively defined concept of a health system will help one to comprehend the views on and interest in the subject of health policy, which underpins them. This view is informed by van Olmen et al. (2012:10) who state that, in order to understand global health systems, debates and tensions between actors helps to recognise the differences between different frameworks and the paradigms underlying them.

This assertion by van Olmen et al. (2012) expresses the inherent political nature of health systems and contesting interests of various role players in defining a system

which directs the design and purpose of health policies. It is thus equally important to understand paradigms that inform the conceptualisation of a health system as they will help in the analysis and capturing of the views of health policy actors.

Gilson (2012:21) states that health systems can be defined either by what they seek to do and achieve or by the elements of which they are comprised. Gilson thus defines the health system by limiting it to its activities and objectives as well as its components. The specific activities and objectives of a health system are defined by the policy makers and political leadership of the day. Thus, persistent contestation and debates regarding specifics and reasons for certain goals ensue. Van Olmen (2012:11) asserts that theories and frameworks frame health systems and policies, in particular political and public health paradigm. The South African government has defined a health system as the combination of organisation, institutions and individuals that are directly and indirectly involved in the provision and delivery of health services to the national population (NHI 2011).

This definition conceptualises health systems as made up of distinct actors who are functionally brought together in the provision of health services. One reads a definition of a health system that is underpinned by the rationale of a single tier system served by different role players working towards a common goal. This reading was based on the fact that the NHI is rooted in the philosophy of primary health care (PHC) outlined during the Alma Ata conference of 1978 (NHI 2011:23). Van Olmen (2012) states that the Alma Ata Declaration values are underpinned by universal access, equity, participation and inter-sectorial action which are elements indicated in the NHI policy document's definition of a health system.

This study therefore defines the health system as an organised scheme of health care providers whose actions or inactions have an influence on access to services, societal relations as well as the direction and development of health policies. These elements are influenced by service providers and have a reciprocal effect on this organised scheme of health care provision. It therefore means that key actors, like nurses, are impacted by the way health systems are structured while they also have definite interests in its development and direction. Nurses' views on the reform measures undertaken by government are therefore equally important in strengthening service provision. This research objective is to capture nurses' views in order to understand the

experiences and underlying thoughts which define a particular mental attitude and approach to the implementation of policy.

2.3 Health policy

The health system framework adopted by government reflects an underlying paradigm which was adopted to meet the specific purpose of universal access to health services in South Africa. Van Olmen et al (2012:06) states that the World Health Report 2000 was a landmark event in health system thinking as it broadened the conventional conceptualisation of health systems beyond health service delivery and administration when it introduced the notion of stewardship. Van Olmen et al. (2012) state that the term was used by the WHO for the steering and regulation role within health systems in that it explicitly stipulated that governments are responsible for ensuring responsiveness to the expectations of the population and for assuring fairness of financial contribution.

Section 27 of the Bill of Rights of the Constitution of South Africa affirms that everyone has the right to have access to health care services and thus places an obligation on the state to take reasonable legislative measures to achieve the progressive realisation of this right (Dhai 2011:137). The South African government has developed and published a NHI policy which is the subject of this research. However, one may ask what is a Health Policy? Birkland (2011:203) defines policy as a statement by government of what it intends to do or not to do and provides the legal framework through which individuals must operate. Crison (2009:08) defines policy making as the process by which government translates its political vision into programmes and actions to deliver outcomes, which constitute the desired changes in the real world. Harrison (2001) states that policy is conceived as a process, rather than simply as an output of a decision or an input to management, as action takes place within a context which both affects and may be affected by the policy process. It is concerned with the use and development of explicit theory not just the assembly of data or the contribution of causes without an understanding of the causal process. In this regard, the NHI policy is viewed to be influenced by the need to create accessible health care for all, while insinuating that political and government change may also have an influence on the policy process. This emphasises the centrality of politics in the policy process. These definitions of health policy still reflect the assertion, made by van Olmen et al. (2012),

that health system thinking is not neutral as it frames policies in a particular political and public health paradigm.

Gilson and Raphaely (2008:02) state that scholars advocate for the use of health policy analytical paradigms that integrate politics, process and power into the study of health policies. They state that this is based on the understanding that policy is a product of and constructed through political and social processes. The introduction of NHI policy is not a different matter as this process was facilitated by the ANC led government which clearly laid bare its intentions in the 1994 ANC Health Plan by indicating the imminence of health system reform influenced by political changes, redistribution and social justice. By understanding the nature of policy and the process of policy change, we gain new insights that help explain how health system actors and the relationships of power and trust among them influence health system performance.

This study adopts Gilson's (2012:05) definition which states that health policies are understood as the formal written document, rules and guidelines that present policy makers' decisions about what actions are deemed legitimate and necessary to strengthen the health system and improve health. This definition conceptualises policy as a guide that articulates the responsibilities and functions of different actors in health care delivery which is to be carried out within a specified legitimate principle. The principles of execution of duties and functions are spelt out in the NHI which is defined as an approach to health financing that is structured so as to ensure universal access to a defined, comprehensive package of health services for all citizens, irrespective of their social, economic and/or any other considerations that affect their status (NHI 2011). Universal access and equitable health service seem to be the first order of importance in this health policy.

However, Jooste (200:94) states that policy may be implied or expressed. Implied policies are not directly voiced or written but are established by a pattern of decisions which may have either favourable or unfavourable effects and represent an interpretation of observed behaviour. Crison (2009) states that it can be useful to think of health policy as embracing courses of action (and inaction) that affect the set of institutions, organisations, services and funding arrangements of the health system. This definition addresses the key areas of this study which specifically speak to how nurses implement the policy; particularly in the way they understand it, which may

influence their actions (and inactions) in the process of service delivery. In light of this, policy has been defined within the political realm led by government with the input of individuals, groups and organisations who engage in robust debate in its development and implementation process. Nurses are also the key participants in policy development and implementation.

2.4 Health system reform in South Africa

McIntyre (2010:147) states that health system reform is warranted if the existing health system is failing to achieve key policy objectives. The NHI (2011:4) states that the South African health system is inequitable with the privileged few having disproportionate access to health services. In this regard, there is recognition that this system is neither rational nor fair. The South Africa government therefore instituted measures of transforming its health system to meet its specific purpose of achieving equitable, just and accessible health services.

Coovadia et al. (2009:917) state that the history of South Africa has had a pronounced effect on the health of its people and the health policy and services of the present day. Before 1994, political economic and land restriction policies structured society according to race, gender and age-based hierarchies which greatly influenced the organisation of social life as well as access to basic resources for health and health services.

The South African Act of 1909 invited the four colonies of Cape of Good Hope, Natal, Orange Free State and Transvaal to create a three-tier government with a central national government at the highest level, four provincial administrations at the second level and many local authorities at the third level. The 1961 referendum saw the passing into law of Act No. 32 of 1961 which established the Republic of South Africa with three-tier system remaining intact with separate services for white people and people of colour (de Haan, Dennill and Vasuthevan 2005:19)

The NHI (2011:05) in its problem statement states that prior to the 1994 democratic breakthrough, South Africa had a fragmented health system designed along racial lines. One system resourced and benefitted the white minority and the other systematically under-resourced and was designated for the black majority. Post 1994, this historic fragmentation has entrenched a two tier health system of public and private health care

services based on socioeconomic status and continues to perpetuate inequalities in the current health system (NHI 2011:5).

De Haan et al. (2005:20) state that the National Health Act of 2004 was an important step toward the transformation of the South Africa health sector. De Haan et al. highlight that, since 1994, health policy has been developed but the implementation of new policies has been handicapped because there was no new health legislation to support a new health system and because the old Act was entrenched in the Apartheid policy. There is well documented history of South African health reform attempts (NHI 2011; de Haan et al. (2005:20); Coovadia et al. (2009:917) and McIntyre 2010:147). However, it is instructive to note the influence of State and political history on the development of the NHI policy. The shifting political power and philosophies in governance seem to inform policy. In 2011, the South African government published a green paper on NHI reflecting a shift from a centralised health system to a decentralised health system framework that sought to put mechanisms of change for equity, redistribution and social justice.

2.5 National health insurance

NHI is defined in the policy document as an approach to health financing that is structured to ensure universal access to a defined, comprehensive package of health services for all citizens, irrespective of their social, economic and/or any other consideration that affects their status (NHI 2011). McIntyre (210:146) states that the term NHI has created much confusion and misinterpretation of the intentions of government. McIntyre (2010:146) highlights that the term 'insurance' has tended to lead South Africans to envisage a type of insurance scheme while the essence of the term refers to the policy objective of providing financial protection against the very uncertain and potentially high costs of health care, rather than a specific insurance scheme.

McIntyre (2010:148) states that social health insurance (SHI) and national health insurance (NHI) are often used inter-changeably in international literature but both refer to a form of mandatory health insurance. Savedoff and Gottret (2008:20) state that the definition of mandatory health insurance is quite simple as it is a system that pays the costs of health care for those who are enrolled and in which enrolment is required for members of the population. McIntyre and van den Heever (2007:73) emphasise that

mandatory insurance is a legal requirement for certain groups or an entire population to become members while voluntary health insurance is used to describe systems which have no such legal requirement.

McIntyre (2010:146) highlights that, in South Africa, SHI has generally been used to refer to a mandatory health insurance scheme which would only cover those who contribute to it (e.g. formally employed and possibly their dependants), while the NHI has been used to refer to a mandatory insurance scheme which would cover all citizens, irrespective of whether or not they contribute to it. This definition of NHI denotes a two tier system of private and public health care which has been a point of departure from which the South African government derives the descriptive objective of the NHI policy.

The NHI policy document clearly states that the current system of health care in South Africa is two-tiered with a relatively large proportion of funding allocated through medical schemes, various hospital care plans benefiting those who are employed and subsidised by their employers while the other portion is funded through the fiscus and is mainly for public sector users (in the informal economy). It is stated that the NHI will provide coverage to the whole population and minimise the burden carried by individuals paying directly out of pocket for health care services; this is in line with the WHO's universal coverage model of health and health care service delivery (NHI 2011).

Ghana, a lower-middle income country, took a bold step towards universal financial protection in 2004 when, in an attempt to fulfil its 2000 election promise, the government of the New Patriotic Party (NPP) introduced a mandatory National Health Insurance to replace out-of-pocket payments for health, called the cash and carry system (Abiiro and McIntyre 2012:02). According to Akazili (2012:05), the Ghanaian national health insurance encompasses multiple schemes with a district health insurance scheme in each of the country's over 140 districts, private mutual health insurance schemes and private commercial insurance schemes in order to afford all Ghanaians the opportunity to join a health insurance of their choice. Abiiro and McIntyre (2012:02) highlight that studies show that many of those who are not yet covered by the Ghanaian national health insurance are poor, informal sector workers who have been reported to have problems affording the annual premium payment.

It is important to note that the two insurance models of Ghana and South Africa are essentially different in approach but both emphasize the importance of universal coverage and modelling of their respective health system such that it achieves equality and social justice. South Africa considers a fragmented health system and inequality as a threat to achieving their desired goals of universal access propounded by the WHO. Thus, a compulsory system of insurance in the form of NHI will be sanctioned by legislation.

The NHI policy paper (2011:09) states that significant improvements in health services coverage and access since 1994 have been achieved. However, there are still notable quality problems as well as problems regarding the cleanliness, safety and security of staff and patients, long waiting times, staff attitudes and drug stock-out. Given that there are concerns about quality in public sector facilities, there is preference by the public for services in the private sector which may largely be funded out-of-pocket. Therefore, the improvement of quality in the public health system is at the centre of health sector reform endeavours.

If the public sector has to be changed, the central focus of this research is on determining the views of nurses regarding how they want these changes to be instituted and if nurses' interpretation of change, as contained in the NHI, is similar to what is stated in the NHI policy.

2.5.1 Key contents of NHI policy document

Adapted from a presentation by Shisana (2011) on the NHI green paper and an article by Naidoo (2012), this section offers a discussion of the key elements contained in the NHI policy document.

The NHI policy paper outlines four key interventions in achieving health reforms, these include i) total overhaul of health care system; ii) complete transformation of health care service provision and delivery; iii) radical change of administration and management and iv) the provision of a comprehensive package of care underpinned by a re-engineered PHC.

Naidoo (2012:14) and Shisana (2012) state that the NHI bases its approach and focus on "Re-engineered PHC" which focuses on community outreach services using a defined comprehensive primary care package of services, which include:

- District based specialist support teams

- School-based PHC services

- Municipal-based PHC agents

This section defines the roles and point of service for health professionals, particularly nurses who are tasked with the responsibility of implementing PHC at the district level; thus, it will be of interest to capture nurses' views in this regard. The NHI (2011) highlights that the DHS will be a vehicle by which PHC will be delivered; Van Rensburg (2004:141) states that the concept and phenomenon of decentralisation lies at heart of the district health system of which the "establishment of the DHS context requires, namely, first and foremost that the centre (the Province) decentralise or devolve its powers, authority, functions, resources and responsibilities to the periphery (District)".

