READINESS ASSESSMENT FOR THE IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE SCHEME AT A HOSPITAL IN JOHANNESBURG.

by

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DEDICATION

To my dad, Tsibang Mukwena, may your soul rest in eternal peace. To my mother, Umpeile Ndlovu, thank you for teaching me how to read and write.

DECLARATION

I declare that the dissertation entitled **READINESS ASSESSMENT FOR THE IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE SCHEME AT A HOSPITAL IN JOHANNESBURG** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.

28 November 2021

SIGNATURE **DATE**

Ntsibeng Valerie Mukwena

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READINESS ASSESSMENT FOR THE IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE SCHEME AT A HOSPITAL IN JOHANNESBURG

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ABSTRACT

The National Health Insurance Scheme is currently being implemented in South Africa. Some gaps were observed concerning the rollout, and the purpose of the study was to assess the readiness of a hospital in Johannesburg for the implementation of the said scheme. The study utilised a qualitative approach with an explorative, descriptive, qualitative study design. The target population consisted of 15 departmental managers at the hospital that were directly involved in the implementation of the NHI amounting. The sample size was determined by category saturation in the sense that when no new data could be found from the interviews, data collection ceased. Purposive sampling was used to select the participants for the study, with the researcher aiming for participants who were knowledgeable about the NHI scheme at the institution, and this amounted to n=8. Data was collected using semi-structured interviews(n=8) and two focus group discussions were held, with 8 participants that took part in the semi structured interviews being split into two groups. Thematic analysis was used to analyse the data of the focus group discussion and semi-structured interviews (one on one interviews). This study sought to determine if there are potential barriers to the implementation of the NHI scheme and provide recommendations to improve the readiness for its implementation at a hospital in Johannesburg. The results of the study revealed that the hospital was preparing to ready itself for the NHI implementation but was a long way from being fully prepared due to poor infrastructure, staff shortages, lack of technology resources, inadequate training on the NHI, and management issues. Recommendations were made on increasing the human resources, upgrading infrastructure, increasing medicines and equipment, as well as providing adequate training on the NHI implementation.

Keywords: National Health Insurance scheme; implementation; readiness; assessment.

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LIST OF ACRONYMS

NHI	National Health Insurance
DoH	Department of Health
WHO	World Health Organization
CBHI	Community Health Insurance Scheme

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION

A National Health Insurance (NHI) Bill was presented to Parliament, approved, and gazetted on the 26th of July 2019, with its main aim being to establish a fund that will allow all South Africans and long-term legal foreigners to gain access to free medical services and financial health coverage, to provide equity and social solidarity through pooling of risks and funds (South Africa 2019:3). The move towards Universal Health Coverage (UHC) through implementation of NHI is derived from the Reconstruction and Development Programme (RDP); the Constitutional mandate is based on Section 27 of the Constitution and the 1997 White Paper for the Transformation of the Health System. This idea, though noble, comes with its challenges, as the healthcare system is fragmented and requires improvement. Considering the current state of most public hospitals, by the time the NHI scheme is expected to be in full effect, the health institutions may still not be ready.

Taking the above into consideration, the hospital is under immense pressure, and intervention changes are needed if the hospital is to prepare for a seamless implementation of the NHI scheme. This gives an indication that there are some gaps in terms of the preparations for a seamless transition into the NHI scheme. Therefore, this study assesses the selected regional hospital in in terms of its readiness for the implementation of the NHI scheme, as it is one of the biggest hospitals in Johannesburg.

This chapter provides the background to the research problem, the statement of the research problem, the purpose of the study, its aims and objectives, the significance of the study, research design and method, as well as the scope and structure of the dissertation.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

The National Health Insurance Bill was presented to Parliament, approved, and gazetted on the 26th of July 2019, with its main aim being to establish a fund that will

allow all South Africans and long-term legal foreigners to gain access to free medical services (South Africa 2019:3).

The NHI scheme will replace the current two-tier health system characterised by excessive costs (South Africa 2017:2). The two-tier system is a remnant of the discriminatory apartheid regime, where the private subdivision benefitted the white minority, and the public sector, which was poorly funded and maintained, benefitted the black majority (Weimann 2013:11).

Although there has been substantial progress in healthcare delivery all over South Africa since 1994, South Africa (2017:2) argues that the financial backing for the healthcare system has not undergone any concrete changes. Therefore, unlike other developed countries, quality healthcare in South Africa is heavily dependent on a patient's socio-economic status.

The NHI scheme seeks to close the socio-economic gaps that arise from the current two-tier health management system and to make available the services that were largely available in the private healthcare system, and ensure a public, government monopolised healthcare system funded solely by the state through tax collection (South African Institute of Race Relations 2018:1).

Genesis (2019:12) summarises the National Department of Health's efforts to implement the NHI scheme through a gradual process, over three phases. These three phases are each being implemented over a period of five years. The first phase commenced in 2012 and was completed in 2017. This phase comprised health system strengthening interventions focused on the primary healthcare level. The second phase, which ranges from 2018 to 2021 is focused on infrastructure improvement, recruitment of adequate staff, improvement of quality healthcare and provision of adequate medical supplies, among others.

The hospital under study is one of the biggest hospital hubs in the city. Buthelezi (2017:77) argues that the hospital faces "elevated expectations from the community, lack of resources, malfunctioning equipment, poor safety and security", albeit under transition into the NHI scheme. The same could be said about other hospitals in Johannesburg, as they face an influx of patients daily, without the capacity to serve them.

This raises a concern as to the preparedness of hospitals countrywide for the implementation of the NHI scheme. Healthcare providers need to ensure that they adjust their systems and prepare for the full implementation of the policy.

1.3 STATEMENT OF THE RESEARCH PROBLEM

South Africa (2019:6) acknowledges that the NHI scheme will come with a series of challenges, which include an increase in diseases and lack of staff to drive the initiative. This will be made worse by the current state of most government funded healthcare institutions, which are characterised by poor management, low funding, inadequate infrastructure, and insufficient provision of medicines, as cited by Passchier (2017:837).

Presently, the government's readiness for the NHI has been put to the test by the coronavirus pandemic, which has placed significant pressure on human resources and hospitals. This has resulted in a deceleration of the NHI scheme implementation (Parliamentary Monitoring Group 2020).

Jeffrey (2018:3) explains that the implementation of the NHI scheme rests on the massive reorganisation of the healthcare system, which will combine the two-tier public and private system into one. This process will lead to all health revenue being paid into one fund and being nationalised.

For its pilot project of the NHI scheme, the Department of Health (DoH) elected a few hospitals in provinces all over South Africa and began the implementation in phases. The Final Report by Genesis (2019:128) showed that although many strategies had been put in place to prepare for the NHI, the hospitals in Johannesburg were still underprepared. This could be due to the high population density, with the demand for healthcare overweighing the resources available.

One such institution is the hospital under study, which has a history of patients sleeping on the floor, and patients being turned away due to a lack of specialists and overwhelmed staff (Buthelezi 2017:39). This information is alarming, as the government professes to providing adequate funding to the institution. The hospital in

Johannesburg is held in high regard by the surrounding community. However, a visit by MEC Mahlangu in 2014 revealed that the hospital had poor hygiene standards and a high complaint rate (South Africa 2014:1).

Based on the above, and on the struggles that both the staff and patients face at the hospital in Johannesburg, the concern that arises is whether the hospital will be able to transition into the NHI scheme, when factoring in its current burden. The burden of diseases at the hospital is also worth noting at the hospital. The above discussion suggests the need for monitoring and evaluation to t be done at public healthcare institutions to ensure that every healthcare provider is on track with the processes for a seamless transition into the NHI scheme. Despite all these challenges that hospitals are faced with, no study has been conducted to determine the readiness of hospitals for the implementation of this scheme. The study sought to assess the readiness of the hospital under study for the implementation of the NHI.

1.4 AIM/PURPOSE OF THE STUDY

1.4.1 Research aim/purpose

The purpose of this research was to determine the readiness for the implementation of the NHI scheme at a hospital in Johannesburg, and to recommend intervention changes where appropriate. The results of this study will give an indication of whether the government is going in the right direction in the logistical and strategic preparations for the complete rollout of the NHI. The study will also add to the body of scientific knowledge and form a basis for future studies.

1.4.2 Research objectives

The research objectives were:

- To describe the current state of readiness for the implementation of the National Health Insurance Scheme at a hospital in Johannesburg, South Africa.
- To explore and describe factors influencing the implementation of the National Health Insurance scheme at a hospital in Johannesburg, South Africa.
- To propose recommendations that will be used as a frame of reference to improve the implementation of the National Health Insurance scheme at a hospital in Johannesburg, South Africa.

1.4.3 Research questions

Babbie (2010:63) describes research questions as tools that assist a researcher or investigator to recognise the direction of the study and to become more aware of steps that need to be followed to achieve it. The study sought to answer the following:

- What is the current state of readiness for the implementation of the National Health Insurance Scheme at a hospital in Johannesburg, South Africa?
- What are the factors influencing the implementation of the NHI at a hospital in Johannesburg, South Africa?
- What recommendations could be used as a term of reference to improve the implementation of the NHI scheme at a hospital in Johannesburg, South Africa?

1.5 SIGNIFICANCE OF THE STUDY

This study sought to assess if there are potential barriers to the implementation of the NHI in South Africa. The research may provide recommendations to improve the readiness of the NHI scheme at a hospital in Johannesburg. The body of research will be expanded by availing scientific data on the readiness of the hospital in Johannesburg for the implementation of the NHI.

The study will also be available in databases and accessible to other researchers and the community at large. It is hoped that the information and recommendations will better inform policymakers regarding the development of programmes and policies which address the state of preparedness at not only the hospital in Johannesburg, but other public health institutions in South Africa. This study can assist the DoH in drafting guidelines that will seek to improve the readiness of hospitals for the implementation of South Africa's NHI.

1.6 DEFINITION OF KEY TERMS

National Health Insurance Fund

This term refers to a financing system that will ensure that all citizens of South Africa (and legal long-term residents) are provided with essential healthcare, regardless of their employment status and ability to make a direct monetary contribution to the NHI Fund (South Africa 2019:3). In this study, the NHI Fund refers to the fund as explained in the National Health Policy white paper, which will finance the universal healthcare system.

