

CHAPTER 1

INTRODUCTION

With 75% of the annual budget being spent on public health services (Cumper 2000:9), the health sector of Mauritius demands serious attention. The rapid ageing of the Mauritians is exerting heavy pressure on public health service. The Sir Seewoosagur Ramgoolam National Hospital (S.S.R.N.H.) is a key government hospital in the northern districts of the Island Republic of Mauritius. A locality map for northern districts has been presented in this chapter. The government hospitals of the whole island have also been mentioned in a map in chapter two.

In this introductory chapter there is an overview and commentary on the issues of public health service delivery at S.S.R.N.H. in Mauritius. A discussion on Public Administration, Public Services, health service and administration has been included. Additionally, the objectives of research are stated. The method of research is explained and the aims of the study are stated. An explanation of terminology is presented and the reference technique used is explained. This chapter ends with an exposition of chapters treated in the dissertation.

1.1 GENERAL OVERVIEW AND BACKGROUND TO THE STUDY

In order to understand what Public Administration entails, it is essential to know that there is a difference between Public Administration, written with capitals and public administration, written without capitals.

Public Administration refers to the subject and should be seen as the academic part. Public administration, written without capitals refers to the phenomenon which is studied by the subject Public Administration and includes anything that can be observed in the public sector (Harris 1990:74).

Public administration is guided by a variety of needs within a society. It is the essential backbone of any institutional activity and forms the building blocks on which all functional activities are based (Harris 1990:76).

The “services” refer to the activities of a public institution, for example, public health services. Public service is therefore a response to the needs of the society (Moore 1989:48). Health services include medical, nursing, hospital care, mental health, dental, industrial, environmental and family health services (Mulloo 1992:64). Public health service is concerned with improving and safeguarding, mental, social and physical well-being of the community as a whole (Cowan 1985:11). It is important to note that administration is concerned with the essential ingredients for maintaining the functioning of an institution. Administration is institutionally oriented. Administration ensures that an institution combines all the necessary processes such as policy, finances, personnel, organisation, procedures and control in one melting-pot to achieve its goals (Simon 2001:42).

Combating disease epidemics, striving to reduce infant mortality and fighting for safe pregnancy are all public health service priorities of Sir Seewoosagur Ramgoolam National Hospital (S.S.R.N.H.) in Mauritius. In this developing country, public health service delivery is concerned with, *inter-alia*, supply of clean water, good sanitation, freedom from disease and freedom from malnutrition (Butler 1992:23).

It is estimated that 19.2% of children aged 0 - 4 years died in the year 2000. The infant and child mortality have resulted from diarrhoea, malnutrition, tetanus, whooping cough, measles, typhoid and asthma (Cumper 2000:3). In the recent past, the citizens have been witnessing the emergence of non-communicable diseases (N.C.Ds) like hypertension, heart disease, diabetes and cancer in the Mauritian society. This epidemiological problem has occurred owing to changes in the living conditions and life styles such as tendency to abuse alcohol, drugs

and wrong eating habits without regard to individual dietary needs (Cumper 2000:68). N.C.Ds in the northern districts represent 74% of the total burden of disease in men and 76% in women. Successive surveys have shown that N.C.Ds represent a major threat to the community.

The last N.C.D survey carried out in 2003 revealed that:

- 20% of the population aged 30 years and above are diabetics;
- 30% of the population aged 30 years and above are hypertensive;
- 40% of the population in the same age group are over weight; and
- 42% of men and 3.3% of women are smokers.

The survey also mentioned the other risk factors which include lack of physical activity, changing lifestyles, inappropriate eating habits and stress. N.C.Ds represent a major threat to the health of the community and impact heavily on the curative budget as well as on the social status of the nation. For instance, 75% of the annual budgets are spent annually by government on drugs, open heart surgery, angiography, haemodialysis eye operations and amputations (Roberts 2003:11). Therefore, the diseases take a heavy toll of human life in this country that is why an analysis of public health delivery has become important.