The management of hospitals in South Africa will be re-designated into different levels of care with specific packages (NHI 2011:29). The South African government, through the Department of Health, has already put in place a Policy on Management of Public Hospitals which has set the process of reclassification of public institutions in motion. Hospitals have been re-designated as District, Regional, Tertiary, Central and Specialised hospitals.

The Office of Health Standards and Compliance (OHSC) will be established to inspect and accredit facilities and services, and to set norms and standards for these facilities. Six core-standards of care are defined and have been put in place within the legal context provisioned by the National Health Act, 61 of 2003.

The NHI will be phased in over a 14 year period with the initial phase being the piloting of the re-engineered PHC system (Naidoo 2012:150). This is an exercise which is currently underway in 10 districts which include the Gert Sibande district of Mpumalanga province, which has been identified as the study site.

In response to the published Green Paper on NHI policy, various stakeholders published their comments and input in line with their organisational, individual and group interests, learned input and practical experience. The *Innovative Medicines of South Africa NHI in South Africa* (2010) website has put, in the public domain, material and evidence that contain detailed submissions and comments by various stakeholders on the NHI policy. The researcher noted with concern that there was an absence of such literature from the nursing profession in terms of expressing their views and analyses of the proposed NHI policy.

2.6 Nurses and health policy development

The lack of involvement of nurses in the policy process is an issue of concern which has resulted in calls for nurses to become more active in this area (Hewison 2007:693). The nursing profession faces major changes in the health system and it needs to be visible in the public debate about future models of health and health care. Robinson (1992) (in Hewison 2007:693) states that nurses are virtually never involved in concrete policy decision making processes and thus concludes that what may pass for a nursing decision is in reality acquiescence to the prior formulations of others.

Mason et al. (2012:12) takes a feminist approach in explaining the lack of input of nurses in the policy debate. Mason states that the history of the modern nursing movement which began in 1873 tells the story of a pioneering group of women who responded to the changing role of women in society. In forging the nursing profession in this modern period, nurses had to enter the political arena to gain legitimate authority over their education and practice. Over time, however, the history has blurred and often obscured the rich tapestry of nursing's political past from view. Mason contends that this can be explained in part by the fact that women are perceived by society to have historically played a small role in the political arena. Nursing, which was long considered "women's work", shares with the overall women's movement, the negative, devalued perceptions of the worth of its role.

This view seems to be made concrete by Phaladze's (2003:27) research which concluded that nurses are not perceived as powerful and autonomous as they are sometimes inferred to be. Phaladze (2003:27) stated that the role of nurses was not prominent in setting the tone in the policy process that would contribute to the image

and prestige of other professions and professional organisations. Phaladze (2003:28) quotes one policy maker who stated that the "nursing profession is submissive in public policy discourse and criticised nursing education as failing to instil or develop assertive behaviour within the nursing profession". In conclusion, Phaladze (2003:29) states that there is professional subordination which leads to the failure of nurses to exert their influence in the policy process as their attributed power and autonomy is overlooked in issues of resource allocation in the policy development process.

The nursing profession, which is largely dominated by the particularly patriarchal society of Africa, may subscribe to Phaladze (2003:29) and Mason's (2012:12) views. However, the need to be influential in this arena is primarily located in how actors in this field engage in policy debates and use of their knowledge and experience to reassert their position in health policy debates. A feminist approach to the health policy debate is but one of many approaches that nursing adopts to engage in public discourse. However, the profession is fast being embraced and joined by males and one wonders if such developments can be used to raise a concerted voice to change gender dynamics in the health policy debate.

This raises the notion of power and process. Buse, Mays and Walt (2012:15) state that understanding how much actors influence the policy process means understanding the concept of power and how it is exercised. Actors may seek to influence policy but the extent to which they will be able to do so will depend upon other things, such as their perceived or actual power. Power may be characterised by a mixture of individual wealth, personality, level of or access to knowledge or authority. It is, however, strongly tied up with the organisation and structures (including networks) within which the individual actor works and lives.

2.7 Health policy analysis

This requires that one critically reviews the level of engagement in policy debate by organisations/institutions representing nurses in South Africa. Nursing involvement in engaging government, regarding working conditions and the profession, received widespread media and scholastic attention since the formation of organisations like the Democratic Nursing Organisation of South Africa (DENOSA) and the South African Nursing Council (SANC) which have been vocal about asserting the nursing

profession's rights, education and improvement of their working conditions. However, it observed that the two organisations engaged in the NHI policy debate in as far as the content and process of the policy is concerned. DENOSA's media statement indicated that "it supports and endorses endeavours by government in realizing the ANC's Polokwane decisions on improving the quality and access to health care including the implementation of NHI" (DENOSA 2012). This statement seemed to be inclined to DENOSA's political affiliation with the ANC, which is the ruling party that is the leading interest group in health reform. DENOSA and SANC's full engagement in the debate could not be found in any public literature sources, thus leaving one to believe that the view of nurses on NHI policy where not captured. There is a dearth of published literature that engages in this debate and articulates the general position of nurses, particularly in the subject of transformation of the health system. Nault (2012:15) emphasises the importance of nursing to be constructively involved in policy discussions on the future shape of health care and the need to expand the focus of the nursing workforce agenda beyond professional aspirations and advocating more strongly for policy relevance.

Individuals cannot be separated from organisations within which they work and any organisation or group is made up of many different people, not all of whom speak with one voice and whose values and beliefs may differ. This study therefore seeks to systematically investigate these different views and beliefs in order to arrive at an understanding of how nurses perceive the NHI policy. In this regard, the focus of the research is not on policy content, but rather on how policy actors, such as nurses, view and interpret content in their service provision. Walt and Gilson (1994:354) state that health policy focuses attention on the content of reform and neglects the actors involved in policy reform; the process is contingent on developing and implementing change and the context within which policy is developed. A health policy analysis is expounded by Walt and Gilson (1994) as a framework that covers all key actors.

Maslin-Prothero & Masterson (1998) state that nurses have consistently been unable to adequately address public policy due to the lack of an easily accessible framework to assist the analysis of policy from a nursing framework. Robinson (1992) (in Hewison 2007:693) suggested that existing health policy analyses neglect the nursing perspective and nursing's critical contribution to health gain. Gough et al. (1994)

concurs with this view by stating that there is a need for nurses to develop their own analysis "for" policy to derive a wider perspective of nursing's place in and as part of public, voluntary and private services. Gough further states that this policy for nursing is the only way of enabling the profession to reach its fullest potential and that nurses need to start to use and influence policy to their own ends; that is, in terms of professional direction and delivery of care.

Hewison (2007) states that there is a need for a range of analyses which can contribute in different ways (because of the complex and non-homogeneous group of nurses practicing in a variety of disciplines) which access the diverse elements of policy and its enactment and which may cumulatively provide a greater understanding of the process and thereby enable nurse managers to exert more influence on it. Walt and Gilson (1994:354) proposed an analytical model which incorporates the concepts of context, process and actors as well as content which policymakers can utilise to understand the process of health policy reform.

Walt and Gilson developed an analytical framework for health policy which draws attention to the context within which policy is formulated and executed, the actors involved in policy making and the processes associated with developing and implementing policy and the interactions between them (Buse et al. 2005:02). Walt (1994) emphasises that health policy is synonymous with politics and deals explicitly with who (actors) influences policy making (process), how they exercise influence and under what conditions (context).

Buse et al. (2005:09) states that actors are at the centre of health policy and actors may be used to denote the individual, an organisation or even the State. Individuals cannot be separated from the organisations within which they work and organisations or groups are made up of many different people, not all of whom speak with one voice and whose values and beliefs may differ. Brugha and Varvasovszky (2000:341) define actors as stakeholders who have an interest in the issues under consideration; these are stakeholders who are affected by the issue or who, because of their position, have or could have an active or passive influence on the decision making and implementation process.

Brugha and Varvasovszky (2000:341) et al. uses stakeholder analysis as an approach to conduct policy analysis. This approach reflects the realisation that the interests and influence of these individual groups both within and outside the organisation need to be taken into consideration in evaluating threats and opportunities for change in strategic planning and the selection of strategic options and in successfully implementing and managing change. The South African government, by virtue of publishing the NHI Green Paper, creates an opportunity to consult all stakeholders and the general public on the policy. It is however noted that input by nurses into this exercise is relatively absent or unavailable in the published literature.

Brugha and Varvasovszky (2000:341) state that stakeholder analysis is an approach, a tool or set of tools for generating knowledge about actors so as to understand their behaviour, intentions, inter-relations and interests and for assessing the influence and resources they bring to bear on the decision-making or implementation processes.

The research assumes that nurses have concerns (interests) regarding how the NHI policy affects them in their professional capacity and the level of service delivery. However, such interest in which one builds his/her views or reality is not captured in the NHI policy debate. Understanding how nurses, as key stakeholders in health service delivery, view and interpret policy is critical for implementation thereof and strengthening the health system. This study is thus premised on the perception that health policy is brought alive by the way in which actors translate their behaviours and practices. This position takes into consideration that such behaviours and practises are largely influenced by the context of the political nature of the health policy process.

2.8 CONCLUSION

The NHI policy in South Africa is set to radically reform the health system which has, over the years, been defined and conceptualised by different political systems and paradigms of the time. Understanding the underlying health system thinking is critical when investigating issues that concern health policies, since they are largely influenced by subjective interests. The research assumes that nurses have a concern (interest) regarding how the NHI policy affects them in their professional capacity and on the level of service delivery. However, such interests by which one builds his/her views or reality is not captured in the NHI policy debate. Understanding how nurses, as key

stakeholders in health service delivery, view and interpret policy is critical for the implementation thereof and strengthening the health system. This study is thus premised on the perception that health policy is brought alive by the way in which actors translate their behaviours and practices.

CHAPTER 3
RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Research design and methodology forms a key part which define a scientific study approach in data collection and analysis. Presentation of this aspect of the research is essential as it guides how the research is done. This chapter will outline the research design and methodology employed in this study as well as discusses data collection and analysis processes of the study.

Health policies are developed through interaction by key stakeholders and thus constructed through the way they interpret or make meaning of their experience, which changes over time. The primary data sought in this study is centred on how nurses make meaning of and experience the NHI policy. In order to determine nurses' understanding and experience of the NHI policy, this study will take a qualitative approach premised on the hermeneutic phenomenology tradition. This chapter will first discuss the key philosophical assumptions of hermeneutic phenomenology which informed the selection of this methodology the study. The chapter also delves into the data collection and analysis procedures employed in this study; this gives precedence to a brief discourse on ethics and the quality of the study.

3.2 RESEARCH DESIGN

Polit and Beck (2008:221) state that qualitative research offers a variety of approaches which some authors have categorized in terms of analysis style; others have classified them according to their broad focus. According to Joubert and Ehrlich (2007), one useful system of classifying qualitative research is to describe it according to disciplinary traditions. The traditions vary in conceptualization of what types of questions are important to ask and in the methods they consider appropriate for answering those questions. Underlying the qualitative approach is a philosophy concerning how behaviours and social processes are determined focusing on how participants experience and understand a particular situation. This study locates its focus on issues of health policy and professional nurses. It works on an understanding that health policies are developed and implemented by social actors (like nurses) through the

meanings and interpretations they attach to their experiences (Gilson 2012:35). Therefore, the objective of this research is to determine nurses' understanding and experiences of the NHI policy. A hermeneutic phenomenological approach was selected for this study as its philosophical grounding speaks to the central issues of this study, which are meaning and experience, as Max van Manen states that hermeneutics is the interpretive study of expressions of lived experience in an attempt to determine the meaning embodied in them (Perry 2009:217).

Friesen, Henriksson and Saevi (2012:01) state that understanding hermeneutic phenomenology as a research method requires the definition and discussion of terms that may initially appear daunting, beginning with hermeneutic phenomenology itself. Friesen et al. (2012:01) defines phenomenology as the study of experience, particularly as it is lived and as it is structured through consciousness. Experience, in this context, refers not so much to accumulated evidence or knowledge as it does to something that we undergo. It is something that happens to us and not something accumulated and mastered by us (Friesen et al, 2012:01). Such understanding of "experience" is in line with the critical instruction of this study in that NHI policy is a relatively new phenomenon which was constructed within a political realm and thus became an instrument that affects (and is effected by) professional nurses within the health system. The phenomenon of interest is in finding out how nurses view/understand this policy. In this study, views will mean an individual's mental construction about an experience or seen phenomenon which has a bearing on how he or she conducts him/herself in a social and professional context.

Kafle (2011:181) states that phenomenology is an umbrella term encompassing both philosophical movement and a range of research approaches. The phenomenological movement was initiated by Husserl who conceptualized it around the idea of reduction that refers to suspending the personal prejudices and attempting to reach the core or essence through a state of pure consciousness. Dowling (2007:132) asserts that Husserl's goals are strongly epistemological and regarded experience as the fundamental source of knowledge. Husserl argues that descriptions of experience be gleaned before it has been reflected on. This involves the phenomenologist as free and as unprejudiced as possible in order that the phenomenon present itself as free and as unprejudiced as possible so that it can be precisely described and understood.