Readiness assessment

A readiness assessment is an official measurement of the preparedness of an institution to undergo a major change or take on a significant new project (Gallagher 2019:2.According to the researcher, this concept refers to the level or state of preparedness of the hospital for the implementation of the NHI. The author seeks to carry out a readiness assessment of the hospital in Johannesburg to undergo a change into the NHI scheme.

Scheme

A scheme is defined as a large-scale systematic plan or arrangement for attaining an object or putting a particular idea into effect (Davis & Tall 2002:1). The scheme referred to in this study is the National Health Insurance programme or project.

Implementation

Implementation is a term that comes from the Latin “implere,” meaning to fulfil or to carry into effect (Bauer, Damschroder, Hagedorn, Smith & Kilbourne 2015:2). In this study, implementation refers to how the NHI scheme will be executed in South Africa.

Hospital

The World Health Organization (WHO) (2009:1) defines a hospital as an institution that offers primarily curative and rehabilitative healthcare services with promotional, preventative, and educational services to the public. For this study, the institution will be a government institution that renders healthcare in the east of Johannesburg, South Africa.

1.7 THEORETICAL FOUNDATIONS OF THE STUDY

1.7.1 Research paradigm

A research paradigm refers to an overview of theoretical foundations of beliefs, values, and methods in which a study is carried out (Rehman & Alharthi 2016:51). Many paradigms have been postulated in the scientific community, however, an expert researcher, Candy, proposed that they be arranged into three main classifications, namely positivist, interpretivist, or critical paradigms (Kivunja & Kuyini 2017:30). The interpretivist paradigm was used in this study, which is a research philosophy that requires researchers to interpret elements of the study, thereby integrating human interest into the research (Ryan 2018:9). Hudson and Ozanne (1988:509) explain that

reality is multiple and relative, and since this research is heavily reliant on the human component of resources and capital, an interpretivist paradigm is best suited for the study.

A synthesis of the hospital in Johannesburg staff's opinions, hospital management system capabilities and strategies put in place for the transition into the NHI scheme was carried out. The interpretivist approach helped to unpack the study group's different realities and perceptions of what is happening in the hospital in Johannesburg by answering the question of the NHI readiness level at the institution.

1.7.2 Theoretical framework

The theory of organisational readiness for change guided the study. The framework was developed by Weiner (2009), who hypothesised that readiness for change in an organisation is determined by the organisation's members' shared commitment to implement a change (Weiner 2009:3). This framework is based on the concept of change valence, change efficacy and contextual issues, which together translate to organisational readiness for change. The concepts of the study are defined as follows.

1.7.2.1 Change valence

This concept refers to whether members of an institution deem the forthcoming change worthy and necessary. If most of the members feel that the looming change is needed, they will be interested in the entire process, and take part in the process (Phillips 2017:6).

1.7.2.2 Change efficacy

Change efficacy is associated with the organisational members' perceptions of three determinants of implementation capability, namely: task demands, resource availability and situational factors (Weiner 2009:4).

1.7.2.3 Informational assessment

Contextual issues such as organisational structure, the willingness to take risks (organisational members), availability of training and good working relationships can contribute towards the readiness of an organisation for change (Weiner 2009:4).

The concepts above are summarised by the framework below.

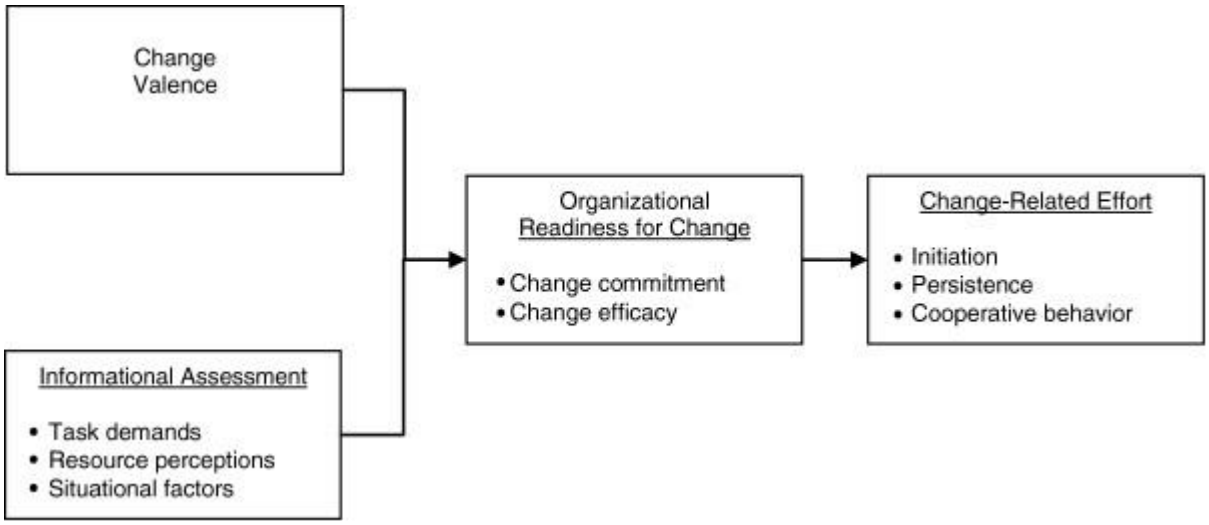

Figure 1.1: Determinants and outcomes of organisational readiness for change. Source (Weiner 2009:4).

This framework was applied by Randall, Hort, Huebner, Mallot, Mancl, Milgrom, Nelson, Senturia, Weiner and Cunha-Cruz (2020:157) in their assessment of the organisational readiness of the Alaskan Tribal Dental Care organisation to implement health system changes. In the study, the quality of management of the organisation was shown to be the predominant factor of readiness to implement changes to the health organisation. According to Randall et al (2020:158), the general organisational functionality is most important when preparing to implement a change in an organisation.

Therefore, the theory of determinants and outcomes of organisational readiness for change were used in this current study to ascertain the level of the organisational functionality of the selected hospital. In particular, the quality of management, availability of resources as well as the perceptions and ability of the staff to carry out the tasks required to implement the NHI scheme were assessed.

1.8 RESEARCH DESIGN AND RESEARCH METHODS

A research design is the theoretical plan that holds the structure of research components together (Akhtar 2016:68). Using a research design in a study ensures that a strategy that aids the proper analysis of root cause and relationships between phenomena is used (Jang 1980:398).

1.8.1 Research Approach

A qualitative study approach was used due to the exploratory nature of the research questions. Creswell (2014:23) defines qualitative research as an approach used to investigate and recognise the meaning that people may give to societal problems. This approach was important in providing a deeper understanding of the level of readiness for implementation of the NHI scheme from the point of view of the staff of the hospital in Johannesburg.

1.8.2 Research Design

The probing nature of the study led the researcher to utilise an explorative, descriptive, qualitative design for the study. Explorative designs usually take place in natural settings and provide the least control over variables. The data collected may contribute to an explanation of phenomena from the perspective of the persons being studied (Thomas & Lawal 2020:80).

Lambert and Lambert (2012:255) define descriptive studies as a "comprehensive summarization, in everyday terms, of specific events experienced by individuals or groups of individuals". Argawal and Ranganathan (2019:34) also explain that in a descriptive study, variables are described with no regard to a hypothesis. In this research, a descriptive study was used to probe into the state of readiness for the implementation of the NHI, thereby answering the research questions. Further details of the research design will be provided in Chapter 3.

1.8.3 Research Methods

Research methods are defined by Rajasekar, Philomonathan and Chinnathambi (2013:5) as "the procedures by which researchers go about their work of describing, explaining and predicting phenomena". Kothari (2014:8) suggests that a research method is the step-by-step process used to formulate a solution to a research problem. In this study, the process followed was a qualitative, descriptive study, which comprised of setting specific sampling and data collection methods amongst other elements.

1.9 RESEARCH SETTING, STUDY POPULATION, SAMPLING AND SAMPLE SIZE

1.9.1 Setting

A study setting is the “physical, social and cultural site in which a researcher conducts the study” (Given 2008:787). In this study, the setting was a public regional hospital in Johannesburg in Gauteng Province, South Africa, this hospital was chosen as it is one of the biggest public regional hospitals where the NHI scheme will be implemented. The hospital's 230 beds are often used as its identity and descriptor A detailed description of the setting will be provided in chapter 3 of the study,

1.9.2 Population

The term study population refers to all the individuals or units of interest in the research (Majid 2018:3). The population consisted of (n=15) managers involved in the NHI scheme at the selected hospital. managers involved in the NHI scheme were of interest in the research, as they had more information on their department processes than their subordinates. The population will be described in detail in chapter 3.

1.9.2.1 Sampling

Sampling refers to drawing inferences about a large population from a subset of that population (Adwok 2015:95). Participants at the hospital were sampled purposively, as they work at one of the hospitals where the NHI will be implemented.

1.9.2.2 Sampling Size

The sample size refers to the number of units chosen from which data was gathered (Taherdoost 2017:237). Of the 15 managers who were targeted by the researcher, only 8 indicated their willingness to participate in the study. Therefore, a total of eight participants from different departments namely : quality assurance, dispensary or pharmacy, supply chain, human resources, casualty, general surgery, and nursing departments formed the sample size.

1.9.3 Inclusion and exclusion criteria

Inclusion criteria

Inclusion criteria are features that the participants must have if they are to be included in the research (Patino & Ferreira 2018: 84). All employees of the hospital in Johannesburg who had managerial capacity in the following departments: nursing services, medical services, administrative services, finance, quality assurance and infection control departments were included in this study.

Exclusion criteria

Exclusion criteria are those characteristics that disqualify prospective participants from inclusion in the study (Garg 2016: 33). Employees who did not have a direct association with the readiness process for the implementation of the NHI scheme at the selected hospital as well as employees who had been on leave for more than three months prior to data collection were excluded from this study.

1.9.4 Data collection methods

Data collection refers to the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses and evaluate outcomes (Muhammad 2016:202). Two data collection methods were utilised in this study, namely a focus group discussion and semi-structured interviews.