Today and everyday, the lives of vast numbers of people lie in effective public health service delivery. From the safe delivery of a healthy baby to the case with dignity of the frail elderly, public health services have a crucial and continuing responsibility to the people throughout their lifespan (Butler 1992:40).

Additionally, human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) have become a major killer of under-5-year-old children in this country. Children of HIV-seropositive mothers can acquire the

virus directly through vertical transmission; about 25-30% of children born to infected mothers become infected with HIV (Butler 1992:81). The mortality rates among children of HIV-infected mothers are two to five times higher than those among children HIV-negative mothers. Among the Mauritian HIV cases, 68 males and 34 females were known to have passed away in the year 2001. The total number of HIV tests carried out in Mauritius from 1987 to 2001 was 514,727 of which 318,974 were from blood donors (Clark 2001:90). The HIV cases in this country are on the increase and therefore it is of fundamental importance to pay particular attention to the nature of public health service delivery in this developing country.

This dissertation also examines the peripheral factors such as education, demography and women's reproductive health that, undoubtedly, affect effective public health service delivery. Education is concerned with literacy of the population. It is generally accepted that literate people have a better understanding of diseases such as gastroenteritis, pneumonia, typhus, cholera, tuberculosis, schistosomiasis, trachoma and onchocerciasis. Demographic changes create tremendous imbalance between the size of the population and limited public health resources. The estimated population in 1969 was 792,893 when the S.S.R.N.H. was built. Today the same S.S.R.N.H. has to render public health services to about 1,150,225 people (Clark 2001:70). One of the most serious links between population growth and health concerns is the position of women in this developing country. The health of women are affected by poverty, malnutrition and disease. Another finding concerns the spacing of births: the closer the spacing, the higher the malnutrition and mortality rates. Reproductive health has a direct bearing on fertility. The total fertility rate increased from 1.94 in 1986 to 2.36 in 1992 which showed an increase of 21.6% (Cumper 2000:61). In 2000, the total fertility rate was 2.0. During the year 2001, 20,543 live births were registered at S.S.R.N.H. giving a crude birth rate of 17.2 per thousand mid-year resident populations. The number of still births registered at S.S.R.N.H. in 2001 was 314, corresponding to a still birth rate of 11.1 per thousand total live births and still births (Clark 2001:34). Therefore, there has been an enormous

increase in the public health service demands of the inhabitants (Cumper 2000:90). All the above mentioned factors necessitated research on public health service delivery at S.S.R.N.H. in Mauritius.

Heart diseases and cerebrovascular diseases were the first two principal causes of adult death in 2001, with 2,310 (29.6%) and 1,120 (14.4%) deaths respectively. Mauritius has one of the highest rates of heart disease in the world and the rate is steeply rising. The number on S.S.R.N.H. waiting lists is just the tip of the iceberg of this disease which affects one third or more of the population. Moreover, many persons with the disease, are unaware of it. In many cases, heart surgery is necessary. In 2001 diabetes mellitus was in the third position with 370 (4.7%) adult deaths, followed by nephritis and nephrosis with 285 (3.7%) (Clark 2001:92). Among the other causes of adult death reported in 2001 were pneumonia with 245 (3.1%) hypertensive disease with 191 (2.5%), and bronchitis, emphysema and asthma with 187 (2.4%) adult deaths. The large burden from neuro-psychiatric disease in men (12.4%) is partly due to alcohol and drug dependence, but the psychiatric component of this category is significant in both men and women.

Besides, the problem of diabetes in Mauritius is well-recognised with the prevalence of non-insulin dependent diabetes mellitus (N.I.D.D.M) ranking as one of the highest in the world. Diabetes mortality has been increasing steadily since at least 1981. Diabetes cause renal failure, blindness, peripheral vascular disease and neuropathy. In addition, diabetes is implicated as a risk factor for ischaemic heart disease and stroke. Also, diabetes is responsible for 5.5% of the burden of disease in men and 7.1% in women. Projections suggest that premature mortality from diabetes will be more than double by the year 2009 unless prevention and treatment services are improved (Beach 2001:82).