According to Reiners (2012:01), Heidegger who was Husserl's student, rejected the theory of knowledge known as epistemology and adopted ontology. He developed interpretive phenomenology by extending hermeneutics, the philosophy of interpretation. Heidegger's writings present a sharp departure from Husserlian phenomenology as it is premised on the idea that reduction is impossible, as hermeneutic phenomenology attempts to unveil the world as experienced by the respondent through his/her life world. This school believes that interpretations are all we have and descriptions are interpretive processes. Max van Manen who has written widely on this subject takes the Heideggerian argument a step further by asserting that all descriptions are ultimately interpretation. Van Manen (1990:25) explains that phenomenology is, on the one hand, a description of the lived-through quality of lived experience and, on the other hand, a description of the meaning of expressions of lived experience. He states that the two types of descriptions seem somewhat different in the sense that the first is an immediate description of the lifeworld as lived whereas the second one is an intermediate. Van Manen (1990) argues that when description is thus mediated by expression, then description seems to contain a stronger element of interpretation. In the same understanding, the aim of the research is to capture nurses' experiences and realities in the context of practice, in order to understand their views on NHI policy. In this regard, the capturing of nurses' experiences follows a descriptive grounding of phenomenology which is loaded with how issues of health system reform have particular significance to their professional and personal lives; however, in seeking to capture nurses' views one has to take an interpretive instruction aligned to hermeneutic phenomenology, as alluded to by Max Van Manen (1990:25).

Kafle (2011:190) makes it known that in using this approach we accept the difficulty of bracketing by acknowledging our implicit assumptions and attempt to make them explicit. In order to engage in hermeneutic phenomenology one must be influenced by phenomena that truly interests the researcher and commit to the exploratory journey (van Manen 1990). The study of the view that professional nurses hold of NHI policy reflects the researcher's profound interest in health system and policy focus on public health reform, as driven by health care professionals such as nurses. This study was influenced by health policy literature, as discussed in the previous chapter, which revealed that there is a gap in nurses because they are not meaningfully consulted in policy development and there exists a dearth of literature concerning nurses'

engagement in health policy analysis yet nurses are tasked with the implementation of policies aimed at transforming the health system. Professional nurses implement policies based on how they understand and make meaning of policies (Gilson 2012). Therefore, understanding nurses' views regarding NHI policy gives one insight into how they make meaning and experience the proposed health transformation process.

Douglas and Wykowski (2011:93) quote Palmer who argues that understanding is basically referential operation and we thus understand something by comparing it to something we already know. What we understand forms itself into systematic units or circles, made of points. The circle as a whole defines the individual part and the parts together form a circle. In order for the researcher to understand research findings, reference was made to researched/published evidence about professional nurses and policy development. In this respect, such explicit declaration does not seek to influence the results of the study as meaning and experience are described and interpreted in reference to the transcribed text of audio taped interviews with study participants, while evidence from previous research is also acknowledged. In this manner, the hermeneutic phenomenological approach contributed to understanding the nurses' experiences and informed the way policy is implemented and drafted.

This study thus adopts the position that in the human sciences, meaning can only be communicated textually, by way of organised narrative or prose, as advocated for by van Manen (1990:78). Van Manen (1990:78) states that in order to come to grips with the structure or meaning of the text, it is helpful to think of the phenomenon described in the text as approachable in terms of meaning units, structure of meaning or themes. Reflecting on lived experience then becomes reflectively analysing the structural or thematic aspects of that experience. This approach to data analysis will be discussed.

3.3 RESEARCH METHOD

3.3.1 Population and Sampling

Halloway and Wheeler (2010:137) states that some researchers distinguish between the target population, study population and sampling frame. According to Halloway and Wheeler (2010:137) accessible population that has the particular experience or knowledge of the phenomenon which the researcher is seeking to explore is the target population. The study population consists of all the individuals whom the researcher can

gain access and who have the appropriate knowledge and experience while the sampling frame is the population from which the sample is chosen (Halloway and Wheeler 2010:137).

Kothari (2004:55) states that a sample design is a definitive plan for obtaining a sample from a given population. It refers to the technique or the procedure the researcher would adopt in selecting items for a sample. The sampling strategies of the qualitative researcher are guided by principles, ethics and the opportunity of gaining access to people who they can observe and interview in significant depth, and from whom they can obtain rich data. The selection of the participants (settings or units of time) is criterion based; that is, certain criteria are applied and the sample is chosen accordingly (Holloway and Wheeler 2010:138).

This research used the distinction made by Polit and Beck (2008:338), to define the inclusion and exclusion criteria of the sample. The target population of the study are professional nurses working at one of the pilot sites for the NHI in an Mpumalanga hospital. The accessible sample should meet the criteria of having field experience; senior position of responsibility (supervisor, manager) and a formal degree in nursing. The purposive sampling technique was therefore used in selecting research participants. Holloway and Wheeler (2010:138) state that the logic and power of purposeful sampling lies in selecting information-rich cases for in-depth study. Information rich cases are those from which one can learn a great deal about issues which are of central importance to the purpose of the research.

The purposive sample of this study consisted of a total of 10 professional nurses employed at Embuleni hospital, in the Gert Sibande District of Mpumalanga, who formed the site's target population. All study participants had the credentials of a registered professional nurse practising in the aforementioned public hospital. No age criteria was specified but participants were selected based on having attained over 5 years of field experience in nursing practice, as this period is inclusive of the time and setting when the NHI policy was drafted, debated and piloted. Supervisory or managerial experience was another criterion of inclusion that ensured access to data sources with rich information as they (nurses in leadership positions) form part of the key stakeholders who direct and interpret policy implementation to their subordinates. The experience of professional nurses offers a description of the social context which is

going to maximise on transferability. Kothari (2004:55) states that an important mechanism for promoting transferability is the amount of information qualitative researchers provide about the context of their studies.

3.3.2 Data Collection

3.3.2.1 Data collection approach and method

While we can explain nature, to know human realities and people's expression of them (experience) we must "understand". Understanding involves the interpreter and the interpreted in a dialogical relationship, out of which meaning is constructed (Clare and Hamilton 2004:85). Polit and Beck (2008:384) state that the primary method of collecting qualitative data is through interviewing study participants, as phenomenologists rely primarily on in-depth interviews with individual participants. Language is thought to shape our seeing and our thought, and reality is shaped by language. This study therefore utilised primary sources of data, like the NHI policy and written submissions by professional nurses and organisations, as comments to the NHI policy discourse. These assisted the researcher to project an understanding of time and context of formulation of the NHI policy. In this regard, semi-structured interviewing techniques were used to source secondary data from the research participants.

Walker (2011:20) states that research interviews can be located along a continuum with structured and unstructured interview types representing opposite ends of the spectrum. Walker (ibid) quotes Van Manen (1990) who argues that deciding on the most appropriate type of interview should be determined by the fundamental question that prompted the need for the interview in the first place. The objective of this study was to capture the views of nurses about the NHI policy and the discourse in the interview thus had to cover the relevant aspects of this policy. However, some researchers argue that a phenomenological interview should be open and unstructured. Maddocks, Wright and Stickley (2010:676) use Koch's (1996) assertion that the semi-structured approach allows for all aspects of a particular phenomenon to be explored. Gerrich and Lacey (2010:349) highlight that semi-structured interviews retain the flexibility necessary to follow issues raised by participants that had not been anticipated. This technique ensures that researchers will obtain all the information required and gives people the freedom to respond in their own words, provide as much detail as they wish and offer

illustrations and explanations (Polit and Beck 2008:394). While the focus of the inquiry is interpretation, the semi-structured interview method which allows for open ended questions was utilised to maintain the scope of the interview within the topic guide of context, process and content as envisaged in the methodological philosophy that underpins this research.

3.3.2.2 Characteristics of data collection instrument

Van Manen (1990:66) points out two specific purposes served by an interview in hermeneutic phenomenological human science. In the first purpose, van Manen (1990) states that an interview may be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon. Second, the interview may be used as a vehicle to develop a conversational relation with a partner (interviewee) about the meaning of experience (van Manen 1990:66). In this articulation, van Manen (1990) seems to place the purpose of an interview into specific categories of description and interpretation, respectively, of which the researcher seeks to harness the two into achieving a common objective of this study which is to capture nurses' experiences and reality in the context of practice in order to understand their views on NHI policy. In this regard, the researcher became the research instrument in collecting data since he conducted interviews which were tape recorded and later transcribed for data analysis. The semi-structured interview method which allows for open-ended questions was utilised to maintain the scope of the interview within the topic guide of context, process and content as envisaged in the philosophical assumptions that underpin this research.

3.3.2.3 Data collection process

The researcher selected Embuleni public hospital in the Gert Sibande District of Mpumalanga, which is one of the areas selected to pilot the NHI policy. In order to gain access to the hospital, the researcher submitted an application to the Mpumalanga Department of Health Ethics Committee to conduct research in one of their public hospitals: Gert Sibande Hospital. The application to conduct research was granted but efforts to get permission to enter the hospital premises and conduct research were frustrated by so much red tape, until authorities at Embuleni Hospital in Elukwatini gave the researcher permission to interview study participants. A discussion regarding the

purpose and aims of the study was held with the hospital CEO who thus referred the researcher to the hospital matron for data collection. 10 professional nurses working in leadership positions were selected for the study and three focus groups were conducted deviating from one-on-one interviews which were planned for the study as participants expressed a degree of discomfort about speaking in isolation of each other, for fear of the unknown. Interviews were tape recorded for data collection purposes and later transcribed for data analysis. Study participants were asked questions around NHI policy context and content. An interview guide structured the main question which focused the discussion while probing questions were used to further explore issues raised during the discussion. Clarity was sought from study participants on issues that were not understood or made clear to the researcher.

3.3.2.4 Ethical considerations related to data collection

Brink, van der Walt and van Rensburg (2006:31) state that ethical principles are based on human rights that need to be protected in research; namely, the rights to self-determination, privacy, anonymity and confidentiality, fair treatment and being protected from discomfort. The qualitative approach of this research required the researcher to interact with participants which might have encroached on their personal space in which a range of ethical issues must be addressed for the study to be undertaken within the ethical parameters of respecting human dignity and in keeping with the boundaries of scientific integrity of research. The following ethical considerations were adhered to throughout this study.

Polit and Beck (2008:76) state that informed consent and participant authorisation is one particularly important procedure for safeguarding participants and protecting their right to self-determination. The researcher is obligated to fully outline the nature of data collection and the purpose for which the data will be used, to the participants, using a style and language that they can understand (Boejie 2010:45). The researcher clearly explained the purpose of the research, how data was going to be collected (including the use of audio tapes) and the aim and objectives of undertaking the study. Each participant was therefore able to make an informed decision to take part in the research by signing a consent form which was clearly explained and a duplicate copy was given to each participant.

The development of policies and their implementation occurs within a political discourse which is a discipline in which some persons might be unduly sensitive. Issues of confidentiality and anonymity were addressed in this study. The study ensured the confidentiality of the participants by maintaining their anonymity in that their names were not disclosed in the study but were stored by the researcher solely for the purpose of following-up and member checking. This ethical consideration is closely related to justice in that the researcher ensured that the study is not more intrusive than it needs to be and that the participants' privacy is maintained throughout the study (Polit and Beck 2008:174). Each focus group interview was conducted in a private room at a time conveniently chosen by the participating professional nurses. The interviewer recorded the interview on a tape recorder for the purposes of collecting information. The tape recordings and the transcribed interviews were kept securely locked up in a place only accessible to the researcher and the study's supervisor. The transcribed data was available only to these two persons from one secure computer protected by a specific secure password. Information obtained from the interviews was managed by the interviewer in such a way that no person will be identifiable and all information was treated with the utmost confidentiality. Therefore, the research report will be based on the information obtained from all participants and no participant will be identified in this report. In this regard, the confidentiality of the study participants is ensured.

Polit and Beck (2008:170) state that beneficence is a fundamental principle in research which imposes a duty on the researcher to minimise harm and to maximise benefits. Joubert and Ehrlich (2007:33) highlights that beneficence captures the true moral essence of the professional responsibilities of health care professionals. The researcher therefore ensured that there were no participants exposed to physical and psychological harm as a result of their participation in the study. In the event that a participant got upset during the interview, the researcher made a commitment to empathically help him/her to calm down and to schedule another interview or allow the participant to exercise his/her right to withdraw from the study. Participants were given a platform to voice their concerns or raise their discomfort about aspects of the research before or during interviews. This ensured that the possibility of harm was minimised.

3.3.3 Data analysis

Polit and Beck (2008:507) state that qualitative data takes the form of loosely structured, narrative material, such as verbatim dialogue between an interviewer and a respondent. However, such words contained in language are not ready for data analysis, thus Polit and Beck (ibid), assert that the purpose of data analysis is to organise and provide structure to elicit meaning from the research data. Van Manen (1990:78) reaffirms this by emphasizing that meaning in the human sciences can only be organised through narrative or prose.

The researcher takes special interest in the views of nurses on the NHI as contained in the language extended by qualitatively recorded text, since it is in language that one's reality, meaning and views are expressed as shaped by experience. Data was collected through interviewing participants; the data analysis was thus based on recorded/expressed views contained in the spoken language of the participants and transcribed into text. In this regard, this study follows van Manen's approach of data analysis which includes phenomenological reflection (reading and rereading the interview texts); thematic analysis (aimed at identifying underlying themes in life-world descriptions); composing thematic statements (descriptions of key themes that emerge in data analysis) and phenomenological writing (summarising study finding related to the phenomena of interests) (O'Brien 2011).