Semi-structured interviews

Semi-structured interviews consisted of an interview between the researcher and participants, guided by a flexible interview protocol and supplemented by follow-up questions, probes and comments (DeJonckheere & Vaughn 2019:2-3). The managers involved in the NHI scheme at the hospital took part in the interviews on Microsoft teams. These were used to gather information that would allow the researcher a better understanding of the level of readiness of the institution in the implementation of the NHI scheme.

Focus group discussions

According to Baral, Uprety and Lamichhane (2016:1-4), focus group discussion involves gathering people from similar backgrounds or experiences together to discuss a specific topic of interest. The discussions took place in a hospital common room, under strict COVID 19 protocols. The interview was moderated by a representative of the hospital and chaired by the researcher. The focus group discussions were attended by the managers involved in the NHI scheme at the hospital to discuss the challenges that their departments were facing in implementing the NHI such as inadequate staff, training, and material resources.

1.9.5 Data management

Data management refers to the attention and maintenance given to any data during the research process. It is an essential component of the research cycle and part of

the research process and aids in sharing, preserving, describing, and organising data (Lichen, 2009:132).

The data from semi-structured interviews was stored in an MP3 format with the consent of the participants. Exhaustive notes were also kept in a safe to avoid tampering and were later typed up and stored in a computer for future reference. The data stored in the MP3 format was transcribed using procedures that subscribed to the UNISA code of conduct, as well as ethics. The transcription was made using the Microsoft Word computer program. The MP3 recordings 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.

1.9.6 Data analysis

Thematic coding was used to analyse the results of the focus group discussions and semi-structured interviews. Thematic analysis is a form of qualitative analysis which involves recording or identifying passages of text or images that are linked by a common theme or idea, allowing the researcher to index the text into categories and therefore establish a "framework of thematic ideas about it" (Maguire & Delahunt 2017:3352).

The emerging themes were identified, and notes made on the transcripts using the following steps:

- Generating initial codes
- Searching for themes
- Reviewing themes
- Defining and naming themes
- Producing the report

The relevant knowledge obtained was organised and interpreted in the results section of the study. A detailed description of the research methods and design will be provided in chapter 3.

1.9.7 Trustworthiness

The principles of ensuring trustworthiness as described by Lincoln and Guba (1985:290) will be adhered to. This principle refers to the confidence in data and its interpretation. These include the principles of transferability, credibility, confirmability,

and dependability (Shenton 2004:64, in Maher, Hadfield, Hutchings & de Eyto 2018:3). These will be further discussed in Chapter 3 of the study.

1.10 ETHICAL CONSIDERATIONS

All the principles of ethical conduct as described in the Belmont report (1979:3-6) were adhered to and observed during this study. These include the principles of informed consent, respect for human dignity, autonomy, justice and beneficence and non-maleficence. Permission to conduct the study was sought from the Gauteng Department of Health and from the chief executive officer of the selected hospital. These principles of ethical research will be discussed in detail in Chapter 3.

1.11 STRUCTURE OF THE DISSERTATION

The chapters are arranged as follows:

Chapter 1: Orientation of the study

Chapter 2: Literature review

Chapter 3: Research design and methods

Chapter 4: Analysis, presentation, and description of the research findings

Chapter 5: Conclusion and recommendations

1.12 SUMMARY

This chapter provided an overview of the research. The background to the study, the problem statement, aims and objectives of the study and the significance of the study were discussed. The research design and method, and scope and structure of the dissertation were outlined. The next chapter will give an overview of the literature surrounding the NHI in South Africa and other African countries.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter offered an overview of the research problem, including the study objectives, problem statement and a summary of the research design and methods. In this section, the researcher will provide an overview of significant literature relevant to the study. The literature review will be guided by the research topic and research objectives.

2.2 THE SCOPE OF THE LITERATURE REVIEW

The literature review is structured into the main aspects pertaining to the study under investigation, namely the rollout of the NHI scheme in South Africa, the current state of the NHI in hospitals in South Africa, overall readiness for the NHI at the hospital in Johannesburg, and intervention changes. It also touches on the NHI in other African countries, the challenges faced during the implementation thereof and the intervention changes.

2.2.1 The rollout of the National Health Insurance scheme in South Africa

South Africa seeks to implement an NHI scheme, the objective of which is to improve access to healthcare for all South Africans by paying for a set of predetermined healthcare treatments and medicines so that registered users of the fund will not need to pay when they access the care (Discovery 2019:2). This healthcare model has elements of the Beveridge model of healthcare management (Reid 2010:15). In this system, care is provided and financed by the government through tax payments, as with the police force or public libraries.

The Republic of South Africa began the implementation of the NHI scheme using a phase-by-phase approach. The first phase, from 2012 to 2017, focused on piloting health system strengthening initiatives; the establishment of the NHI Fund and key institutions; and the moving of central hospitals to the national sphere. The second phase, which is currently being implemented, is focusing on ensuring that the NHI Fund is fully functional and has the required management and governance structures

so that the purchase of services and population registration can begin. The final phase from 2022 through 2026 will signal the introduction of mandatory prepayment and the contracting of accredited private hospital and specialist services, as well as the finalisation of the Medical Schemes Amendment Act (South Africa 2019:29).

As of early 2021, South Africa's NHI scheme should have been exiting the second phase of implementation (Parliamentary Monitoring Group 2020) and initiating the third phase. The second phase successes were solely regarding health systems strengthening and had extraordinarily little focus on infrastructure expansion and renovation. This phase had been formerly concentrated on creating and running a health patient registration system and making the fund fully functional. The third phase, which will run from 2022 to 2025 (South Africa 2017:73), was planned solely for the integration of the public and private health sectors and the introduction of taxes to fund the NHI initiative. However, there are concerns that, there is a glaring lack of clarity around the roadmap for the scheme as the requirements for phase two have not yet been addressed going into Phase 3(Business Tech 2021: 1). Since the second phase goals were not entirely achieved, this may result in an extension of the third phase, as it will combine the second and third phase, which may prove difficult.

While there is disagreement on the level of imbalances in provider distribution and health care finance, the private sector agrees that change is desperately required and has been overdue for some time. However, consensus on the nature and magnitude of the issue is important to find acceptable and viable remedies. The financial consequences of NHI ideas vary widely across stakeholders, but it is obvious that the proposals are both important and complicated in terms of their financial impact. Because of the far-reaching implications of NHI, it is vital that all parties identify solutions based on evidence-based reasoning and that the discussion go beyond ideological posturing(Ramjee Shivani & McLeod Heather 2010: 183).

2.2.2 The current state of the NHI in hospitals in South Africa

The most important stakeholders of this NHI programme are the patients themselves, who will need to access healthcare from the public and private sectors. However, Tandwa and Dhai (2020:4) found that even though the NHI policy process had

commenced in 2020, only 79.51% of the participants of their study at a central hospital in South Africa knew about the scheme. The awareness of the public regarding the implementation of the NHI will contribute to the overall readiness of the hospitals in general. If Tandwa and Dhai's study findings are to be used as a reference point for the readiness of the public to embrace the NHI implementation, then the process leaves much to be desired.

Furthermore, Booysen and Hongoyo (2018:5) suggest that it is important to improve the healthcare system in the public sector to obtain the support of the private healthcare users and make the NHI a success. They further suggest that there is evidence showing that private sector health users were not supportive of the NHI rollout due to the inequalities brought about by the two-tier healthcare system that has been segregated. In that regard, the Parliamentary Monitoring Group (2020) states that as of December 2020, the Department of Health (DoH) had an under expenditure of 37.8%, with 7.9% of these funds having been dedicated to the NHI scheme. This implies that the implementation process may not be progressing as planned, as if all things were equal, a huge expenditure should have been realised, as the public healthcare institutions are positioning themselves for the NHI scheme.

More so, the COVID-19 pandemic has influenced the implementation of South Africa's NHI from early 2020 to date. UNICEF (2020:4) explains that the pandemic has necessitated the need to continue to implement the NHI at an accelerated pace. Due to the pandemic, funds meant for the expansion and renovation of health institutions have been put on hold to enable the piloting of many more field hospitals and to capacitate them for the handling of the COVID-19 pandemic.

There is a gap in information available to healthcare workers concerning the implementation of the NHI in South Africa, as alluded to in Molokomme, Seekoe and Goon (2018:241). This suggests that most hospital staff do not have enough information regarding the NHI being implemented in their places of work. Nevertheless, there is overwhelming evidence that the COVID-19 pandemic has intensified demands on the healthcare system and resulted in critical shortages of resources (hospital beds, intensive care unit (ICU) beds, ventilators, and medical

workforce), particularly in the South African public sector (Cleary, Wilkinson, Tamandjou Tchuem, Docrat & Solanki 2021:2).

Maphumulo and Bhengu (2019:4) describe how most South African public hospitals are burdened by extra-long waiting times due to the lack of personnel. Poor hygiene and infection control systems are also characteristic of most public hospitals, while an increase in court cases have arisen due to errors that could have been avoided. There is a general lack of resources such as equipment and medicines, and the record and archives management system could do with improvement.

The above suggests that most hospitals may not be ready to continue into the second phase of the NHI scheme implementation, as basic structures such as human resources, information systems, equipment and adequate funding is not in place to cater for the transition.

2.2.3 NHI in the rest of Africa

Ghana

Ghana is among the countries that have implemented and are utilising the NHI scheme. The difference between the scheme in Ghana and the one to be implemented in South Africa is that, in Ghana, one must individually contribute to the scheme to gain access, while in South Africa, the funds will be pooled from those who are economically able to, as well as funds from government and non-governmental organisations. The country spends most of its gross domestic product on the scheme, spending about 10.6% of government expenditure on the health system (Alhassan, Nketiah-Amponsah & Arhinfu 2016:1). The prior authors go on to describe how the NHI plays a vital role in ensuring that everyone in Ghana, regardless of social, political, and economic status, receives universal healthcare.

Zhang and Gobah (2011:97) put forward that the NHI brought about a change in the attitudes and behaviour towards seeking healthcare. Their study also revealed that there were increases in the numbers of women seeking maternal healthcare due to the NHI being implemented. It is important to note that the advent of the NHI in Ghana came about due to pressure from the masses directed to political parties, as the desire

for change was extremely high and could sway the vote of the people. (Agyepong & Adjei 2008:157).