It is of interest to this study, therefore, that an exploration be made into the current national health policy of the Ministry of Health and Quality of life, in Mauritius. The national health policy in terms of the **Public Health Act 17 of**

1990 is concerned with, among others, the determination of targets and priorities relating to public health services provided by S.S.R.N.H. Other health policies include the **Mental Health Act 4 of 1992** and the **Dental Health Service Act 30 of 1990** (Mulloo 1992:31). This dissertation sheds light on the policy objectives for improving and promoting public health service delivery at S.S.R.N.H. such as decentralisation of primary health care, modernisation of Mauritius Institute of Health, establishment of non-communicable disease centres, family doctor service and improving human resources.

This dissertation deals with certain obstacles and flaws that affect public health service delivery at S.S.R.N.H. such as absenteeism, personnel turnover, stress, burnout, sexual harassment, nepotism, neglect of duty, lethargy and disobedience. The rate of absenteeism at S.S.R.N.H. is high. Absenteeism is very costly. The S.S.R.N.H. has to pay the absent health personnel. A replacement for the absentee may not be available and will invariably need more supervision and orientation to the work situation. The morale of the health personnel is lowered because of overtime work and working with fewer staff than required. The continuity and quality of patient care is seriously affected. Moreover, personnel turnover is undesirable and costly for S.S.R.N.H. This hospital has to pay for the recruitment of new employees together with selection and orientation. The effect of a high turnover of staff is a shortage of staff, which causes low morale in the remaining staff. This leads to a decrease in the level of performance of staff, accompanied by impaired quality of patient care and a rise in the incidence of medicolegal incidents. Additionally, stress is an energy-sapping, negative emotional experience that usually follows a stimulus that is consciously or unconsciously interpreted as a threat which leads to ineffective public health service delivery. Burnout is an emotional exhaustion which is harmful to the mental and physical health of the individual which causes low work performance. It has been observed that the morale of staff is affected by among others, effective supervision, opportunities for promotion, good performance, competence and integrity. Negligence and nepotism lead to ineffective public health service delivery, for instance, corruption and alcoholism. Furthermore,

abnormal behaviour such as lethargy and disobedience on the part of health personnel lowers the standard and quality of public health service delivery, for instance, if a health official is unwilling to perform duty then such health official is guilty of a disciplinary offence (Cumper 2000:23). Factors like these contributed to the selection of this topic. Research shows that the above factors affect effective public health service delivery at S.S.R.N.H.

Public health service delivery at S.S.R.N.H. is affected by events occurring in the macro environment such as changes in the national public health policy, developments in the medical technology, inflationary conditions in the economy, physical health resources and continuous changes in the area of social values and norms (Simon 2000:80). Therefore, this dissertation highlights some of the future political, technological, economic, physical and social challenges. For instance technological challenges refer to specific skills, knowledge, tools and abilities necessary to render public health service to the citizens. Physical challenges are concerned with the use of raw materials and health resources. In addition, economic challenges refer to the inflationary conditions and the judicious use of health resources. Eventually, social challenges refer to the continuous alteration as a result of divergent values and norms (Simon 2000:90).

Furthermore, the micro environment of S.S.R.N.H. which includes regulators, clients, resource suppliers, ethical guidance, administrative provision and intellectual challenges affect public health service delivery. For example, in the case of a resource supplier such as, the parliament which is responsible for the allocation of public funds which need to be effectively and efficiently utilised in order to render an effective public health service. The above mentioned environmental issues are analysed in this dissertation in order to show the magnitude of the problems of public health service delivery at S.S.R.N.H. in Mauritius.

Being the soul of public health service, public participation is widely regarded as the mainspring of social development. The people have a right and duty to

participate individually and collectively in the planning and implementation of public health services (Cumper 2000:23). This dissertation, therefore, deals with certain citizen issues of public health service delivery with a view to improve it. Issues such as public accountability in rendering public health services, transparency in public health service delivery, training and development in public health service delivery, promotion of professionalism among health personnel and more effective conducive work climate of public health personnel. All the above issues are concerned with public health service delivery at S.S.R.N.H. in Mauritius (Butler 1992:23).