Van Manen (1990:77) states that the purpose of phenomenological reflection is to try to grasp the essential meaning of something. As part of reflection process, the researcher listened to recorded interviews against transcribed text to gain an understanding of the discourse. It was observed that vernacular words (language) were not transcribed to text and thus the researcher manually transcribed by re-listening to taped interviews and re-reading the transcribed text. This presented the researcher with an opportunity to immerse one's self in the text for purposes of gaining a good understanding of the phenomenon discussed and deciphering its essential meaning and themes.

Van Manen (1990:78) suggests that for one to come to grips with the structure of meaning of text, it is helpful to think of phenomenon described in text as approachable in terms of meaning units, structure of meaning or themes. Van Manen (1990:78) therefore concludes that reflecting on lived experience then becomes reflectively

analysing the structural or thematic aspects of that experience. Phenomenological themes may be understood as the structures of experience. So when we analyse a phenomenon we are trying to determine what themes are experiential and which structures make up that experience? According to van Manen (1990:92), there are three approaches toward uncovering or isolating the thematic aspects of a phenomenon in the same text. These include (i) the holistic or sententious approach; (ii) the selective or highlighting approach; and (iii) the detailed or line-by-line approach. The researcher uncovered using the holistic reading approach by attending to the text as whole and asking, what sententious phrase may capture the fundamental meaning or main significance of the text as a whole? (van Manen 1990). Thematic statements were therefore composed to characterise the phenomenon of interest, which is the views of professional nurses on NHI policy. An attempt was made to conduct follow-up interviews with participants in order to weigh the appropriateness of each theme for congruency with their experience and reality. This brought the researcher to the writing up of the study data, which is the final phase of data analysis as identified in van Manen's (1990) conceptualisation of hermeneutic phenomenological research. Van Manen (1990:111) states that creating a phenomenological text is the object of the research process.

3.4 TRUSTWORTHINESS

The terms 'rigour' and 'validity' are shunned by naturalists because they are associated with the positivist paradigm and are seen as inappropriate for research conducted in a naturalist or critical paradigm. This resulted in the development of standards for the trustworthiness of qualitative research that parallel the standards of reliability and validity in quantitative research (Polit and Beck 2008:536). Holloway and Wheeler (2010:303) assert that trustworthiness is the truth value of a piece of research, which a study has to meet for it to be trustworthy: credibility, transferability, dependability and confirmability.

Tobin and Begley (2004:391) state that **credibility** addresses the issue of fit between participants' views and the researcher's representation of them. It poses the questions of whether the explanation fits the description and whether the description is credible. The research was based on the philosophy that policies are a social construct influenced by personal, group and organisational multiple realities and experience of the

health system. Therefore, the interpretation of the study results was not based on a single view. Prolonged engagement (in interviews lasting 45 minutes) and deliberate probing of participants was done to ensure that the researcher understood the participants' meanings and language used in describing their experiences. Member checking was performed to gain feedback from participants about emerging interpretations and obtain the participants' reaction (Polit and Beck 2008:391) and ensure that the results of the study are credible.

Dependability refers to the stability of data over time and conditions (Polit and Beck 2008:539). To ensure dependability in this research, the data and descriptions of the research were elaborated upon extensively and the methodological framework was elucidated to shed light on how data was collected, stored and analysed in order to provide a clean audit trail.

Transcribed narratives are used as exemplars in this study so as to enhance the **conformability** of the study. Tobin and Begley (2004:392) state that conformability is concerned with establishing that the data and interpretation of the findings are not figments of the inquirer's imagination but are clearly derived from the data. An audit trail is reported and documented to allow readers to scrutinise the raw data and the research methods.

Transferability refers to the generalizability of the data; that is the extent to which findings can be transferred to or has applicability in other settings or groups (Polit and Beck 2008:539). This study enhanced this aspect of trustworthiness by describing the context of the sample setting and using contextual experience as an inclusion and exclusion criteria of the sample. This opened a platform for experienced nurses to provide historical and social setting descriptions during interviews.

3.5 CONCLUSION

Hermeneutic phenomenology which underpins the methodological design of this study is defined by van Manen (1990) as an interpretive study of the expressions of lived experience in an attempt to determine the meaning embodied in them. Experience in this context was understood as practical contact with observed and felt facts by professional nurses working in an area selected for piloting the NHI policy. Gilson states that daily practices (experience) become health policy as it is translated, experienced

and enacted in ways which may differ from the intentions of the formal documents. In conducting a hermeneutic phenomenological research, the researcher utilised its philosophical grounding to uncover how professional nurses view and make meaning of the NHI policy. This methodological approach thus makes room for the researcher to turn to a phenomenon which seriously interests him and to commit to this world by investigating experience as it is lived, rather than experience as we conceptualise it. In this regard, the researcher reflects on the essential themes which characterise the phenomenon and describe it through the art of writing (van Manen 1990:30).

CHAPTER 4
ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH
FINDINGS

4.1 INTRODUCTION

While we can explain the phenomena of the physical world, to know human realities and people's expressions of them (experience) we must understand. Understanding involves the interpreter and research participant (engaging) in a dialogical relationship of which meaning is constructed. Making it clear of human and understanding the lived structures of meaning is the task of human science that makes its focus on lived experience (van Manen 1990). This ontological description of research defines the hermeneutic phenomenological research design which governed the data collection and analysis, as discussed in the previous chapter. The quest to capture nurses' experiences and reality in the context of practice, in order to understand their views on NHI policy, formed the basic aim of undertaking this study. This chapter will therefore begin by re-stating the data analysis procedure before presenting and describing the findings of the study. The presentation will communicate the views of nurses by summarising them around a common theme which the research discerned from the data and then move to offer an interpretation of the perspective of the nurses while delineating the differences and similarities of the findings in relation to the scope of the literature on the subject.

4.2 DATA MANAGEMENT AND ANALYSIS

McNabb (2013:396) states that data management includes three important steps, namely: organising the collection process, designing a system for retrieving data for comparative analysis and other interpretive activities. Systematic data collection followed the hermeneutic phenomenological method which informed the process. In this regard, the researcher interviewed participants and recorded the interviews on tape; they were then transcribed, verbatim, for data collection purposes. The tapes and transcribed data were kept securely locked up in a place only accessible to the researcher while soft copies were stored in a password protected computer.

As stated in the previous chapter, the study followed van Manen's approach of data analysis which includes phenomenological reflection (reading and rereading the interview texts); thematic analysis (aimed at identifying underlying themes in life-world descriptions); composing thematic statements (descriptions of key themes that emerge in data analysis) and phenomenological writing (summarising study findings related to the phenomena of interests) (O'Brien 2011).

As part of reflection process, the researcher listened to recorded interviews against transcribed text in order to gain an understanding of the discourse. It was observed that vernacular words (language) were not transcribed to text and thus the researcher manually transcribed the interviews by re-listening to the recordings and re-reading the transcribed text. This presented the researcher with an opportunity to immerse himself in the text for the purpose of gaining a good understanding of the phenomenon discussed and to decipher essential meaning and themes.

Thematic analysis was done through identifying sententious phrases that captured the fundamental meaning of the text as a whole. Themes were composed to characterise the phenomenon of interest, which is the "views of professional nurses on NHI policy". Related themes were grouped together under the headings which are going to be discussed in this chapter. An attempt was made to have follow-up interviews with participants in order to weigh the appropriateness of each theme for congruency with their experience and reality. This brought the researcher to the writing up of the study data, which is the final phase of data analysis as identified in van Manen's conceptualisation of hermeneutic phenomenological research. Van Manen (1990) states that creating a phenomenological text is the object of the research process.

4.3 RESEARCH RESULTS

In order to understand the results of the study, it is instructive to give a brief background of the population site before describing the sample.

Built in 1982, Embuleni hospital is situated in Elukwatini in the Gert Sibande district of Mpumalanga province; this is an area which is on the South East part of the province close to Swaziland border. The area is 61% rural and 39% urban with deep rural pockets where communities have challenges in accessing health services. The population density of Gert Sibande is 37.7 per square kilometre with 86% of the

population being uninsured and, as such, dependent on the public health sector for service delivery. Health services are delivered by 1 regional hospital, 8 district hospitals, 3 specialised TB hospitals, 17 community health centres and 58 clinics. Embuleni hospital is one of the district hospitals piloting the NHI policy; as such, the targeted population was located in this hospital.

4.3.1 Sample characteristics

The accessible sample was to meet the inclusion and exclusion criteria of having field experience; hold a senior position of responsibility (supervisor, manager) and have acquired a formal degree in nursing. Purposive sampling was therefore used in selecting research participants. Holloway and Wheeler (2010:138) state that the logic and power of purposeful sampling lies in selecting information-rich cases for in-depth study. Information rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research. The purposive sample of this study consisted of a total of 10 professional nurses employed at Embuleni hospital in Gert Sibande District of Mpumalanga hospital.

Three focus groups were conducted with participants who are professional nurses with experience ranging between 19-33 years of continuous practice. The interviewed participants had supervising and managerial experience as well as a formal degree in the nursing profession. The researcher spent at least 45 minutes on each interview in groups of 3, as participants stated that they preferred being interviewed in groups since the study delved into issues which were somewhat political. All research participants were female. It was observed that there were a relatively small number of males within the hospital and those approached to take part in the study were not professional nurses, thus all the study participants were female.

Table No. 4.1: Sample profile

*Nurse	Years of experience	Highest qualification	Position
Nomsa	33	B. Cur degree	Matron
Constance	19	B. Cur degree	Professional nurse
Julia	28	B. Cur degree	Professional nurse
Florence	32	B. Cur degree	Chief professional nurse
Anna	20	B. Cur degree	Professional nurse
Zodwa	32	B. Cur degree	Senior professional nurse
Thobile	25	B. Cur degree	Professional nurse
Thuli	33	B. Cur degree	Chief professional nurse
Isabel	22	B. Cur degree	Professional nurse
Janet	20	B. Cur degree	Professional nurse
Average	**26.4**		

N.B * please note that names were changed to protect the identity of study participants.

The table above shows the profile of the study participants who were interviewed for the purposes of collecting data for this research. It shows the number of years of professional experience and their highest attained qualification which is averaged below. Each participant's official position in the hospital is shown while their names have been changed to protect their identities.

4.4 FINDINGS

Themes were composed to characterise the phenomenon of interest, which is the "views of professional nurses on NHI policy". Classification of hospitals; Management of hospitals; Core-standards and Consultation were identified as main themes and further divided into subthemes which include Levels; Apartheid; procurement policies; High staff turnover; Management of infrastructure; NHI policy implementation; Quality of service as well as nurses and policy processes, as illustrated on the table below.

Table 4.2: Themes and subthemes on views and experiences of nurses regarding the NHI policy

Theme	Sub-theme
Classification of hospitals	• Levels • Apartheid
Management of hospitals	• Procurement policies • High staff turnover • Management of infrastructure
Core-standards	• NHI policy implementation • Quality of service
Consultation	• Nurses and policy process

4.4.1 Classification of hospitals

Classification of hospitals was identified as the first theme and it was further divided into subthemes of Levels and Apartheid.

The study's central focus is to determine the nurses' mental construction and attitudinal connotations (views) in context, regarding the NHI policy which was set to radically transform the South African public health system. In this regard, discussing the context

of the health system is essential in presenting a setting and play of problems which were subjectively viewed by the nurses who participated in the study.

In discussing the problems affecting the public health system in South Africa, the most striking and recurring area of concern raised by participants centred around the classification of hospitals as defined by the policy on management of hospitals, published by the Department of Health in August 2012. The policy states that the reclassification of hospitals was crucial to addressing issues of equity, affordability, efficiency and effectiveness. According to the Department of Health Policy on Management of Public Hospitals (2012), hospitals were classified into five levels, namely: District, Regional, Tertiary, Central and Specialised hospitals which determined the range of health services that may be provided at different levels of the public establishment (hospitals). This policy set out to prescribe the procedures and criteria of admission to and referral from a public hospital. The policy also set out the various forms of treatment (services) provided in various categories of hospitals. The 1st level is comprised of district hospitals, which are also classified into 3 categories, namely:

- Small district hospitals with no less than 50 beds and no more than 150 beds.

- Medium size district hospitals with more than 150 beds and not more than 300 beds, and

- Large district hospitals with no less than 300 beds and no more than 600 beds.

Embuleni hospital has 189 beds and is therefore classified as a medium sized, district hospital. In this regard, the services provided at this hospital are limited to a package of services offered by a district hospital, as provisioned by the policy. In turn, patients need to be transferred to other hospitals classified in a higher category for more specialised services.

In this regard, one participant states that the problem within the public health system was the unequal distribution of health care services caused by this classification of hospitals, such that certain drugs and services are found in specific hospitals which patients have to travel long distance to access. What was of interest in this discussion was that the participant categorically states that:

- **Levels**

"… we are in black and white hospitals and the supply of health care is not equal."

Another participant echoed this sentiment by stating that:

- **Apartheid**

"…our health system has not changed as it is still based on apartheid system where there are places which have better care than others."