Nsiah-Boateng and Aikins (2018:5) explain how the NHI enrolment of the population has declined over time. They further tackle why the membership has declined, stating that people are more likely to enrol for health programmes in the initial stages of the projects, with the hope of attaining all the benefits involved. As time goes by, and people see what the health programme entails, their interest dies down, as they are either not satisfied or are simply uninterested.

Ayanore, Pavlova, Kugbey, Fusheini, Tetteh, Ayanore, Akazili, Adongo and Groot (2019:13) elucidate on the inequalities associated with Ghana's NHI, as it is insurance based. Their study found that socially vulnerable groups were mostly not covered by the NHI, showing that the scheme only assisted members of the public with deep pockets.

Rwanda

Chemouni (2018:92) explains the advent of the universal health insurance scheme in Rwanda, Mutuelles, which is a type of health insurance scheme that most Rwandans were enrolled with. All the citizens of Rwanda became obliged to join the health insurance scheme in 2007. This scheme was a community-based health insurance (CBHI), which required individuals to contribute towards the fund. However, according to Fenny, Yates, and Thompson (2018:1), the CBHI has a wide coverage of the poor. The Ubudehe programme assists with finding members of the public who cannot contribute to the health insurance fund. Assistance is then provided to these poor groups, not only for contributions towards the health insurance scheme, but also towards other social services that are normally out of their reach.

Lu, Chin, Lewandowski, Basinga, Hirschhorn, Hill, Murray and Binagwaho (2012:3) state that about 90% of the total Rwandan population was covered by a health insurance programme. During the initial stages of the scheme, there was a rise in healthcare utilisation, especially children under the age of five.

Woldemichael, Gurara and Shimeles (2019:4) suggest that since the CBHI does not account for extra costs such as transportation and other drugs, there may be a need to increase out-of-pocket payments from the economically vulnerable groups. Nyandekwe, Nzayirambaho and Kakoma (2020:3) address the funding problems

around Rwanda's health insurance scheme. In their study, they refer to a deficit that has been accumulating for years in the CBHI scheme, which the government has had to settle from time to time. This leaves a question of whether the CBHI is justifiable, and if there are enough resources for it to continue as it is.

Chirwa, Suhrcke and Moreno-Serra (2021:24) are of the opinion that it may be important to increase the premiums for the wealthier members of the Rwandan society. This would be done to hide the extra expenditure that the government is incurring due to the regular deficits in the CBHI scheme in Rwanda.

2.2.4 Challenges faced in other African countries during NHI implementation

Ghana

Gobah (2011:96) listed the lack of information as a challenge during the implementation of the NHI. Low levels of literacy in Ghana affected the enrolment of the population into the insurance scheme. Another issue was the affordability of the premiums. Most of Ghana's population resides in the rural areas where unemployment is extremely high. Most people could therefore not join the scheme, as it was too expensive for them.

Ayanore et al (2019:13) indicate that the NHI was characterised by a lack of transparency from decision-makers. The scheme was pricey, and corruption was rife, raising mistrust in the masses and causing them to shy away from the programme. In addition, centralising the NHI registration process had the effect of discouraging willing enrollers from registering. Travelling to the central office required money that most people did not have.

Gajate-Garrido and Owusua (2014:29) detailed the challenges faced during the implementation of the NHI. They explained that the road transport system was not advanced enough to accommodate the travelling of the rural folk to the health service providers. They outlined the issue with run-down infrastructure at the hospitals, which cannot put up an excessive number of patients. They also referred to the lack of human resources at the hospitals for facilitating the medical claims process and handling the influx of patients. The study revealed that within the claims departments of the healthcare providers was a lack of cooperation as claims were slow to be processed.

The study described above also mentions that the decision-makers had attempted to solve the issues and challenges mentioned; however, the solutions provided were short term, and could not be continuously depended on.

Rwanda

Diop, Francois, Butera (2005:4) suggest that there may be overpoliticisation of the CBHI. This may draw away the focus from providing quality healthcare to merely strengthening the confidence that the masses have in political leaders and parties. As mentioned earlier, the implementation process of any programme needs to be coordinated with the political environment, but not to the extent that it undermines the purpose of a system.

Other challenges faced by the NHI include the under-pricing of the healthcare service, which not only lowers standards, but also causes dissatisfaction to those who can afford quality healthcare (Habiyonizeye 2013:34). The size of the risk pool is also a challenge, as it is difficult to cover extensive medical conditions on a limited budget. The cost of starting up the insurance scheme has been extremely high, and it was unaccounted for during the planning phase.

Schmidt, Mayindo and Kalk (2006:1332) believe that the CBHI scheme in Rwanda was designed with only the wealthy in mind. They argue that for the scheme to be sustainable, revenue would have to be obtained from the wealthy, who comprised only 25% of the total population.

The socio-political environment of Rwanda has a bearing on the design of the system; therefore, it is regrettable that the public is forced to confront the advantages and disadvantages of such a system. Nyandekwe, Nzayirambaho and Kakoma (2020:12) agree, and refer to political obligations as being the main reason the CBHI appears sustainable, as otherwise it would fail.

2.2.5 Intervention changes

Ghana

Electronic processing centres for claims was mentioned by Gajate-Garrido and Owusua (2014:29) as a proposed intervention change to reduce fraud, process claims faster and keep track of all paperwork efficiently. Ayanore et al (2019:13) suggest that specific policies must be designed to reduce the ambiguity associated with the NHI in

Ghana. The same policies should assist in increasing enrolments with the NHI as well as reducing the delays in claims processing.

Korankye (2013:520) touched on changing the way in which different economic groups contribute towards the NHI. The idea was to let the more economically able groups contribute a higher percentage to cover for the poor groups who are incapable of paying a fixed rate monthly. Christmals and Aidam (2020:1898) explain the necessity of monitoring and evaluation task forces to tackle the mismanagement of funds as well as corruption within the health sector.

Aryeetey, Nonvignon, Amissah, Buckle and Aikins (2016:8) noted that service delivery needed to be improved to increase the efficiency of the NHI. Gajate-Garrido and Owusua (2014:29) also explained that it was important to educate the Ghanaian population regarding the benefits of being registered with the NHI. They mentioned that it would be wise to introduce a flexible payment option for those who could not pay the required amount all at once.

Fusheini (2016:551) found that there were numerous political and economic challenges associated with implementing the NHI in Ghana. He suggested cooperation between the politics and implementation, as the former is always a controlling factor in any implementation process. He suggested the need for political leadership and staffing for the NHI to be an effective policy.

Most of the solutions given by the different authors are economically and politically inclined, while other authors mentioned above argue that the interventions should be policy inclined. Most of the solutions provided by the different authors have to do with the financing, management, and mismanagement of the funds of the NHI scheme.

Rwanda

Nyandekwe, Nzayirambaho and Kakoma (2020:3) proposed that there should be added funding into the CBHI from governmental and non-governmental entities. They further suggested that political commitment should be redefined and focus more on strategies to acquire resources that would be channelled towards making the health insurance scheme more sustainable.

Chemouni (2018:92) suggests that donors be given greater stakes in providing resources for a sustainable health insurance scheme. This notion is characterised by

the regime's pushback regarding health aid from external entities. Oleribe, Momoh, Uzochukwu, Mbofana, Adebiyi, Barbera, Williams, and Taylor-Robinson (2019:401) believe that corporate social responsibility schemes must be used to offset the deficit in the health sector.

2.2.6 Overall readiness for the NHI at the hospital in Johannesburg

Huddle, Chita, and Naicker (2014:90) acknowledge that the hospital in Johannesburg is part of a three-hospital cluster that were unable to fill their specialist posts, yet each had a high number of patients needing the specialist services. This points to the lack of essential personnel at the hospital, which is critical to fulfilling the hospital's purpose, namely, to save lives.

In addition, Low (2013:1) points out that the hospital in Johannesburg is characterised by appalling conditions due to the lack of specialised personnel, assistants and other supporting staff needed for a hospital to operate at optimum levels. The hospital has always dealt with an influx of patients, as it serves a population of three million individuals from the suburbs of Edenvale, Lombardy, Alexandra, Tembisa, Linksfield and their surroundings (Patel, Naidoo, Candy & Kruger, 2019:31). Several patients have had to sleep in the corridors of the hospital due to bed shortages.

Buthelezi (2017:88) suggests that the hospitals' staff attitude is bad. The senior staff are uncooperative towards the patients, and in return the patients become uncooperative as well. Furthermore, the nurses also portray terribly negative behaviour towards patients, whether critical or non-critical (Signon 2014:19). This could be a result of the nurses being underpaid and feeling unappreciated (Nesengani Downing, Poggenpoel, and Stein 2019:1).

The hospital in Johannesburg also endures regular malfunctioning equipment, which may lead to misdiagnosis at the hospital, lowering the quality of healthcare at the institution (Buthelezi 2017:95). There is a general lack of resources at the hospital, which in turn translates to poor infrastructure, depreciated equipment, lack of medicinal supplies and poor safety along with security at the hospital (Buthelezi 2017:92).

From the above, the hospital in Johannesburg is barely getting by, and numerous interventions may be required to get the institute on track with its readiness for the NHI scheme implementation. It does not help that the hospital is currently facing capacity challenges due to the COVID-19 pandemic.

2.2.7 Possible Intervention changes

Gaqavu and Mash (2019:102) argue that the NHI model to be implemented is a hybrid system that incorporates the Bismarck Model, which entails an insurance scheme usually financed jointly by employers and employees through payroll deduction. After reviewing several publications, the researcher understands that the South African NHI will be a hybrid scheme in the sense that both public and private healthcare institutions will be made use of, although paid singularly by the NHI scheme.

The hybrid model mentioned above incorporates both the public and private healthcare systems, which would need funding from the taxpayers. Econex (2010:6) argued that substantial changes to the proposed NHI would have to be made, because as it stood, the benefits of the scheme would be far less than the promised comprehensive benefits, and the free provider choice would have to be reduced to ensure that freelancer medical professionals do not become the priority for medical emergencies.