Public health service delivery is a key service rendered to the citizens by the S.S.R.N.H. The various factors mentioned above play an important role in this regard and have contributed to the selection of this topic.

1.2 RESEARCH QUESTIONS FOR THE STUDY

Particular problems and questions emerge from the nature of public health service delivery at S.S.R.N.H. Health research conducted by the author at S.S.R.N.H. indicated that problems of public health service delivery occur due to contextual factors which are the incidence of disease, malnutrition and infected water. Additionally, peripheral factors influence public health indirectly such as housing, literacy, demography and sanitation. Therefore, an analytical study of the subject demands that there should be answers provided for questions such as:

- What is public health service delivery?
- What is the nature and scope of public health service delivery at S.S.R.N.H.?
- What are the obstacles and flaws to effective public health service delivery at S.S.R.N.H.?
- What is the current national public health policy of Mauritius?

- What are the future challenges for effective public health service delivery at S.S.R.N.H.?
- What can be done to improve public health service delivery at S.S.R.N.H.?

1.3 SCOPE OF THE STUDY

As a volcanic island in the south-west of the Indian Ocean dominated by mountainous peaks and surrounded by coral reefs, Mauritius has been a pluralistic democracy since it achieved independence in 1968. Although the country is still part of the commonwealth, the country became a Republic in 1992. The Island Republic of Mauritius makes up 91.4% of the 2040 square kilometers area of the Republic and is inhabited by 96.9% of the total population of the Republic which was about 1,150,225 at the end of 2001. The Island Republic of Mauritius is divided into nine districts. The northern districts are Pamplemousses and Rivière du Rempart (Eriksen 2001:24).

The S.S.R.N.H. provides public health services to the northern districts, Rivière du Rempart and Pamplemousses. It is located at "Moulin à Poudre" in the district of Pamplemousses. A locality map for northern districts has been presented in figure 1.

Historically this hospital was built by the British government in 1969 to cater for public health needs of citizens of the northern districts (Denmark 1984:61). In 1970s, diarrhoea was the leading cause of neonatal deaths at this hospital. Slow fetal growth, fetal malnutrition and immaturity were responsible for 109 (39.6%) of the 275 neonatal deaths registered in 1980 at this hospital. Hypoxia, birth asphyxia and other respiratory conditions of newborn claimed another 66 (24.0%) deaths. In 1990 bronchitis and congenital anomalies were responsible for 32 (16.0%) deaths and septicaemia to the prenatal period for 8 (4.0%) deaths. In 2001 deaths from congenital anomalies were 63 (16.8%), septicaemia 22 (5.9%) and pneumonia 14 (3.7%) (Clark 2001:76).

At S.S.R.N.H. the incidence of disease is not very uncommon. The number of new cases diagnosed at the S.S.R.N.H. in 2001 was 11,091, of which 2,453 (22.1%) were skin infections, among which 1,322 were of fungal origin and 765 of viral origin. There were 491 (4.4%) new cases of contact dermatitis of non-industrial origin and 186 (1.7%) of industrial origin. Among the other new cases, there were 946 (8.5%) new cases of psoriasis and similar disorders. (Clark 2001:21). Moreover, the number of patients diagnosed at the hospital for nose diseases were 1,894 (35.2%), throat 1,140 (21.2%) in the year 2001 (Teshuva 2001:80). Among the diseases and conditions of ear diagnosed, otitis media was in first position with 645 (27.8%) new cases, followed by otitis externa with 412 (17.8%), sensorineural deafness with 212 (9.1%) and Eustachian tube disorders with 133 (5.7%) (Teshuva 2001: 11).