In explaining this view, the participant put forward that Embuleni hospital was previously classified by the apartheid regime as a "homeland" institution and the current dispensation was treating it as such by allocating a budget and services equivalent to "homelands". Participants overly emphasised that this situation compromised the health of patients as the referral system was not working, given that patients had to wait for a "bed" in a receiving hospital for a long time before they could be admitted. One participant rhetorically asked:

"Imagine a patient with a fracture has to wait for a bed for almost a month. What happens to his leg?"

In these discussions, participants stated that public health problems were caused by classifying public hospitals into different levels such that there are glaring differences between urban and rural hospitals, since priority to specific services was only mandated to urban hospitals in a higher category, much to the detriment of patients in rural communities.

In explaining the meaning of the sentiments expressed by the study participants, the researcher puts into perspective that the Policy on Management of Hospitals (2012) was put in place, in line with the strategic objective of the NHI. The NHI policy paper (NHI 2011) states that the objective of the NHI is to overhaul the health care system and improve its management. The policy thus aims to ensure that the management of hospitals is underpinned by the principles of effectiveness, efficiency and transparency. The policy on management of hospitals defines the District Health System (DHS) as adopted as a vehicle to deliver comprehensive primary health care services in South Africa (Department of Health 2002 & NHI Policy Paper 2011). Van Rensburg (2004:133)

quotes McCoy and Engelbrecht who strongly state that the DHS is the core building block of the entire health system. The NHI policy paper states that the transformation of the South African health system will be based on the Primary Health Care (PHC) approach; in this regard, the DHS will be the vehicle through which all PHC is delivered. Thus, the DHS embodies the means of achieving the objectives of the NHI.

However, the study participants seem to locate the root cause of problems found within the public health system in the DHS policy which classifies hospitals into different levels of service. It is interesting to note that such a finding is strikingly dissimilar to the NHI policy which locates the underlying cause of the problems affecting the South Africa public health system elsewhere.

The NHI policy (2011) states that South Africa had a fragmented system designed along racial lines with one system being highly resourced and benefitting the white minority, while the other is systematically under-resourced and meant for the black majority which created good grounding for the current two-tiered system of public and private hospitals; the former of which is highly resourced but cannot be accessed by the poor majority. In reforming the health system, one of the key interventions defined by the NHI includes a complete transformation of health care service provision and delivery. The Policy on Management of Public Hospitals (2012) seems to have been promulgated to set such an intervention in motion. However, the study participants figuratively compare this arrangement with the apartheid system. This is a view that denotes perceived systematic inequality in the allocation of resources and services and thus holds the view that DHS creates problems which perpetuate inequality within the South African public health system. Van Rensburg (2004:141) states that the concept and phenomenon of decentralisation lies at the heart of the district health system of which "The establishment of the DHS context requires namely, first and foremost that the centre (the Province) decentralise or devolve its powers, authority, functions resources and responsibilities to the periphery (District)". However, van Rensburg (2004:143) warns that decentralisation can worsen the existent inequalities in health and health care delivery between provinces and municipal areas by perpetuating old inequalities and generating new ones due to discordant development and the lack of an overarching policy. This exposition by van Rensburg is similar to the study participants' view of the

classification of hospitals (DHS) and the management of hospitals for service delivery within the South African health system.

4.4.1.2 Management of hospitals

The management of Embuleni hospital was another key theme of concern highlighted by participants, especially around hospital infrastructure, the procurement of essential drugs and resources as well as human resources. From this theme, procurement policies, high staff turnover and management of infrastructure were identified as subthemes.

Most study participants state that the classification of hospitals caused the unequal management of hospitals which placed rural hospitals at a disadvantage, particularly in regards to hospital development. The participant states that Embuleni hospital had poor infrastructure and old buildings which were not serviced or renovated; this is an issue which she said was a threat to their safety as professionals and that of their patients. Study participants described how the hospital buildings were in a gradual process of deterioration while resources like linen and essential drugs were in short supply at the hospital.

- **Procurement policies**

One study participant said that *"… the delivery of care of health care system is not equal for example if I may quote. Here there are certain drugs that we do not receive any of them and when we enquire they say it is because we are not at primary health level… When we are doing procurement we are told that we cannot have this one, we can have this one because I do not know if it is known by our department. And again the durability of the stuff that we are to procure, we are challenged to save, you can only buy from this tender company, but from this, even if we see that this thing will not last".*

In this regard, the participant raised the notion of procurement of essential drugs and equipment within the hospital as a problem that affected the current health system. The issues concerning the procurement of essential drugs and equipment was tied up with budget allocation by a participant who stated that funds allocated to the hospital did not equate to the services that they were to provide, which resulted in a diversion of funds. The participant stated that

"Embuleni hospital previously belonged to homelands even on budget we are given a certain percentage on top of nothing, we are not given equal budget…budget is not relevant to the services…we are taken to be a poor hospital and therefore we are given a specific budget which is deemed suitable for us but we have 17 to 18 clinics which refer patients to us and we end up diverting funds from PHC to cover the costs of service provision". She concluded that these are some aspects that caused nurses and doctors to leave rural hospitals in droves due to their frustration.

The question of human resources within the public health system was also a recurring subject when discussing problems affecting the public health system. In virtually all the responses gained from the participants, the discourse on problems within the health system was punctuated by their concern over high staff turnover and vacancies that remain unfilled for a long time; this is a situation which they described as compromising service provision and the health of patients, particularly those living in the rural areas were the hospital is located.

One participant states that the geographic location of Embuleni hospital, which is in the remote part of the province, and the lack of development in the area served as a determining factor in attracting doctors and specialists which the hospital lacks. The participant further states that

- **High staff turnover**

"Although the government had tried with rural allowance, people keep moving in spite of that". This statement amplified the problem, identified by the participants, of staff moving away from Embuleni hospital and the hospital's failure to retain its human resources.

In defining the problems in the South African public health system, as expressed by study participants under the theme of hospital management, the researcher has come to an understanding that the views expressed by participants indicate their experience of their context of practice and how they relate to these problems and the powers that be, charged with addressing their perceived unwelcomed situation. One takes interest in the study participants' description of how the hospital infrastructure is crumbling poses a threat to their personal safety and that of the patients. An oversight visit to Embuleni hospital by a delegation from the National Council of Provinces also raised concerns around the issue of the dilapidating hospital.

One also interprets the study participants' views on the procurement of drugs and equipment as reflecting the perceived failure of management to consult them as professional nurses in the procurement process.

- **Management of infrastructure**

One participant's statement that *"we are told to buy this even if we know that it will not last…"* sums up participants' perception of management as having the ultimate voice while their views, informed by experience, are not taken into consideration. This reflects power relations that the study participants, as professional nurses, have with hospital management. This returns the researcher to Phaladze (2003:29) who states that there is professional subordination which leads to the nurses' failure to exert their influence in the policy process as their attributed power and autonomy is overlooked in issues of resource allocation in the policy development process. Phaladze's view is not cited as a conclusive statement, by the researcher, but a comparative finding which brings forth the some undertones of power and influence as contained in the participants' perception, a point which is critical in reaching the study objective of determining the views of nurses on their role in the development and implementation of the NHI policy. In *Analysing the relationship between leadership style, organisational factors and retention of professional nurses in public health care facilities in Kwazulu-Natal,* Nkosi (2009: 280) found that the majority of professional nurses felt that they were not given an opportunity to participate in hospital activities, a finding that is construed as similar to the connotations of the study participants regarding the procurement of drugs in Embuleni hospital.

Britain, one of the pioneering countries to work towards universal health coverage established the National Health Service (NHS) on the premise that health care should be made available to all (Light 2003:25). The NHS established Clinical Commissioning Groups responsible for managing and purchasing clinical products. Sunderland (2013) states that when procurement departments alone manage the entire process of selecting and purchasing items, the approach tends to mean the financial perspective is the main one while product usability and clinical suitability become secondary considerations. This means that staff members are asked to use products they may find inefficient or ineffective. Sunderland (2013) emphasises that evidence shows that the nurses' position on the frontline of patient care, using a vast range of clinical products

on a daily basis, leaves them uniquely qualified to offer detailed insight on what items do and do not work. Sunderland (2013) further states that empowering senior nurses to take procurement decisions has helped to drive product standardisation across clinical areas. This exposition by Sunderland (2013) is similar to the views expressed by study participants on procurement policies and thus presents an opportunity for South Africa to learn from the British experience.

The study participants' substantial emphasis on their concern regarding the lack of human resources particularly in their hospital which is located in a remote part of Mpumalanga is similar to well documented evidence of the problems, such as staff shortage within the South African public health system. Mills, Ally, Goudge, Gyapong and Mtei (2012:07) also state that the organizational structure and capacity of the government health sector, and the extent of health service infrastructure, especially human resources and access to basic health care, are critical in universal coverage of policy discussions since they affect both the ability to introduce reforms and the extent to which the intended extension of coverage can be a practical reality. Lloyd, Sanders and Lehmann (2010:172) also put this point across in the South African situation by stating that "Transformation of the health system has been hampered by inadequate numbers and inequitable distribution of health workers between private and public sectors and urban and rural areas, lack of appropriate skills throughout the system, and poor planning and management". This problem has been acknowledged by the South African government which has put in place the Human Resource for Health Strategy for the Health Sector: 2012/13 – 2016/17 in its quest to improve human resources, planning, development and management (Department of Health 2012). However, this strategy remains a plan, and study participants still expressed their concern of lack of human resources and high staff turnover 18 months into the piloting period of the NHI. Lloyd et al. (2010:17) also highlight the fact that vacancies in the public sector remain high and, what is even more concerning is that they appear to be on the rise again: in 2010, 42.5% of health professionals' posts in the public sector were unfilled, up from 33% in 2009 and 27% in 2005. This is also reflected by data compiled by the Health Systems Trust on "Filled and vacant health professionals' posts in the public service, 2010" (Lloyd et al. 2010:17).

4.4.2 Core-standards

In the data collected, the researcher found that all responses by participants centred on a common theme of National Core-standards with regards to how they perceived the NHI policy. This theme releases the following subthemes which include NHI policy implementation and Quality of service.

- **NHI policy implementation:**

One study participant states that:

"I think NHI is patient centred, it is good for patient care and improvement for it includes mostly core-standards which are mostly patient centred although it does not say anything about us staff".

In the same breath, another study participant described the NHI as a policy that brought in the national core-standards which are to be used as a guiding tool for their practice in service provision. Participants spoke at length of how NHI guides them to check on the availability of drugs and placed much emphasis on hospital cleanliness and staff attitude towards their work and patients, as captured by this participant who states that:

"We are using the objective tool which is helping us to see our mistakes which helps us to improve our services".

This statement was further explained by one participant who states that the core-standards were used as a measure to check their progress in service provision and the ultimate goal of efficiency and good treatment of patients. Thus, she highlighted that this was done by maintaining a good attitude towards their work and patients. Most study participants placed much emphasis on compliance with the core-standards and maintaining a good and positive attitude as their effort to see the achievement of the NHI objectives. It was also noted that one participant used the third person in describing how the NHI is going to be implemented and achieved. The participant states that

"They are to check about cleanliness of this hospital, they are to check if the drugs are available, they are to check if our attitude, how our attitude towards this thing"

In analysing this dialogue for understanding what was put across, the researcher was at pains in trying to locate where the participant places herself in this undertaking and who

was referred to in this third person narrative. Although analysing this is not within the scope of the study, this measure was undertaken to understand the study participant's perceptions of the NHI in terms the activities she undertakes to implement it. Therefore, understanding what the term "they," as used by the participant, symbolises was equally important. One is drawn to the definition of this term by the Oxford Online Dictionary (c2012) which states that the term may be used informally to refer to people in authority regarded collectively, of which if the term is taken in context of what the participant states, "they" will imply a monitoring authority in the implementation of the NHI/core-standards. The main purpose of the National Core-standards is to develop a common definition of care which should be found in all health establishments in South Africa as a guide to the public and to the managers and staff at all levels. The legal context of the National Core-standards for the health sector is the National Health Act, (Act 61 of 2003) which promotes good quality health services and heath standards". A national drive by the National Department of Health to improve the quality of health care through the National Core-standards calls on the leadership in the health sector to facilitate initiative and change in practice. It therefore provides for the creation of an Office of Standards Compliance as well as an Inspectorate of Health Establishments within each province's Department of Health (2011). It is in this regard that the researcher understands the participant's statement as locating her function in implementing the NHI in compliance with what is stated in the national core-standards while the established Office of Standards Compliance monitors this undertaking.

It was also interesting to note that most participants referred to core-standards as an objective tool and responded to questions around NHI policy objectives using the same term. In this regard, the study participants seem to view the NHI policy objectives to be achieved by their compliance with the national core-standards. According to Lourens (2012:03), the purpose of the national core-standards is to set a benchmark for quality of care, and to provide a framework for the national accreditation of health establishments. The NHI policy states that one of its key interventions for health system transformation is to completely transform the health care service provision and delivery. One of the concerns highlighted in the NHI centre around quality of care*:* "…significant improvements in health services coverage and access since 1994 have been achieved. However, there are still notable quality problems. Among the commonly cited and experienced by the public are: cleanliness, safety and security of staff and patients, long

waiting times, staff attitudes, infection control and drug stock-outs. Given that there are concerns about quality at public sector facilities, there is preference by the public for services in the private sector which may largely be funded out of pocket. Therefore, improvement of quality in the public health system is at the centre of the health sector's reform endeavours" (NHI 2011:09).