Civic bodies, publications and economists have expressed concern over the government not being able to sustain the NHI scheme once it is fully rolled out. However, Yates (2019:1) has argued that the government, through its taxpayers, can afford the NHI scheme. This is based on the premise that most affluent South Africans are spending a significant amount of money on private health insurance, which when channelled into the public system would suffice to cover most costs.

Transparency of government funds has always been a problematic area in South Africa (Sithole, 2015). There is no guarantee that the funds being allocated for the preparation of the full rollout of the NHI will be used as required and not diverted. As explained by Amado, Christofides, Pieters and Rusch (2012:5), besides the siphoning of funds, rogue and corrupt officials may currently be interfering with the proper

processes of preparation for the NHI implementation. The lack of skilled medical human resources is also hindering the expected progress.

Passchier (2017:837) suggests that the need for the NHI to procure services from private specialists and private hospitals may prove fatal in the long term. The inflated cost of private provider fees may already be crippling the NHI scheme before it is fully rolled out. Most of the implementation issues arising during the process of implementing the NHI are dependent on the availability of funding. The fair/unfair distribution of funds to hospitals, such as the one under investigation, will eventually decide the effectiveness of the NHI scheme.

Periodic audits have revealed an improvement in the recruitment of human resources, registration of populations for health services, information management and system support and provision of medicines (South Africa 2020:63). However, cases such as the hospital in Johannesburg give an indication that much still needs to be done to prepare for a seamless transition into the NHI scheme.

South Africa (2017:45) has mentioned some intervention changes for the current stage of the NHI. These include the introduction of a defragmented and transparent health financing system, use of research for decision-making, equity, and efficiency. Nevertheless, Jeffrey (2018:9) argues that all these intervention changes will prove pointless, as the system is plagued by mismanagement of resources.

2.2.8 Conclusion

All public health institutions need to have some level of readiness for the implementation of the NHI scheme. Following the phase-by-phase implementation plan laid out in the NHI white paper policy, all institutions, whether private or public, should have had some preparations in place for the transition process. However, due to lack of funding and planning and a pandemic that is beyond the government's control, the proposed plans have been set back, as explained above.

The hospital in Johannesburg has been operating under a very fragile system and strenuous conditions. The study ascertained the level of readiness of the institution

for the implementation of the NHI system on a resource, equipment, medicinal supply, and infrastructural front.

CHAPTER 3

RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

The previous chapter gave an overview on the literature surrounding the implementation of the National Health Insurance (NHI) in South Africa and in other African countries. This chapter gives an introduction and further details on the research design and methodology that were utilised when conducting the study in line with the aims and objectives of the research. Characteristics of the methodology that include the research tools, data collection mechanisms and data analysis are elaborated on. The constraints of the study and ethical considerations adhered to during the study are also reviewed.

The purpose of this study was to assess the selected regional hospital in Johannesburg for its readiness for the implementation of the NHI scheme. The data collection methods used ascertained the readiness patterns of the hospital in Johannesburg in terms of the implementation of the NHI and probed into recommendations for future intervention changes.

3.2 RESEARCH APPROACH

A qualitative study approach was used in the study due to the exploratory nature of the research questions. Creswell (2014:23) defines qualitative research as an approach used to investigate and recognise the meaning that people may give to societal problems. This approach was important in providing a deeper understanding of the level of readiness for implementation of the NHI scheme from the point of view of the staff of the hospital in Johannesburg.

3.3 RESEARCH DESIGN

A research design is the theoretical plan that holds the structure of research components together (Akhtar 2016:68). The study adopted a qualitative, explorative, descriptive design study to assess the readiness of the hospital in Johannesburg for the implementation of the NHI scheme.

3.3.1 Qualitative research design

Qualitative research involves gathering and assessing unquantifiable data. This may be in the form of opinions, ideas, experiences, and notions (Kim, Sefcik & Bradway

2017:23). In addition, a qualitative research approach is a type of enquiry that interprets human perceptions in a social setting to make use of them (Daniel 2016:91). Denzin and Lincoln (2005:142) suggest that qualitative research is dependent on the natural occurrence of things and follows the study in its dormant niche or setting. The current study is dependent on people's views and experiences, both past and present, along with their day-to-day interactions with other people and their environment. Hence, a qualitative research design is well suited in this scenario.

Fisher and Hamer (2020:1894) suggest that qualitative research methods are of utmost use in studies that involve policy implementation and analysis, especially in the setting of a health institute. It was in the interest of the study to select a qualitative method to gain a better understanding of the readiness of the hospital in Johannesburg for the implementation of the NHI scheme from the opinions of the participants. The researcher chose this method because people's experiences in relation to different phenomena may vary, therefore these experiences need to be documented and captured in their own words.

3.3.2 Explorative design

Explorative study design takes place in natural settings, and the data collected may contribute to an explanation of phenomena from the perspective of the person being studied (Wood & Brink 1998:283). It is for this reason that the explorative design is an accurate design for assessing the readiness of the hospital for the implementation of the NHI.

3.3.3 Descriptive design

A descriptive study design is defined by Lambert and Lambert (2012:255) as a "comprehensive summarization, in everyday terms, of specific events experienced by individuals or groups of individuals". The design was used because not much is known about the readiness of the hospital in Johannesburg for the implementation of the NHI. Due to its inquisitive and probing nature, the design is suitable for probing into the readiness for the implementation of the NHI, thereby answering the research questions.

3.4 RESEARCH METHOD

Research methods are defined by Rajasekar, Philomonathan and Chinnathambi (2013:5) as "the procedures by which researchers go about their work of describing, explaining and predicting phenomena". Kothari (2014:8) suggests that a research

method is the step-by-step process used to formulate a solution to a research problem. In this study the process followed was a qualitative, descriptive study, comprising of the study setting, sampling, and data collection methods amongst other elements.

3.4.1 Setting

A study setting is the “physical, social and cultural site in which a researcher conducts the study” (Given 2008:787). The setting can also be the socio-economic, historical, and political context of the research (Taherdoost 2017:237).The study was conducted at a regional hospital in the East of Johannesburg in the Gauteng Province in South Africa.) The hospital is one of the oldest in Gauteng Province, with approximately 900 beds. It provides comprehensive health care services to areas around Alexandra Township, Edenvale, Kempton Park and Bedfordview. This hospital was chosen as it is one of the biggest public regional hospitals where the NHI scheme will be implemented.

3.4.2 Population

The term study population refers to all the individuals or units of interest in research (Majid 2018:3). The target population for this study consisted of 15 managers from different hospital departments who were directly involved in the NHI scheme at the selected hospital. The managers who were involved in the implementation of the NHI scheme were of interest in the research, as they had more information on their department processes than their subordinates

3.4.2.1 Sampling

Sampling refers to drawing inferences about a large population from a subset of that population (Adwok 2015:95). In this study, purposeful sampling was used to obtain participants for this study. Purposeful sampling is defined by in Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, (2015:2) as a technique that is commonly adopted in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources. This involves identifying and selecting individuals or groups of individuals who are especially knowledgeable about or experienced with a phenomenon under study (Benoot, Hannes & Bilsen, 2016:4).

Homogenous cases were selected purposively to reduce variation, simplify analysis, and facilitate group interviewing. This sampling technique entails choosing participants based on membership in a subgroup with defining characteristics, as outlined in

Palinkas et al (2015:2). The defining characteristic in this study entailed being an employee at selected the hospital, with in-depth knowledge of the implementation process of the NHI scheme at the hospital and of managerial capacity.

By adopting purposive sampling technique, the researcher ensured that all the recruited participants were knowledgeable about the research topic before proceeding with data collection. This was done through consultation with the Quality Assurance department, which is the custodian of the NHI at the hospital under research. The sample comprised only participants that were deemed rich in information, and which sufficiently answered the research question were obtained in this study.

3.4.2.2 Sampling Size

The sample size refers to the number of units chosen from which data was gathered (Taherdoost 2017:237). The sample for this study consisted of eight managers from the different departments at the hospital namely: quality assurance, dispensary or pharmacy, supply chain, human resources, casualty, general surgery, and nursing departments included in the study. The sample as well as the characteristics is illustrated in Table 3.1

Table 3.1: Sample description

Department	No of participants	Participants' gender	Participants' work experience
Nursing services	1	Female	16 years
Nursing services	1	Male	6 years
Administrative services	1	Male	15 years
Quality Assurance	1	Female	20 years
Quality Assurance	1	Female	5 years
Pharmacy	1	Female	4 years
Human Resources	1	Male	7 years
Supply Chain/Procurement	1	Male	3 years
Total	8		80 years

The two focus group discussions and semi-structured interviews were therefore carried out with the eight participants until data saturation was reached as outlined in Fush and Ness (2014:1408).

3.4.3 Inclusion and Exclusion Criteria

Inclusion criteria

Inclusion criteria are features that the participants must have if they are to be included in the research (Patino & Ferreira 2018: 84). All the employees at selected hospital who had managerial capacity in the following departments: nursing services, medical services, administrative services, finance, quality assurance and infection control departments were included in this study.

Exclusion criteria

Exclusion criteria are those characteristics that disqualify prospective participants from inclusion in the study(Garg 2016: 33). Employees who did not have a direct association with the readiness process for the implementation of the NHI scheme at the selected hospital as well as employees who had been on leave for more than three months prior to data collection were excluded from this study.

3.4.4 Data collection methods

Data collection is “the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes” (Muhammad 2016:202).

3.4.4.1 Data collection approach and method

Two methods, namely semi-structured interviews and focus group discussions were utilised to collect data. The national guidelines on COVID-19 were adhered to during data collection. The researcher provided and ensured the use of sanitizers and masks through the data collection period participants in person. The social distancing protocol was observed to prevent the spread of the disease. A hospital common room was used as the meeting area. Prior to data collection, the researcher the purpose of the study was explained, and informed consent was explained to the participants

Focus group discussion

According to Baral, Uprety and Lamichhane (2016:1-4), focus group discussions involves gathering people from similar backgrounds or experiences together to discuss a specific topic of interest. The focus group discussion sessions were used to explore and describe the views of the by eight managers involved in the NHI regarding the

current state of readiness for the implementation of the NHI as well as the challenges that their departments were facing in implementing the NHI. Two focus group discussions were held with 8 participants who were split into two groups to make the gathering easier and for every participant to have a chance to air their views .The participants gathered in an empty conference room provided by the hospital to take part in the focus group discussions.t The questions asked are provided in the next sections of this document.