In 2002, 40% of deaths in people of working age were from diseases of the circulatory system, including hypertension. Projections suggest that mortality from these conditions by 2009 will increase by over 20% unless action is taken to improve prevention and treatment. Heart disease is mainly caused by smoking, lack of exercise, unbalanced diet, obesity, diabetes, hypertension and hereditary factors (Damar 2002:50). High blood pressure is generally a “silent disease”, especially when it develops over a long time. Risk factors associated with high blood pressure include smoking, alcoholism and stress.

Moreover, the prevalence of cancer among the population is on the upward trend. Some 1,500 new cases were registered during the year 2002. Cancer constituted 5% of the burden of disease in men and 7% in women at S.S.R.N.H. Also in 2002, there were overall 79,000 contacts with health services by persons with mental disorders (Damar 2002:71). These indicators show the increase in public health demands at S.S.R.N.H. Therefore, all these statistics are important for planning effective public health services at S.S.R.N.H.

Within the context of the objectives for research, the scope of research is widened in order to give a wider understanding to the main theme for the study that is analysis of public health service delivery at S.S.R.N.H. The study therefore covers examination of the literature in public health service delivery in the Mauritian context. It may be pointed out that a sampling of study based on public health service rendering by the S.S.R.N.H. may not be adequate to generalise conclusions on the performance of the Mauritian's public health service; the study, nevertheless establishes a basis from which further inquiries may be undertaken.

1.4 AIM OF THE STUDY

The aim of the study is to analyse the current level of public health service delivery at S.S.R.N.H. which has been operational since 20th August, 1969. The public health environment is constantly changing with the emergence of communicable and non-communicable diseases. Therefore, public health service delivery at S.S.R.N.H. has to undergo transformation in order to cope with the increasing health demands of the northern districts (Clark 2001:82). A study of this nature is therefore relevant in *focus* and *locus*, of public health service delivery as a contribution to the knowledge.

The study aims to analyse the contextual factors such as the incidence of disease, malnutrition and water in rendering public health service to the citizens

of the northern districts. Likewise, the peripheral factors namely education, demography and women's reproductive health are examined in this study. Another aim of the study is to provide a picture of the historical development of public health service delivery at S.S.R.N.H. since 1956 to date. A further objective of the study is to analyse some of the major obstacles and flaws to effective public health service delivery at S.S.R.N.H. particularly absenteeism, personnel turnover, stress, burnout, morale, sexual harassment, lethargy, nepotism, neglect of duty, bribery, shirking responsibility, alcohol and drug abuse, dishonesty and retaliation.

The rendering of more effective public health service is unquestionably one of the goals of the Ministry of Health and Quality of Life, Mauritius. Attention is focussed on the current national health policy for improving public health service delivery such as the **Mental Health Act 4 of 1992**, decentralisation of primary health care and the establishment of non-communicable disease centres.

Additionally, the policy objectives are to enhance the health status of the population, improve the quality of public health services, provision of a wider range of public health services and accessibility of public health services to every citizen. The instruments to achieve the above are examined in this study for instance, job expansion, job enrichment, quality circles, job rotation and employee-centred job redesign at the S.S.R.N.H.

The study further aims to provide an exploration of some future political, technological, economic, physical and social challenges in the macro environment of S.S.R.N.H. Additionally, some of the micro environment variables such as regulators, clients, resource suppliers, ethical guidance and intellectual challenges will be examined in this study in order to provide a comprehensive work on public health service delivery at S.S.R.N.H. Last but not the least, the aim of this study is to provide some recommendations for improving public health service delivery at S.S.R.N.H. for instance, improved community participation, transparency, training and development.

1.5 METHOD OF RESEARCH FOR THE STUDY

The research methods followed in realising the aim of this study include a combination of approaches that are primarily theoretical and analytical. There is a theoretical review of literature in public health administration, particularly on the exposition of the theory of public health service. Attempts are made to rely largely on primary sources such as computer literature searches, health journals, health reports, observation and health periodicals to enrich the descriptive and analytical reviews. Additionally, the research survey was conducted independently by the author between January 2003 and June 2003 using as measuring instrument a self-administered questionnaire.