According to the 2009 National Health Care Quality Report, many Americans have good access to health care that enables them to benefit from the nation's health system but it was found that health insurance was the most significant contributing factor to poor quality care. The report states that uninsured people were less likely to get recommended care and they had more difficult in navigating the health system and when they eventually receive care it was of a lower quality compared to the insured. Whittaker et al. (2011: 11) state that the introduction of the Negotiated Service Delivery Agreement (NSDA), in October 2010, with its focus on PHC re-engineering and National Health Insurance (NHI) as a means to obtain universal coverage, re-emphasized high-level governmental commitment to improving quality hence the promulgation of the National core-standards by the Department of Health (2011). Since the PHC re-engineering forms the crux of the NHI, commitment to compliance to ensuring that core-standards are implemented concurs with the points put across by study participants of interpreting the NHI objectives in relation to core-standards, which facilitates a change process in service provision within the hospital.

One of the issues which influenced this research was to find out how health care practitioners make meaning of the NHI and how they interpret the transformation process of the health system. The question borne of this concern was: Is the interpretation of change as contained in the NHI the same as theirs? The study participants' interpretation of the NHI objectives, using the national core-standards, seems to reflect the key finding in terms of how they make meaning and process of the NHI. In this regard, the study participants emphasised that compliance to the national core-standards will ensure good quality of health care in public hospitals and, therefore, the achievement of the NHI objectives. However, there is a relative lack of published research to explore this finding further.

Study participants expressed their concern regarding the quality of health care provided, which they felt was of low standard. The concern was that inexperienced nurses where

rushing to work independently in clinics a situation which compromised on quality since such nurses did not work under the supervision of doctor who would nurture their skills in clinical practice in a hospital setting. Participants stated that one of the objectives of the policy should be to address this situation in order to improve delivery of quality primary health care:

- **Quality of care**

"…although I do not have power… if it was me given the power then there is no one who is going out without serving under a doctor, under the supervision of the doctor…"

Another explained this rush by stating that most nurses graduating from nursing colleges were not prepared for what to expect in hospital setting in thus which causes them to run away from such institutions as they are overwhelmed by the work in hospitals.

The decisive and most important point of the NHI policy is the PHC approach which informs the practice and implementation of health system transformation in South Africa. Since the DHS will be the vehicle by which all PHC is delivered, nurses therefore become the most important drivers for the efficient and effective achievement of its goals and objectives. This should be put into perspective in an effort to make meaning of and appreciate the concern in what the study participants express under this theme.

Study participants state that nurses rush to work in clinics as they are overwhelmed by working in hospitals settings implies that they are concerned with the quality of education they receive which hints at a mismatch between what they are taught and nursing practice, particularly in a hospital. Study participants seemed to be concerned about the diagnosis and treatment of common complaints by nurses without prior practice, as experienced under the guidance and supervision of the doctor, considering that the NHI placed emphasis on "core-standards" and was a cause of concern for the quality of health care provided in clinics. One participant stated that

"for example newly qualified nurses only serve in a hospital under a doctor for six months and you cannot get necessary experience in six months…you cannot add value

even if you are newly qualified no matter your training, you stay for a period under a doctor before you become independent".

Nursing education at all levels needs to provide a better understanding of and experience in care management, quality improvement methods, systems-level change management, and the reconceptualised roles of nurses in a reformed health care system (Robert Wood Johnson Foundation 2011).

This finding resonates with the findings on Carlson, Pilhammar and Wann-Hansson (2010) that professional socialisation is facilitated by clinical experiences where students work together with preceptor nurses since a preceptor will help to uncover tacit knowledge embedded in clinical practice and support. According to Carlson et al. (2010), the study illuminated how preceptors by means of behaviours, words and actions facilitate opportunities for students to internalise knowledge, skills and ethical views. As individuals respond to the actions of others, preceptors' actions as nurses will influence the student nurses' socialisation into the coming profession. This finding by Carlson et al. expresses the sense of meaning, as contained in statements made by the study participants.

4.4.3 Consultation

With these suggested policy objectives and goals, by participants, the researcher then moved to enquire how the study participants' views were captured in the policy framework in an effort to determine their views on their role in the development and implementation of the NHI. Porch (2012:115) posits that nurses and other health care professionals' discipline, specific knowledge and experience within the health care system provides them with a unique knowledge and experiential base from which to influence the development of policy. The study participants' views centred around a common theme on consultation, as discussed below. The subthemes nurses and policy process were also identified.

All the study participants reported that they felt excluded in the development process of the NHI policy and, thus, their views were not captured. They stated that they were not consulted when the policy was drawn up and people involved in the development of the policy did not make site visits in an effort to capture their views. This is evident in one study participant's comment that:

- **Nurses and policy process**

"…anyway I do not know what the strategy...but I thought before they could start (with the NHI) they could visit a hospital". Another participant clearly stated that *"we were not involved in the development of the policy but we were only told what to implement"*. One participant confessed that she did not know what the NHI policy contained but knew that it was good for the people as it was going to do away with inequality caused by classifying hospitals. She stated that *"I do not know what the NHI says but I know that hospital levels are going to come out..."* Participants highlighted that, due to their lack of involvement in the policy development process, they lacked a clear understanding of the contents of the NHI. When discussion centred on the contents of the policy, one participant stated that they needed to be involved by creating teams that will take a lead in giving them information on the policy and get feedback from professional nurses responsible for implementing the policy.

Some participants suggested that there should be a policy indaba for nurses and a workshop to orientate them on what it is and how they are to implement it in terms of provincial plans for piloting the policy. Another participant complained that the pilot program was headed by people outside their area who did not possess contextual knowledge and experience of practicing in Gert Sibande district and therefore felt that the process closed opportunities for involvement as nurses practising in the district.

In a study conducted by Walker and Gilson (2004:1259), aimed at capturing the perceptions and perspectives of frontline primary health care providers concerning the process of policy implementation, a similar finding was made regarding the consultation of nurses. Walker and Gilson (2004:1259) found that nurses were asked to implement a policy about which they had not even been informed, let alone consulted, and whose immediate consequences for their daily practice were largely ignored. Phaladze (2003:30), in her research on the role of nurses in HIV/AIDS policy processes in Botswana, also found that the role of nurses was not prominent in setting the tone in the policy process. Walker and Gilson (2004:1260) suggest that communication and consultation around any change in policy and practice is critical to engage nurses' professional commitment in support of it and must be linked to their understanding and perspectives. This statement summarises the aim of the study which was to capture nurses' experiences in the context of their practice in order to understand their views on

NHI policy. In this regard, the study participants highlighted their views and experience regarding their role in the development and implementation of the NHI policy.

4.5 CONCLUSION

The study on the views of professional nurses regarding NHI policy was conducted in Embuleni public hospital of Elukwatini, in Gert Sibande District, which is a district selected to pilot the NHI policy in Nelspruit. Data was collected from 10 study participants who were purposively selected into the sample. The hermeneutic phenomenological method used in the study required that the researcher engages in dialogical interaction with participants in order to collect data; interviews were thus held for this purpose. The data was analysed following van Manen's method and classification of hospitals; moreover, the management of hospitals, core-standards and consultation were the themes discerned from the data, by the researcher. These themes reflected the views of the study participants regarding the NHI policy and provided the basis of the researcher's interpretation of the findings within the confines of the study's aim and objectives, while comparatively delineating the differences and similarities (of findings) with published literature.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter presented and described the research findings under different themes discerned by the researcher, through data analysis. This chapter therefore seeks to present the conclusions and recommendations in relation to the research findings and in response to the research problem.

Gilson (2012:28) states that health policies are understood as formal written documents, rules and guidelines, that present policy makers' decisions regarding which actions are deemed legitimate and necessary to strengthen the health system and improve health. However, these formal documents are translated by practitioners such as nurses in their daily practices. Ultimately, these daily practices become health policy as it is translated, experienced and enacted in ways which may differ from the intentions of the formal documents such as the NHI. This study therefore aimed to capture how nurses viewed or understand the NHI with an acknowledgement that it is through this meaning and interpretation that they attach their experience; thus, they implement policy in ways which may fall within or outside the confines of its objectives. Hence, it is essential to capture their views of the policy.

5.2 RESEARCH DESIGN AND METHOD

This qualitative study selected a hermeneutic phenomenological approach as its research method since its philosophical grounding speaks to central issues of this study; most notably, meaning and experience, as van Manen highlighted that hermeneutics is the interpretive study of the expressions of lived experience in the attempt to determine the meaning embodied in them (Perry 2009:217). Friesen et al. (2012:01) thus define phenomenology as the study of experience, particularly as it is lived and as it is structured through consciousness. Experience in this context refers not so much to accumulated evidence or knowledge, as it does to something that we undergo. It is something that happens to us and not something accumulated and mastered by us. Such an understanding of "experience" was in line with the critical instruction of this study that NHI policy as a relatively new phenomenon was

constructed within a political realm and thus become an instrument that affects (and is effected by) professional nurses within the health system. The phenomenon of interest was therefore finding out how nurses view/understand and experience this policy. In this study, 'views' referred to an individual's mental construction about an experience or seen phenomenon which has a bearing on how he or she conducts him/herself in a social and professional context. Therefore, the target population of the study are professional nurses working at one of the pilot sites for the NHI in an Mpumalanga hospital. The purposive sampling technique was used in selecting research participants using the inclusion and exclusion criteria of having field experience; a senior position of responsibility (supervisor, manager) and a formal degree in nursing.

Polit and Beck (2008:384) state that the primary method of collecting qualitative data is through interviewing study participants, as phenomenologists rely primarily on in-depth interviews with individual participants. This research utilised the primary sources of data, like the NHI policy, which assisted the researcher to project an understanding of the time and context of formulation of the NHI policy. In this regard, semi-structured interviews were used to source secondary data from the research participants. The semi-structured interview method, which allows for open ended questions, was utilised to maintain the scope of the interview within the topic guide of the NHI policy, as envisaged in the methodological philosophy that underpins this research.

Van Manen's approach of data analysis includes phenomenological reflection (reading and rereading the interview texts); thematic analysis (aimed at identifying underlying themes in life-world descriptions); composing thematic statements (descriptions of key themes that emerge in data analysis) and phenomenological writing (summarising study finding related to the phenomena of interests) (O'Brien 2011). Thematic analysis was done through identifying sententious phrases that captured the fundamental meaning of the text as a whole. Themes were composed to characterise the phenomenon of interests which are "*views of professional nurses on NHI policy*".

5.3 SUMMARY OF RESEARCH PROBLEM AND OBJECTIVES

The objective of the study was to explore and describe the views and experiences of nurses regarding the NHI policy. Health sector reform in South Africa was triggered by political and economic changes rather than the need for change to the burden of disease. In the advent of democracy, the 1994 ANC Health Plan spelt out the imminent reforms which were not only influenced by political changes in the country but also by the need to address inequalities which arose due to the Apartheid system of governance in South Africa. When the Minister of Health published the green paper on NHI policy in August 2011, the policy did not deviate much from the overall structures outlined in the ANC's Health Plan, reflecting the political influence of policy development and the contested terrain of setting the agenda for health reform.

The reluctance of nurses to become politically active, and thus reducing their opportunities of engaging in policy development processes, was identified as a cause of concern. This research highlighted a gap in published literature on the input of nurses in the NHI policy debate as well as a clear articulated approach by nurses in policy analysis, as a measure of contributing to the process of health transformation. This study was therefore undertaken with the objective of determining nurses' understanding and experience of the NHI policy since such an understanding informed their practice. This was premised on a postulation by Gilson (2012) who states that policy is translated into practice of which practice becomes health policy as it is interpreted, experienced and enacted in ways which may differ from the national intentions. The study thus sought to capture nurses' views with the objective of determining what nurses perceived as the key objectives for the effective transformation of the South African health system. This objective was assumed to provide a basis for gaining insight into how nurses experienced and interpreted the policy. Determining the views of nurses, in terms of their role in the development and implementation of the NHI policy, also formed the objective of the study for the purpose of addressing the gap in the literature, as identified in the problem statement of the study.

5.4 SUMMARY OF THE RESEARCH FINDINGS

Health policies and systems are fundamentally shaped by political decision making, whilst routines of health systems are brought alive through the relationships among the actors involved in managing, delivering and assessing health care. In essence, health policies and systems are constructed through human behaviour and interpretations (Gilson et al. 2011:02); the themes discussed below reflect the views of nurses on NHI policy, as captured in data collected during the study.

5.4.1 Classification of hospitals

Professional nurses in the study revealed that the problem of the South African public health system was that its form and structure created inequality in access to health services, particularly for the rural population. Study participants stated that the problems experienced in the South African public health system were caused by the classification of hospitals which required that hospitals be categorised into different levels that determined the range of health services that may be provided at different levels of public hospitals.