Semi-structured interviews

Semi-structured interviews consist of a dialogue between the researcher and participant, guided by a flexible interview protocol and supplemented by follow-up questions, probes and comments (DeJonckheere & Vaughn 2019:2-3). Semi-structured interviews allow an interviewer to explore issues that have been brought about by the participant (McGrath, Palmgren & Liljedahl 2019:1004). The managers involved in the NHI scheme at the hospital took part in an online interview via Microsoft Teams. These were used to gather information that would allow the researcher a better understanding of the level of readiness of the institution for the implementation of the NHI scheme. The individual semi structured interviews were carried out by the researcher via Microsoft Teams using a semi-structured interview guide. This allowed the interviews an opportunity to air their views about the subject under discussion in the comfort of their homes or offices, one participant at a time via Microsoft teams.

3.4.4.2 Development and testing of the data collection instrument

An interview guide was used to collect data from the participants. The questions in the interview guide were structured in such a way that they addressed the research objectives. Literature was used to develop the questions to ensure they were in line with the trends of the NHI scheme. Questions on the general readiness of the hospital were incorporated into the data collection instrument. The National Health Policy was used as a baseline for the development of the questions.

The data collection instrument was developed in such a way that it provided room for exploration of the interviewee's opinion, to ensure deep-seated and rich information about the readiness state of the hospital under study. To develop the instrument, a

table was formulated, with the main research question overarching the table. The next step was to produce sub-questions that would provide answers to the main question. Once these were clearly set out and defined, a pilot interview was conducted, between the researcher and a few colleagues, to determine the flow of the interview process, and if the research question would be answered in the process.

3.4.2.3 Interview process

The interview process constituted of focus group discussions and interviews. The protocol used in the data collection process is explained below.

Focus group discussion

The focus group discussions entailed specific conversation provoking a set of questions, which were used to assess the readiness of the hospital in Johannesburg for the implementation of the NHI. The interview guide consisted of two questions that were aimed at stimulating a conversation around the challenges that the hospital is facing in implementing the NHI. The conversations were steered to a point where the participants were asked for propositions to remedy this challenge. The main questions which guided the interviews were as follows:

1) Would you share some information regarding the readiness of your hospital for the implementation of the National Health Insurance Scheme?

2) What is the status regarding the implementation of the National Health Insurance Scheme at your hospital?

During the interviews, the researcher ensured that all the conversations were recorded, using a reliable pen recorder. In addition to that, field notes were taken as a means of documenting needed contextual information.

Semi-structured interviews

The semi-structured interviews comprising open ended questions encouraged further discussion on the readiness of the hospital, and how each department could assist in remedying the situation or maintaining a level standard that would assist in the implementation of the NHI. Some questions were the same, though worded differently, as participants were different people and could have responded differently if a question

was rephrased. This was done to achieve data saturation. The questions asked are available in Appendix E.

3.5 DATA MANAGEMENT

Data Management refers to the attention and maintenance given to any data during the research process. It is an essential component of the research cycle and part of the research process and aids in sharing, preserving, describing, and organising data (Lichen 2009:132). During the research process, the researcher collected data from semi-structured interviews and stored it using digital recording (i.e., MP3 format) with the consent of the participants. In cases where the participants were wary of being recorded, the interviewer took exhaustive notes of the sessions. The researcher typed up the notes and stored them in a computer for further manipulation.

During the focus group discussions, the conversations were recorded as per the above and notes were taken if the participants were uncomfortable with recordings. The data was transcribed using procedures that subscribed to the UNISA code of conduct as well as ethics. The transcription was made using the Microsoft Word computer program. The MP3 recordings 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.

3.6 DATA ANALYSIS

LeCompte and Schensul (1999:146) define data analysis as a process used to condense data from a story and infer meaning as well as derive insights. For this study, the data analysis followed an inductive approach, where data was grouped, and relationships mapped within the data collected (Thomas, in Liu 2016:132).

Thematic coding was used to analyse the results of the focus group discussions and semi-structured interviews. Thematic analysis is a form of qualitative analysis which involves recording or identifying passages of text or images that are linked by a common theme or idea, allowing the researcher to index the text into categories and therefore establish a “framework of thematic ideas about it” (Maguire & Delahunt 2017: 3352).

Braun and Clarke’s steps to thematic analysis were used to analyse and organise the data that was collected from the study. The following steps were followed for analysis.

Familiarising oneself with the data: This step consisted of the researcher studying the data to become well acquainted with it for easier processing and analysis. The interviews and discussions were transcribed and read, to ensure that the researcher grasped all the concepts raised during data collection. All components of the data were taken note of, which provided an important basis for analysis.

Generating initial codes: The researcher proceeded to identify data that appeared interesting and meaningful, as such data provide a basis for initial analysis. This data comprises codes that are a frequently found during the interviews and focus group discussions and can give a direction to the flow of the discussion regarding the study topic.

Searching for themes: After the preliminary codes of the data were identified, generating the preliminary codes, the interpretive analysis of the collated codes ensued. Data extracts that pertained to the research question were organised, either by combining or splitting them as per the overarching themes of the data. The researcher's line of thought was guided by the premises of the interactions between the codes, subthemes, and themes.

Reviewing themes: A robust examination of the identified themes was carried out next, whereby the researcher decided whether to combine, refine, separate, or discard initial themes. The raw information in the themes was made coherent and distinguishable. This was done in two steps, whereby the themes were evaluated in terms of coded extracts, and then in terms of the overall data in the study. From this, a thematic map was generated.

Defining and naming themes: This step involved refining and defining the themes and potential subthemes within the data. Continuous analysis was used to develop the identified themes. The researcher provided themes and clear working definitions that presented the real meaning of the themes in a brief but effective way. It is from this point that an integrated flow of data began to emerge from the themes generated.

Producing the report: Lastly, the researcher then developed the analysed data into an understandable write-up using clear language and by using vivid and persuasive extract examples that related to the themes, research question and literature. The research report aimed to present the results of the analysis in a way that would persuade any reviewer as to the quality and validity of the analysis. The analysis went

further than simply outlining the themes and was focused on presenting realistic evidence that answered the research question.

3.7 TRUSTWORTHINESS

To ensure the trustworthiness of this study the principles of transferability, credibility, dependability, and confirmability as described in Shenton (2004:64) were adhered to. These principles are described in the next section.

3.7.1Transferability

Transferability refers to the ability of the findings of a study to be transferred to another setting or context (Cypress 2017:258). The researcher ensured transferability through purposive sampling in order that only those participants who were directly involved with the implementation of the NHI became the major sources of data. The researcher also ensured that the study was described thoroughly by specifying geographical locations and departments studied for other researchers to replicate the study if necessary.

3.7.2 Credibility

Guba and Lincoln (1985) in Maher et al (2018:3) claimed that the credibility of a study refers to a precise representation of the participants. To ensure the credibility of the current study, the researcher engaged the participants, and built a relationship of trust with them. The researcher also summarised the data from the interviews to ascertain the exactness of the interview transcripts. Furthermore, follow-up interviews were conducted with two participants, whose responses were vague, to attain more robust information.

3.7.3 Confirmability

Confirmability is concerned with ensuring that the researcher's findings are clearly derived from the data and are not farfetched from the participants' realities (Johnson, Adkins & Chauvin 2020:7120). The researcher kept a journal of all meetings with the study participants throughout the study to keep all the facts and associated data collected during the data collection process. This was vital in ensuring that the researcher did not deviate from the participants' given responses, as they could refer to the meeting notes. This was essential to assist in keeping an audit trail for the study, along with interview transcripts and audio from the semi-structured and focus group discussions (Lincoln & Guba, 1989).

3.7.4 Dependability

Dependability has to do with the ability to achieve the same findings, in a similar scenario using the same methodology (Korstjens & Moser 2018:121). To achieve dependability in this study, the study process was described fully to aid in any duplication and imitative studies in the future (Moon, Brewer, Januchowski-Hartley, Adams & Blackman 2016:17).

3.8 ETHICAL CONSIDERATIONS

The term ethics refers to the branch of philosophy that deals with distinctions between right and wrong as well as the moral repercussions of human actions, according to Feinleb (2001:93) and Mandal, Acharya, and Parija (2011:2) To comply with the ethics principles permission to conduct the study was obtained from the University of South Africa Ethics Committee, the Provincial Department of Health, as well as from the hospital under investigation. In addition to the above, the purpose of the study was explained to the participants and written consent was obtained before proceeding with the data collection process. The letters of approval are available in Appendix B, and the participant consent forms issued by UNISA are available in Appendix C.

3.8.1 Respect for human dignity

To maintain a level of trust, and to ascertain confidence in the research, participants must be treated with respect (Pieper & Thompson 2014:234). The participants' rights such as privacy, anonymity, fair treatment, not to be injured, confidentiality and not to be treated unfairly were also respected.

3.8.2 Autonomy

Valerius (2006:380) characterises autonomy as "self-rule emancipated from both controlling and meddling by any entity", at a minimum. To adhere to the principle of autonomy, the researcher ensured that the work was free of external influences and provided an environment for the participants that was void of any interferences from different individuals or bodies.

3.8.3 Beneficence

Beneficence is associated with doing good for others and preventing harm. In this study, the researcher did not cause any unnecessary harm and ensured the good health of the study participants, as per the National Commission for the Protection of Human Participants of Biomedical and Behavioural Research (1978:6). This was achieved through assessing the risks associated with the study and seeking to

minimise it by preparing and through revisions based on ethics, before and during data collection (Orb, Eisenhauer & Wynaden 2000:95).

3.8.4 Non maleficence

Non-maleficence is concerned with doing no harm to the participants of the study and the environment involved (Alzheimer Europe 2009:1). The researcher carried out a debriefing session with the participants before the focus group discussions and the semi-structured interviews. This assisted the participants to prepare for any unintentional temporary discomfort or damage during the interviews. Measures were put in place to ensure that participants were free from harm.