Information on public health matters has been obtained through analytical inquiry, the use of quantitative data to explain results, as well as correlational research that aims at a search for a relationship between different types of data. In these aspects, permission was obtained from the Permanent Secretary of the Ministry of Health and Quality of Life, Mauritius to do research on public health service delivery at S.S.R.N.H. Furthermore, use is made of official sources such as regulations, Acts, reports, circulars, and both published and unpublished manuals. Thus, use is made of the Hansard, the *verbatim* expression of feeling of health policy makers and departmental official unpublished reports on public health.

1.6 REFERENCE TECHNIQUE

The reference technique used in this dissertation is the Abbreviated Harvard System as outlined in Roux P.J.A. 1989, *Reference techniques*. Pretoria: University of South Africa. Sources consulted are compiled in an alphabetical list of sources that appear at the end of the dissertation.

1.7 CLARIFICATION OF TERMS, CONCEPTS AND UNFAMILIAR WORDS

Terms, concepts and unfamiliar words are explained in the text where these are used for the first time throughout the study. Moreover, the section below provides an exposition of chapters treated in the dissertation.

1.8 EXPOSITION OF CHAPTERS

Chapter 1 is introductory in nature, in which there is commentary of the choice of the subject matter. The objectives are stated, and also there is a description of the research design and method of study. The aims and significance of the study are outlined, so is the reference technique used. The chapter is concluded with a summary of the contents of the chapters in the dissertation.

Chapter 2 deals specifically with the historical development of public health service rendering at S.S.R.N.H. Its focus is confined to public health service delivery. The chapter deals with the organisational structure of S.S.R.N.H. in 1969 as well as the opening and administration of the hospital. Attention is also devoted to historical problems associated with effective public health service delivery at S.S.R.N.H. from 1970 to date. The chapter ends with a summary.

Chapter 3 examines the nature and scope of the current public health service delivery at S.S.R.N.H. In this chapter the current organisational structure of S.S.R.N.H. has been analysed. The contextual factors such as incidence of disease, malnutrition and infected water are analysed. Additionally, the peripheral factors like health education, demography and women's reproductive health are examined. Moreover, modernisation of public health service delivery at S.S.R.N.H. has been addressed. The chapter ends with a summary.

Chapter 4 is primarily concerned with some major obstacles and flaws to effective public health service delivery at S.S.R.N.H. It therefore presents an analysis of some of the causes of ineffective public health service delivery,

among others, absenteeism, personnel turnover, stress, burnout, morale, sexual harassment at the S.S.R.N.H. Attention is also paid to some of the abnormal behaviours and actions of hospital personnel that have a bearing on effective public health service delivery. A summary is provided at the end of the chapter.

Chapter 5 involves the current national public health policy of the Island Republic of Mauritius such as the national health policy in terms of the **Mental Health Act 4 of 1992** and the **Dental Health Service Act 30 of 1990**. The policy objectives of the Ministry of Health and Quality of Life are explained. In this chapter the author argues some of the policy objectives for improving public health service delivery. *Inter-alia*, job expansion, job enrichment, flexitime and quality circles are analysed. This chapter also examines the role of Mauritius Institute of Health in its attempts to render more effective public health service at S.S.R.N.H. The chapter ends with a summary.

Chapter 6 is specifically concerned with some of the future challenges of public health service delivery at S.S.R.N.H. A concern of this chapter is to look into the macro-environment and micro-environment that have a direct bearing on public health service delivery at S.S.R.N.H. The chapter ends with a summary.

Chapter 7 provides recommendations, strategies and mechanisms for improving public health service delivery at S.S.R.N.H. Participation, accountability, transparency, empowerment, training and development, among others, are analysed in this chapter with a view of rendering a more effective public health service at S.S.R.N.H. An analysis is also made, among others, on maintaining a high morale, co-ordination and communication among the health members. The chapter ends with a summary.

Chapter 8 comprises a summary and conclusion established from the various chapters. The dissertation ends with a list of sources used in the compilation of the dissertation.