Nurses stated that this system caused the unequal distribution of services which was so severe that certain drugs and services are only found in specific hospitals which required participants to travel long distances to access them. They viewed this system as perpetuating past inequalities as most specialised resources were found in urban areas, much to the disadvantage of the rural population, a situation they likened to the previous 'Apartheid system'. In this regard, professional nurses highlighted that the classification of hospitals created glaring differences between urban and rural hospitals since the priority of specific specialised services were only mandated to urban hospitals, categorised on higher levels.

According to the Department of Health Policy on Management of Public Hospitals (2012), hospitals were classified into five levels, namely: District, Regional, Tertiary, Central and Specialised hospitals which determined the range of health services that may be provided at different levels of the public establishment (hospitals). This policy was set to prescribe the procedures and criteria of admission to and referral from a public hospital. The policy also set out various forms of treatment (services) provided in various categories of hospitals. Embuleni hospital has 189 beds and is therefore

classified as a medium size district hospital (Department of Health 2012). The NHI policy paper (2011) states that the objective of NHI is to overhaul the health care system and improve its management; thus, the policy aims to ensure that the management of hospitals is underpinned by the principles of effectiveness, efficiency and transparency. The policy on management of hospitals defines the District Health System (DHS) which was adopted as a vehicle to deliver comprehensive primary health care services in South Africa (Department of Health 2002 & NHI Policy Paper 2011). However, the study participants seem to locate the root cause of problems found within the public health system in the (DHS) policy which classifies hospitals into different levels of service.

5.4.2 Management of hospitals

The management of Embuleni hospital was another key area of concern highlighted by participants, especially around hospital infrastructure, the procurement of essential drugs and resources as well as human resources. Most of the study participants stated that the classification of hospitals caused the unequal management of hospitals which placed rural hospitals at a disadvantage, particularly in terms of hospital development. One participant states that Embuleni hospital had poor infrastructure and old buildings which were not serviced or renovated; this is an issue which she said was a threat to their safety as professionals and for patients as well. Ms Nomonde Rasmeni (Business of Parliament 2013) who led the delegation states that challenges such as shortage of doctors, pharmacists and other health professionals as well as aging infrastructure posed challenges to implementing the NHI in Gert Sibande District. This finding was similar to what the study participants raised. In his presentation on the NHI implementation progress report to the Parliamentary Standing Committee on Appropriations, the Department of Health Minister explained that when the NHI was piloted, the Department had highlighted infrastructure as one of the five areas that needed attention (Parliament Monitoring Group 2013). Malan and Skosana (2013) highlighted the extent of the problems regarding infrastructure as it was reported that the Health Minister had ordered the demolition and rebuilding of eight Eastern Cape hospitals and clinics which were deemed to be beyond a state of renovation. The study findings are therefore similar to what other provinces experience in relation to the

hospital infrastructure which is a national problem sought to be addressed in piloting the NHI.

Study participants also stated that the procurement of drugs in hospitals was constrained by budget allocation which did not equate to the range of service they had to provide. Nurses raised their concern regarding the procurement of drugs and materials in that management did not take due consideration of their informed input as professionals who use these commodities on a daily basis. They stated that this created a situation where management acquired non-durable and sub-standard materials for use in hospitals.

The question of human resources within the public health system was also a recurring subject when discussing problems affecting the public health system. In virtually all responses from the participants, the discourse on problems within the health system was punctuated by their concern over high staff turnover and vacancies that remain unfilled for a long time, a situation which they described as compromising service provision and the health of patients, particularly those living in the rural areas were the hospital is located.

5.4.3 Core-standards

The legal context of the National Core-standards for the health sector is the National Health Act, (Act no. 61 of 2003), which promotes good quality health services and health standards. A national drive, by the National Department of Health, to improve the quality of health care through the National Core-standards, calls on the leadership in the health sector to facilitate initiative and change in practice. It therefore provides for the creation of an Office of Standards Compliance as well as an Inspectorate of Health Establishments within each province (Department of Health 2011). In the data collected, the researcher found that all the responses by participants centred on a common theme of National Core-standards with regards to how they perceived the NHI policy.

Some participants used the term 'objective tool' in the same manner as core-standards when defining scope of NHI while some viewed it as a monitoring tool to check their progress, attitude and treatment of patients. One of the concerns highlighted in the NHI centre around quality of care: "…significant improvements in health services coverage and access since 1994 have been achieved. However, there are still notable quality

problems. Among the commonly cited and experienced by the public are: cleanliness, safety and security of staff and patients, long waiting times, staff attitudes, infection control and drug stock-outs. Given that there are concerns about quality at public sector facilities, there is preference by the public for services in the private sector which may largely be funded out of pocket. Therefore, improvement of quality in the public health system is at the centre of the health sector's reform endeavours" (NHI Policy 2011). Study participants therefore defined the NHI policy in the light of core-standards and seemed to understand as what defined and gave meaning to the policy.

5.4.4 Consultation

All the study participants reported that they felt excluded in the development process of the NHI policy in that their views were not captured. They stated that they were not consulted when the policy was drawn up and people involved in the development of the policy did not make site visits, in an effort to capture their views. One participant confessed that she did not know what the NHI policy contained but knew that it was good for the people as it was going to do away with the inequality caused by classifying hospitals. Participants highlighted that, due to their lack of involvement in the policy development process, they lacked a clear understanding of the contents of the NHI. Some participants suggested that there should be a policy indaba for nurses and a workshop to orientate them on what it is and how they are to implement it in terms of provincial plans for piloting the policy. Another participant complained that the pilot program was headed by people outside their area who did not possess contextual knowledge and experience regarding practicing in Gert Sibande district and therefore felt that the process closed opportunities for their involvement as nurses practising in the district. Shariff (2011:160) also found that a significant proportion of nurse leaders are not part of policy development process and the health policy development process appears to be influenced largely by other role players such as medical doctors and pharmaceutical companies, not nurses.

5.5 DISCUSSION

The aim of this research was to capture the experiences and realities of professional nurses in their context of practice, in order to understand their views on NHI policy. This study thus revealed that professional nurses are of the view that the classification of hospitals, as contained in the Policy on Management of Hospitals was the basis of inequality in the South African Health system. Furthermore, professional nurses stated that such classification created conspicuous disparities and lax management of hospitals which further compounded problems within public health hospitals; this compromised the efficient implementation of the NHI policy. In this light, professional nurses were of the view that the NHI policy was set to address these problems albeit that they viewed the same policy in terms of core-standards and as an objective tool aimed towards monitoring their service provision. However, one of the key findings of this study was that professional nurses stated that they were not consulted in the development and piloting of the policy; thus, some study participants stated that they were oblivious to what is contained in the policy.

These findings captured the experience and understanding of the policy by professional nurses following a hermeneutic phenomenological approach which informed the study design and methodology. A hermeneutic phenomenological approach was selected for this study as its philosophical grounding speaks to central issues of the research; these are "meaning" (views) and experiences, as Max van Manen states that hermeneutics is the interpretive study of expressions of lived experience in an attempt to determine the meaning embodied in them (Perry 2009:217). Hermeneutic phenomenology was chosen as a suitable methodology since it concerns itself with the description of the lived- through quality of lived experience and, alternatively, the description of meaning of the expressions of lived experience (van Manen 1990:25). This resonates with the study objectives of determining the nurses' understanding and experience of NHI policy, since professional nurses implement policies based on how they understand and make meaning of policies (Gilson 2012). Therefore, understanding the nurses' views on NHI policy gives one insight into how they make meaning and experience the proposed health transformation process.

Study participants thus raised their views regarding a marked lack of their own input into the policy, as they felt that they were excluded from the policy process. Professional nurses highlighted that they were not consulted in the development of the policy and in the piloting phase. A similar finding was arrived at by Walker and Gilson (2003:59) who found that nurses were asked to implement a policy about which they have not even been informed let alone consulted and whose immediate consequences for their daily practice were largely ignored. Shariff (2011) also found that a significant proportion of nurse leaders are not part of the policy development process. Shariff (2011) concluded that the health policy development process appears to be influenced largely by other role players such as medical doctors and pharmaceutical companies, not nurses. The same view is held by Phaladze (2003) whose findings point out that nurses are not consulted in the policy process. Phaladze (2003) states that there is professional subordination which leads to the inability of nurses to exert their influence in the policy process; this is because their attributed power and autonomy is overlooked.

This point seems to have some undertones of power and influence as contained in the professional nurses' perceptions of consultation in the policy development process. Buse et al. (2012:15) posit that understanding how much actors influence the policy process means understanding the concept of power and how it is exercised. Actors may seek to influence policy but the extent to which they will be able to do so will depend, among other things, on their perceived or actual power. This is consistent with how the term "view" was defined in this study. In this study the term means an individual's mental construction about an experience or seen phenomenon which has a bearing on how he or she conducts oneself in a social and professional context. Professional nurses' views regarding the failure of policy makers to consult them reflects what Buse et al. (2012) highlight about perceived or actual power. The research thus understands that nurses are aware that they retain an element of influence which can affect the policy but do not retain the actual power for controlling and setting the agenda in the policy development process.

Buse et al. (2012), however, point out that power is strongly tied up with the organisation and structures (including networks) within which the individual actor works and lives. As highlighted in Chapter 1, organisations like DENOSA and SANC have taken a lead in asserting the nursing profession's rights, education and the improvement

of their working conditions and engagement; however, their engagement in the NHI policy debate could not be found in public literature sources. In this way, it explains the gap identified in Chapter 1 in that contributions to the NHI debate by nurses and its representative organisations have not been conspicuously reported in the media or visible in published literature. However, this goes without saying that communication and consultation around any change in policy and practice is critical to engage nurses' professional commitment in support of it, and must be linked to their understanding and perspectives (Walker & Gilson 2003). This study therefore aimed to capture nurses' experience and reality in the context of practice, in order to understand their views.

Professional nurses in the study thus defined what they perceived as problems related to the South African public health system, specifically those which they think the policy is objectively aimed to address. The NHI policy (2011) is set to reform the health sector in order to address problems of a fragmented two tiered health system which perpetuates unequal access to health and health care; this is a situation which was created by the apartheid regime. This definition of problems in the public health system seems to be sharply different to what the study participants view as the underlying cause of inequality in access to health. As stated in Chapter 4, professional nurses stated that inequality within the South African public health system is caused by the classification of hospitals, as prescribed by the policy on the management of hospitals. This policy gives meaning to the district health system (DHS). The NHI policy (2011) states that the transformation of the health system is based on the PHC approach; the DHS will be the vehicle by which it is delivered.

Van Rensburg et al. (2004:141) state that the concept and phenomena of decentralisation lies at the heart of the DHS. Van Rensburg (ibid) warns that decentralisation can worsen inequalities and generate new ones due to discordant development and the lack of an overarching policy. This exposition is similar to the views of professional nurses who compared DHS to the apartheid system which further exacerbated health inequalities. These views by nurses are extensively presented and discussed in Chapter 4 in which the nurses express their concerns with pertinent issues (such as the classification of hospitals) which are not contained in the agenda/problems to be addressed by the policy. This finding is understood in the purview of contextual factors which can influence how policy actors implement the policy as both the policy

and nurses respond to problems they experience in the context of practice. According to Buse et al. (2012:09), actors are influenced (as individuals, members, groups or organisations) by the context in which they live and work. Professional nurses therefore highlight their experiences of policy change and their understanding of such contextual situations which in turn has an influence on policy outcomes. There is a need for policy makers to make further efforts in understanding how nurses define health problems. Researchers like Phaladze (2003), Walker and Gilson (2004) Shariff (2011:23) found that nurses have been unable to gain inclusion in, and use their expertise regarding health care to influence, the policy development agenda. The findings of this study also point to this effect.

In *Analysing the relationship between leadership style, organisational factors and retention of professional nurses in public health care facilities in Kwazulu-Natal,* Nkosi (2009: 280) found that the majority of professional nurses felt that they were not given an opportunity to participate in hospital activities; this is a finding that is similar to the views expressed by study participants under the subtheme of "hospital management" in Chapter 4. Study participants' views on the procurement of drugs and equipment reflect the perceived failure of management to consult them as professional nurses in the procurement process. One participant's statement that says *"we are told to buy this even if we know that it will not last…"* sums up participants' perception of management as having the ultimate voice while their views, informed by experience, are not put into consideration. This reflects the power relations that study participants as professional nurses have with hospital management. One is drawn to Phaladze (2003:29) who states that there is professional subordination which leads to the nurses' failure to exert their influence in the policy process as their attributed power and autonomy is overlooked in issues of resource allocation in the policy development process. Phaladze's view is not cited as a conclusive statement, by the researcher, but a comparative finding which highlights some of the undertones of power and influence as contained in the participants' perceptions; this is a point which is critical in reaching the study objective of determining the views of nurses regarding their role in the development and implementation of the NHI policy. Sunderland (2013) highlighted that evidence shows that the nurses' position on the frontline of patient care, using a vast range of clinical products on a daily basis, leaves them uniquely qualified to offer detailed insight into what items do and do not work. Sunderland (2013) further states that empowering

senior nurses to take procurement decisions have helped drive product standardisation across clinical areas in the British National Health Services (NHS). This exposition by Sunderland makes similar findings expressed by study participants concrete and presents an opportunity for learning from the British experience. While professional nurses seem to be rooting for more influence and positions in the management of public institutions, one would however question whether nurses know their role in health transformation as defined by the policy.