3.8.5 Justice

The term justice has been linked to fairness, entitlement, and equality. During this study, all participants were treated equally, regardless of age, socio-economic background, gender, or any other descriptions, as stipulated in Williams (2015:121). This was taken into consideration during sampling, such that all the attributes mentioned above contributed nothing to the selection of the participants, but to the quality of the data they possessed.

3.9 SUMMARY

This chapter outlined the research design and the methodology adopted in the study. The research method, setting and sampling techniques were also explained in detail, and the population, data collection approach and method were also described. In addition, the data design and quality were described with emphasis on the trustworthiness of findings. Ethical considerations in relation to sampling and data collection were also outlined. The ensuing chapter will focus on the analysis and representation of data, along with the interpretation and findings of the research.

CHAPTER 4

ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

The previous chapter explored the research design and methods. This chapter describes the findings obtained from eight participants of semi-structured interviews and focus group discussions. The chapter presents the findings of the study, the analysis as well as the summary of the findings regarding the readiness assessment for the implementation of the National Health Insurance (NHI) at a hospital in Johannesburg.

4.2 DATA MANAGEMENT AND ANALYSIS

Two focus group discussions were successfully conducted with eight participants split into two groups. Semi-structured interviews were also conducted with eight participants. Both the semi-structured interviews and the focus group discussions took place between the 29th of June and the 29th of July 2021. After data collection the recordings of the interviews were transcribed, as they were all usable and had valid information.

The author read and re-read the transcripts while writing notes, thoughts, ideas, and insights to refer to when synthesising the data. Before proceeding to analyse the transcripts, the author listened to the audio recordings of interviews again to verify the information contained in the transcripts. After checking for completeness of data, thematic analysis was carried out using a qualitative analysis software named Atlas.ti.

The UNISA campus license was obtained from the Information Technology Department to access the software. Thematic analysis was carried out to discover phrases from the participants with robust meaning concerning the research questions. The different ideas, contexts and meanings were presented by the participants during the interviews. The information was then used to write up the study data as the final stage of data analysis, which will be shown in the following sections.

4.3 RESEARCH RESULTS

The sample for this study comprised a total of eight staff members who had been involved with the implementation of the NHI for a period of one to two years. These included eight managers in the following departments: quality assurance department, human resources, supply chain, nursing, and supply chain departments.

4.3.1 Sample Characteristics

4.3.1.1 Gender

For the semi-structured interviews, the percentage of participants was a tie, with both males and females at 50% (n=4) out of the eight participants. There was no difference noted in this category, as females were equal to males.

4.3.1.2 Marital status of the participants

The author ascertained that 50% (n=4) of the participants were not married. The sample consisted of 50% (n=4) females and 50% (n=4) males. This applies to both the semi-structured interviews and focus group discussions.

4.3.1.3 Age of the participants

Different age groups took part in the study. The age group was not of much interest to the researcher, but the researcher ascertained that all the participants (100%) (n=8) were above 30 years of age.

4.3.1.4 Expertise characteristics of the participants

For the semi-structured interviews, three participants were experts in the quality management department (25%) (n=2), while one participant was a human resource expert (12.5%) (n=1) and one was in the administration department (12.5%) (n=1) . One participant was a leader in the supply chain department (12.5%) (n=1) and another participant was from the pharmacy and dispensary section (12.5%) (n=1). Two of the participants were from the nursing management division of the hospital (25%) (n=2). All participants held a national diploma or higher in their fields of expertise. The interviewed participants had supervising and managerial experience and an experience range of six to 20 years in their professions. The same participants took part in the focus group discussions.

4.3.1.5 Language characteristics of the participants

Of the participants, Sesotho speakers comprised 50% (n=4), followed by isiZulu speakers at 25% (n=2). There were 12.5% (n=1) Venda speakers and the same for Pedi speakers. All the participants were comfortable with using English as the medium of communication during the interviews, therefore language was not a confounder or barrier during the data collection process. It should be noted that the participants that took part in the semi structured interviews.

4.3.1.6 Involvement in the implementation of the NHI at the selected hospital in Johannesburg

All the participants i.e., 100% (n=8) were involved in the implementation of the NHI at the hospital in Johannesburg.

4.4 PRESENTATION OF THE RESEARCH FINDINGS

During the process of data analysis, six major themes emerged, namely: Resources, Infrastructure, Training, Technology, Development and Management. From the main themes, the following subthemes emerged: shortage of staff and specialists, lack of funding, long waiting periods, old facilities, insufficient beds, equipment, lack of definitive training for the NHI, fewer specialists being trained, record management system, monitoring systems, confounding factors, procurement processes and dissatisfaction. The themes and subthemes are illustrated in Table 4.1 below.

Table 4.1:Themes and subthemes on the readiness assessment for the implementation of the National Health Insurance at a hospital in Johannesburg

Theme	**Subtheme**
1.Resources	• Shortage of staff and specialists
	• Lack of funding
	• Outdated equipment
	• Insufficient beds
2.Infrastructure	• Old and inadequate facilities
3.Training	• Lack of definitive training for the NHI
	• Fewer specialists being trained
4.Technology	• Record management system
	• Laboratory equipment
	• Monitoring systems
5.Development	• Ideal hospital framework
	• Expansion stalled
	• Systemic pressure
6.Management	• Confounding factors
	• Procurement processes

	• Dissatisfaction

The next section presents the themes and subthemes on the readiness of the hospital in Johannesburg for the implementation of the NHI.

4.4.1.1 Resources

The focal point of the study was to assess the readiness for the implementation of the NHI scheme at the hospital in Johannesburg. When asked about the readiness of the hospital, most of the participants outlined that lack of resources was a major problem. From this theme, the following subthemes emerged: shortage of staff and specialists, lack of funding, equipment, and insufficient beds.

- Shortage of staff and specialists

Participants detailed the lack of human resources at the hospital. One participant explained that the medical specialists and hospital management personnel were not being paid enough and were moving to the private sector in large numbers. The participant said:

"…the department does not pay very well, hence specialists are moving to greener pastures, which is a problem because we need them to ready our hospital for the impending NHI..."

Another participant agreed with the statement and explained that in their department, there were not enough personnel to meet the required daily target in terms of service provision. The participant said:

"I am the only person working in the dispensary now, yet the queue for medicine collection never dwindles. Not only am I overworked, but I am extremely demoralised."

The statement above shows that there is not enough labour to run the pharmacy department. It also suggests that the pharmacy may not withstand the pressures of serving members of the public from both the public and private sectors once the NHI is in full swing. Implementing the full NHI service would be carried out with a limited number of staff, which is demoralising for the staff who must carry the extra load. Another participant agreed and said:

"We are still using the same staff structure as in 2008, there have been no adjustments to allow for the growing client base, as well as the change in the population structure

of the communities that we serve. We have sent out numerous letters to the Department of Health requesting for more staff to be deployed, and we are yet to receive a positive response."

- Lack of funding

During the discussion, a common theme that emerged was the lack of funding from the DoH. The hospital in Johannesburg relies heavily on funding from government bodies and parastatals. A participant, who is well versed in the hospital's administerial, and managerial processes alluded to the fact that there were many improvement opportunities at the hospital, but the institute was lagging in addressing them because of lack of funding. The participant said:

"The hospital is directly dependent on handouts from the government and is not self-sufficient or sustainable, therefore there is hardly any money to channel towards the improvement of our systems and employ more specialists and healthcare experts."

Another participant was more specific, explaining that the hospital's budget was continuously being cut with each passing year, due to confounding and external factors that will be discussed separately within this text. The participant stated that:

"Our biggest challenge at the hospital is lack of an adequate budget that allows the procurement to purchase basic commodities that are needed within a hospital. We must make do with the little that we have, and that I am afraid, has impeded our progress for getting ready for the NHI."

The above statement negates the fact that only the lack of specialised human resources poses a threat to the readiness of the hospital for the NHI. It introduces the financial aspect of the readiness process, and participants strongly felt that the hospital would fail to ready itself for the NHI without a considerable financial injection from the government, non-governmental organisations, and the private sector. This was discussed in the focus group discussions.

- Outdated equipment

The participants raised a critical issue regarding the equipment that is used in the hospital. They all emphasised that the hospital did not have the equipment to cater for

every condition that patients are bound to bring for medical attention. To make his point, one participant said:

"…. the institution does not have its equipment to carry out several procedures that are vital to providing quality care to patients. During the COVID-19 pandemic, we have had to borrow basic equipment like ventilators, equipment that any health institute will be expected to have."

It is interesting to note that the hospital in Johannesburg is a regional hospital, catering for most of Johannesburg's central townships. The fact that the hospital must borrow equipment that is at the core of health service provision, as detailed by the participant, is alarming, as it signifies that the hospital may also be lacking in terms of basic technology that any health service provider is expected to have.

One response clarified this:

"The available equipment is old and out of touch with modern medicine. There has been a major advance in medicine around the globe, but we are still using ancient equipment, and sometimes the calibration of the equipment is no longer possible."

This shows that the participants are convinced that the equipment they use is no longer favourable currently and may cause more harm than good, especially regarding the calibration matter. This reveals what the participants think about their institution in terms of readiness for the NHI scheme. The participants are not convinced that the institution is ready for the NHI due to the state of its facilities.

Delving deeper into the participants' responses, the researcher ascertained that they were concerned that when the NHI came into full swing, the current medical equipment would not be sufficient to cater for the added number of people who would seek medical care at the institute.

The consequence of the lack of resources as discussed above was the issue of long waiting periods at the hospital for different services. As already alluded to, the dispensary (pharmacy) always has a long queue, and the service times are extremely long. The participants pointed out that the resources needed to make the service delivery waiting periods shorter were under strain. A participant outlined this as follows:

“The hospital is unable to meet the demands of the area that it serves because of inadequate resources. For instance, an ambulance may be called out to collect a patient who is severely injured or terminally ill. The vehicle will only be dispatched some four or five hours later, because there is a high demand, and a priority list must be adhered to. Quality healthcare is compromised during this process because at times, when the ambulance reaches the patient, he/she has unfortunately demised.”

This points to just one of the many issues that participants brought up concerning the long waiting periods at the hospital.