This raises the question of how professional nurses understand the NHI policy, a question which was answered in and spoke to the objectives of this study. One of the issues which influenced this research was to find out how health care practitioners make meaning of the NHI and how they interpret the transformation process of the health system. The study participants' interpretation of the NHI objectives using the national core-standards seems to reflect the key finding in terms of how they make meaning of the NHI and how they believe the transformation process will take place. In this interpretation, the study participants emphasised that compliance with the national core-standards will ensure good quality of health care in public hospitals and ultimately the achievement of NHI objectives. This finding is unparalleled by specific published research and seems offset by some of the pertinent issues of what the NHI aims to transform, although quality of care is at the heart of this endeavour. Whittaker et al. (2011: 11) state that the introduction of the Negotiated Service Delivery Agreement (NSDA), in October 2010, with its focus on PHC re-engineering and National Health Insurance (NHI) as a means to obtain universal coverage, re-emphasized high-level governmental commitment to improving quality. Hence, the promulgation of the National core-standards by the Department of Health (2011). Since PHC re-engineering forms the crux of the NHI, commitment to compliance to ensuring that core-standards are implemented drives home the points put across by the study participants regarding interpreting the NHI objectives in relation to core-standards which facilitates a change process in service provision within the hospital. According to Lourens (2012:03), the purpose of the national core-standards is to set a benchmark for quality of care, and to provide a framework for the national accreditation of health establishments. The NHI policy (2011) states that one of its key interventions for health system transformation is to completely transform health care service provision and delivery therefore improvement of quality in the public health system is at the centre of the health sector's

reform endeavours. The study participants' interpretation of the NHI objectives using the national core-standards seems to reflect the key finding in terms of how they make meaning of the NHI and how they believe the transformation process will take place.

5.6 CONCLUSIONS

The NHI policy is a relatively new phenomenon introduced to transform the South African health system. This study defined the health system as an organised scheme of health care providers whose actions and inactions have an influence on access to services, societal relations and the direction of health policies. However, much debate and input on this policy has centred on fiscal issues; thus, the lack of published literature by key stakeholders, like professional nurses, was identified as a gap which this study sought to cover with empirical evidence. This made the study unique not only in terms of capturing the views of nurses but also in researching a new policy which may deem the findings important in the implementation process.

In this study, nurses posit that the basis for health inequality is to be found within the classification of hospitals as pronounced by the Policy on Management of Hospitals (2012); this is the same policy that makes provision for the establishment of the DHS which drives primary health care which is at the heart of the NHI policy. With this understanding, nurses are of the view that this system has created an unequal and lax management style which is stifling efficient and effective service provision. Nurses, therefore, view the NHI policy as objectively aimed at addressing these problems. However, nurses defined the same policy in the light of national core-standards which they view as a patient centred, objective tool which guides and monitors their practice as nurses.

This seemingly self-contradictory view of the NHI policy by nurses points to their lack of understanding the substance and constituent parts of this formal document (policy). While their comparison of the policy management of hospitals with apartheid inequality resonates with van Rensburg's (2004:143) postulation that the DHS decentralisation can in a negative way worsen inequalities and perpetuate old inequalities in health and health care delivery. The position of professional nurses, however, seems not to appreciate the historical and contextual grounding which set the tone for health reform in South Africa; as such, they react to the operational problems which are the result of

the poor management and organisation of the district health system. The researcher was then pondering what nurses understood about the relationship between district health system and primary health care. This is a concern for nurses who are at the front of implementing primary health care carried by the district health system. The primary cause for this, as pointed out in Chapter 2, is that nurses lack an easily accessible framework to assist in the analysis of policy from a nursing framework which limits nurses' understanding of policy and their contribution to the health policy debate. This means that nurses not only do not understand the contents of policy but they also lack policy analytical skills which can enable them to engage in meaningful policy debate. However, this goes without saying that by familiarising oneself with the policy document develops one's policy literacy, which is necessary for engaging in the goals of influencing policy.

Perhaps this explains the non-involvement of nurses in the health policy debate since their level of understanding and skill in analysing policy limits their activity in influencing the health reform process. However, one acknowledges Walt (1994) who emphasises that health policy, especially the politics thereof, deals explicitly with who has the power to influence policy making. Critical to this discourse is the exposition by Buse et al. (2012) who states that power is strongly tied up with the organisation and structures within which the individual actor lives and works. In this regard, nurses' organisations become the vehicle that manifest their power and influence in the policy development process. Therefore, the lack of consultation of nurses in the policy process and dearth of published literature on the NHI policy debate reflects such organisations' leadership in engaging on the politics of policy development. However, one still asks if the findings of scholars, like Phaladze (2003), who state that there is professional subordination of nurses in the policy arena still reflect the organisational or individual ability (power) to assert their position in this arena are relevant. Surely it takes individuals to drum up support for nurses' position in any debate. Clearly, the study participants overstate the fact that they were not involved or consulted in the policy process which in turn limited their understanding of the policy in question; they thus recommended a policy indaba to workshop and reorient them.

It is captured in the study that professional nurses had little or no guidance on the content of the policy and thus interpret the NHI objectives in the light of national co-

standards. They understand the objective of the NHI policy in light of national core-standards. Professional nurses therefore focus their energies on achieving and fulfilling the demands of these set out standards which are noble in improving quality of health but are not essentially forming the constituent of the NHI policy. The nurses thus define health policy in terms of how they experience it and interpret such lived experience. The challenge is that this translated experience may be implemented outside the confines of the stated policy objectives.

5.7 RECOMMENDATIONS

- **Nursing education**

The study findings indicate that policy literacy is essential in the ability of professional nurses to engage in policy debate and the interpretation of its content is critical for implementation. There is a need for an improvement of the nursing curriculum to respond to health context changes. The education of nurses needs to develop a curriculum which will cover health policy subjects in order to improve policy literacy amongst nurses; this will go a long a way in improving the implementation and active involvement of nurses in the policy development process. Nurse education should also champion the research and development of a health policy analysis framework, critical in informing policy literacy and acumen.

- **Policy makers**

There is a need for policy makers to consult widely in the policy development process. This study revealed that professional nurses felt excluded in this process and the lack of consultation limited their understanding of the policy contents, thus affecting implementation. Since nursing organisations take leadership in representing nurses in the policy arena, there is still a need for policy makers to utilise evidence based knowledge in developing, evaluating and streamlining policies with nurses' understanding and practice. The researcher therefore recommends that policy makers use empirical evidence like this study in creating synergies between policy implementation by actors and policy content.

- **Recommendations for further study**

As South Africa works towards health system reform through the introduction of the NHI policy the implementation exercise is made complex by divergent views and interpretation of policy by different stakeholders within the health system. This study has shown how nurses' views and understanding of the NHI policy seem to be different from the letter of the said policy. One therefore recommends that further studies be conducted on health system strengthening for the purposes of producing scientific evidence of how the State can align multiple and divergent views of stakeholders in order to achieve a collective goals and understanding of how to improve and strengthen the health system.

5.8 CONTRIBUTIONS OF THE STUDY

The experience of health reform is located in decisions made by key stakeholders like nurses whose beliefs, norms, values and informal unwritten standards impact on policy implementation. The NHI policy is a relatively new phenomenon which is currently piloted in preparation for its full implementation. The views of nurses on NHI can frustrate policy objectives or communicate how it is supposed to achieve its goals.

The study findings have captured how nurses understand and experience the process of policy change and its implementation. The findings present an opportunity for policy makers to use evidence-based knowledge in realigning policy for relevance, bringing nurses on board in the policy process and understanding the key constituents of policy content.

There is little understanding of how nurses engage in health policy formulation and health system strengthening, as policies and health system reforms are debated between government officials and various (influential) interest groups. The findings thus make significant contributions to the development of the nursing curriculum in order to develop policy literacy which is essential for nurses to engage in the policy development process.

5.9 LIMITATIONS OF THE STUDY

- Since the study utilised a small sample, its results and conclusions can only be applied to the research setting in which it was conducted.

- Since the subjects of the research delved into issues which were understood by nurses to be somewhat political, nurses therefore felt more comfortable in being interviewed in a group. The data thus tends to be affected by group think more than it is by individual perceptions.

- Obtaining consent to enter hospital premises proved to be a challenge despite the fact that the research was cleared by the Mpumalanga Department of Health Ethics Committee. The researcher was denied access to the target population in one hospital while red-tape frustrated the process of collecting data within the hospital setting.

5.10 CONCLUDING REMARKS

Health policies and systems are constructed through human behaviour and interpretations, however, daily practices become health policy as it is translated, experienced and enacted in ways which may differ from the intentions of the formal document like the NHI policy (Gilson et al. 2011; Gilson 2012). This research was therefore aimed at capturing how nurses interpret or make meaning of and experience the NHI policy in their context of practice. This study therefore found that there is a general lack understanding NHI policy by nurses who are also tasked with its implementation. Lack of consultative process in the development and piloting of NHI was highlighted as a cause of concern by nurses who also identified lax management of hospitals as affecting quality of service provided in public hospitals. Conspicuous disparities in the classification system of hospitals as currently implemented by the Department of Health was dismissed by nurses as perpetuating inequality in service provision and resource allocation.

However, the study provides significant evidence based knowledge to be used for health system strengthening in the reform process. Policy makers may use the study findings to realign policy for relevance and also bring nurses on board in the policy process.

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ANNEXURES

Annexure A

Information Letter

Title of the Study: Views of professional nurses regarding proposed National Health Insurance in a hospital in the Mpumalanga province, South Africa

.

Investigator:

Name: Mr. Promminence Nkomo

Department: Health Studies University of South Africa

Address: P. O Box 334 Nelspruit 1200

Email**:** 46750886@mylife.unisa.ac.za

You are cordially invited to participate in a research study as entitled above. The aim of the study is to capture professional nurses' experience and reality in context of practice in order to understand their views on NHI policy. As professional nurses charged with driving the implementation of the NHI policy you form part of the rich source of information required to complete this study.

 Should you agree to participate in this study, please not that such undertaking is on voluntary basis and thus you will not receive any payment or gifts for your participation. Information collected from you will be handled so as to protect your confidentiality and your identity kept anonymous. There are however no risk envisaged in this study as only information about your views on NHI will only be sought.

Your participation in this study will help the researcher to draw conclusions which may help policy makers to realign policy relevance and help them develop skills training framework for further education of professional nurses.

Your participation will be greatly appreciated.

Annexure B

Interview Guide

Introduction of the interviewer

Thank you very much for agreeing to participate in this study. My name is Promminence Nkomo a Master of Public health student conducting research aimed at capturing views of professional nurses on NHI policy in one public hospital in Mpumalanga Province.

During the interview, I would like to discuss the following topics: NHI policy context and NHI policy content. You are reminded that outmost confidentiality will be observed to protect your identity as the study participant.

Respondent's details

Full Names: ………………………………………………

Rank/Position: ………………………………………………

Highest Educational qualification: ………………………

Years of professional experience: …………………………

PART A: NHI policy context

Main question	Probe	Clarity question:
In your opinion what are the problems affecting the public health system?	How do you think the NHI will address these problems?	Can you expand a little on this?
In your opinion what do you think is the NHI policy	Why do you think it was chosen as an approach to be implemented in this South African public health system	Can you give some examples?
How would you contribute to health policy development as a professional nurse?	How did you experience NHI policy development	What are your views on its formulation?

PART B: NHI policy content

Main question	Probe	Clarity question
In the NHI policy what do you think are the main objectives which need to achieved	How do you think these objectives are going to be achieved	Can you expand a little on the goals of the NHI?
In your opinion what do you think are the approaches used to implement the NHI policy	How do you experience these approaches as currently piloted at the hospital	How is the policy implemented? Can you give me some examples?
How do you experience the NHI policy as a professional nurse	What is your role in implementing it	Can you expand a little on your role

Conclusion

We have covered the main topics of this interview. Do you have any general observation or conclusion about this proposed policy.

Annexure C

Permission letter

Mr. P. Nkomo
P. O Box 334
Nelspruit
1200

Mpumalanga Department of Health and Social Services
Health Ethics Committee

To whom it may concern

Re: Application for permission to conduct research in a hospital of Gert Sibande District Mpumalanga Province

This letter hereby request permission to conduct research at Evander Hospital in Gert Sibande District which was selected as one of the pilot sites for National Health Insurance (NHI). I am a Master of Public Health student at University of South Africa currently undertaking a mini-dissertation module.

My research topic is entitled; Views of professional nurses on NHI in a hospital in Mpumalanga Province. The research works on a assumption that nurses' views, attitude and values inform their understanding/reality on NHI policy which may frustrate its goals or communicate how things are ought to be done.
The study therefore seeks to capture how nurses view and make meaning of the NHI in which its results will go a long way in helping NHI policy makers to realign policy relevance and also devlop training framework for improving nurses' skills in translating the policy into action.
I hope my application will be taken into great consideration.

Yours faithfully
Mr. P. Nkomo
Email: 46750886@mylife.unisa.ac.za