One of the participants took the researcher to the patient receiving area, outside the reception and admission centre, to demonstrate the quality of the wheelchairs being used to wheel patients into the reception area. Most of them were tattered and unfit for use, but the patients and their guardians were making use of what was available. After the mini tour, the participant explained:

“The equipment we use here is incredibly old and overused. We are trying to do the best we can, but the situation is dire as you witnessed outside. The hospital needs new equipment, or even used equipment, just if it is of better quality than what we currently have.”

The participants explained that the patients do not take kindly to being ferried in worn-out equipment, and the guardians also frown at this occurrence. This has led to the general attitudes of the patients and the guardians towards the healthcare professionals taking a negative turn. Participants further stated that this affected the way that the patients view the hospital. One participant went on to explain:

“Negative experiences travel everywhere, and a lot of patients have been unfortunate to receive poor service from healthcare professionals, based on the type of equipment used to assist them. This has led to the hospital receiving negative reviews. One wonders how much more publicity the hospital will have to take when a lot more patients are referred to here, once the NHI is in full swing.”

The participant's view is that the hospital has had many bad reviews in the past due to a lack of equipment. Analysing this further, the researcher was able to extrapolate the participant’s sentiment, which had to do with wanting to let the hospital fix and close all the gaps that had to do with equipment, before taking on a major commitment

such as the NHI. A participant felt strongly about how women who are about to deliver children sometimes end up delivering babies on their own in waiting rooms in the hospital.

“Due to the inadequate number of maternity rooms, we have at the hospital, we have had several women giving birth in waiting rooms, due to the lack of midwives to attend to each case.”

The issue of long waiting periods is a leading indicator of the situation at the hospital concerning the readiness of the NHI.

- Insufficient beds

The number of beds in the wards was a recurring theme within the participants' responses. The beds are of mediocre quality and rarely receive service. Considering the number of patients who are admitted daily into the hospital wards, the quantity of beds is not adequate. Some responses pointed out that it was impossible to ensure patient safety when patients were squeezed together in the wards, on the floors, on stretchers, and on beds if they were fortunate to get them. The following statement stood out:

“The issue of inadequate beds is worrying because, unusual circumstances such as patients sleeping on the floor, in the hope of getting better healthcare arises. As health professionals, we cannot turn our patients away because of the lack of hospital beds. The issue becomes complicated: either we choose to turn patients away or compromise their health by letting them use the floor.”

One participant echoed the same sentiments and explained that the bed situation was a complex one that needed urgent attention from the DoH. This shows the extent of the issue with beds, and the urgency of the need for the hospital to expand if it is to reach an optimum readiness level for the NHI. The participant said:

“The hospital desperately needs beds for all the extra patients that are being attended to.”

4.4.1.2 Infrastructure

The hospital in Johannesburg was built before South Africa attained its freedom. While it was originally an impressive institute, it has not kept up with the modern

developments that other world-class institutions have undergone. Poor and dilapidated infrastructure was a strong sentiment that was echoed by most of the participants while tackling the readiness of the hospital for the implementation of the NHI. The following themes emerged: old and inadequate facilities.

- Old and inadequate facilities

The facilities at the hospital are old and no longer satisfy the needs of the patients who are being served. This was brought up in the group discussion when the participants were dissecting the facilities management process, explaining that even though there is a dedicated portfolio in this regard, it receives minimal assistance from the authorities. The hospital's facilities, from waiting rooms, wards, specialists' rooms, theatres to surgery rooms require urgent upgrades to better suit the needs of the present clients. A participant said:

"The plumbing at the hospital is old and needs to be updated. How can we transition to a universal healthcare system, when we do not have basics, like a modernised plumbing system?"

Another participant went on to describe the current state of the facilities at the hospital as follows:

"There is not enough space for the number of people that get admitted to the wards. Some people must sleep on the floor, on stretchers, and outside, all because of space constraints. Surely this shows that the NHI is a commitment that the institute is not ready for, not by a long shot."

The above shows that the participants were all convinced that, for the hospital to become NHI-ready, the issue with space needed to be addressed. Most of the participants addressed the issue of facilities with passion, pointing to a problem that has been repeatedly raised but not addressed. The participants were anxious that the space issue would recur when the NHI is fully rolled out, as more patients would be served at the institution.

4.4.1.3 Training

The participants reported that there were training gaps in the hospital on matters relating to the NHI, on specific training needed for hospital staff, and on training medical specialist staff to offer the best healthcare to the patients. Participants had an

array of views regarding the training of relevant parties at public health institutions for the rollout of the NHI. The following subthemes emerged: lack of definitive training for the NHI, lack of involvement in training and fewer specialists being trained.

- Lack of definitive training for the NHI

The participants seemed to agree that there was no definitive training regarding the NHI that the hospital had received. They explained that though the staff was aware of the external drive from the DoH for preparing institutions for the NHI rollout, they had not yet received definitive training in their different sections for the actionable items they need to close out to prepare the hospital for the universal healthcare scheme. A participant detailed this as follows:

“My department is aware that we need to prepare for the NHI, but honestly, we have not received a directive from the hospital management, or the Department of Health as to how to go about preparing for the scheme. Yes, we know about the ideal hospital framework, but not in detail. A certain department in the hospital is running with the programme, and we do not have a direct involvement as would be expected, since the NHI is to be implemented hospital wide.”

The statement above suggests that the participants feel uninvolved in the hospital's efforts to get ready for the implementation of the insurance scheme. They suggested that the departments work in silos, and therefore there may be a breakdown of communication which would be effective in ensuring that preparations for the scheme are done uniformly throughout the hospital campus. The participants also mentioned the issue of feeling excluded in vital programmes that have an overall effect on the running of the hospital. A participant added to this sentiment and said:

“The……department is responsible for administering the ideal hospital framework, which in turn paves way for the NHI. We are not directly involved.”

The researcher took note of the participant's body language when the individual said the above statement, which suggested that the participant did not like the arrangement whereby an unnamed department was solely responsible for the ideal hospital framework. The researcher did some probing and learned that the ideal hospital framework was a manual that was developed by the DoH. It provides the requirements of how a modern and quality healthcare provider should operate. The participant went

on to explain that, if a hospital satisfied all the requirements of the framework, then it would become ready for the NHI.

In this regard, a participant also raised the notion that most of the departments were not trained on the ideal hospital framework, which was key in reaching a point where the hospital becomes NHI-ready. The participants suggested that for the whole organisation to become ready, every department needed to be fully trained and equipped with the necessary tools to create the change needed to drive towards the NHI. One participant was particularly passionate about this notion, and reported as follows:

"I know that some people within the hospital have attended training for the ideal hospital framework and the NHI, but what is the use of training some people and leaving some people behind? Surely it is better to choose delegates in each department so that they can run with the action plans in their departments?"

In all the responses given by the participants, the researcher noted that the participants had grievances regarding the lack of training for some departments, even though all departments are required to conform to the ideal hospital framework.

- Fewer specialists being trained

Another area of concern raised by participants was the declining number of student practitioners at the hospital. A participant stated:

"There has been a reduction in the number of student doctors and interns at the hospital over the past five years. Though this could be due to a lot of varied factors, it is alarming as the hospital is working towards getting NHI-ready."

The participants highlighted that the hospital needed to find ways to train more specialists at the hospital because, as mentioned earlier, the professionals were leaving the public health sector for greener pastures at a faster rate than new hires. This reflects that the participants understand the organisational gaps, especially specialised staff shortages, which may hamper the progress being made to prepare for the NHI. One participant was particularly worried and asked:

"How can we, as an institution, set targets that need a specialised workforce, yet we are not doing anything to fast-track the replacement of the human resources lost?"

This marks the level of frustration felt by this participant over the issue of brain drain at the hospital, despite the looming NHI. Following the participant's thought process, the researcher noted the stretch between the goal of the hospital of wanting to realise NHI status, and the lack of necessary skills and workforce to run the scheme.

4.4.1.4 Technology

Technology was a recurring theme during the semi-structured interviews and the discussions. The participants strongly felt that the hospital was lacking in terms of advancements that are necessary for healthcare to provide the highest quality of healthcare. The participants were concerned about the record management system, equipment, and monitoring systems at the hospital, which are the subthemes that emerged under this theme.

- Record management system

The hospital still uses a paper-based record management system, as mentioned by several participants. This causes numerous hiccups from admissions up to the discharge stage of the patient, and records need to be maintained and used at all stages of the process. Records sometimes become soiled, torn, lost, and misplaced during the process. Most of the patients indicated that the paper-based record system was a factor that could potentially delay the readiness of the hospital for the NHI. The NHI is a universal healthcare scheme, needing public and private healthcare providers to be linked so that patients can be easily referred to different specialists within the same network. Participants mentioned that sometimes there were mix-ups in the admission process due to the paper-based records. One participant went on to say:

"Sometimes patients wait for extended periods, to access healthcare, because of menial issues like lack of stationery for the admission process. If not that, there is sometimes miscommunication between the healthcare professionals based on what is documented on the paper records, which results in errors that could have been avoidable had the system been electronic."

Participants reiterated the need for an electronic record management system throughout the hospital, with one stating:

"Imagine if laboratory results for cancer were mixed up, and swapped between patients, all because the records are paper based. I am not saying this has happened

before, but I am just highlighting the possibility of such magnitude occurring at a hospital that is classified as a regional one. The paper-based system has worked for a while, but it is no longer effective at this stage. Times have since changed."

While the participant's example seemed drastic, it gave the researcher a glimpse into the errors that can be associated with the use of a paper-based record management system on a large scale. If the NHI were to be rolled out, while the paper-based system was still in place, its effectiveness might be compromised.

One participant did however indicate that the DoH has been slowly raising awareness on electronic management systems at hospitals and had implemented one for the pharmacy/dispensary department, which was linked to the health professionals in the hospital. The participant said:

"It is important to note that while the rest of the hospital is using the paper-based system, we are now using the electronic system for the pharmacy. The system is working well, though we do need a bit of more training on its use."

The researcher noted that the participants were bothered about the paper-based record management system, but some were happy that the electronic management system had taken root in one department. This signals that although the change is slow in terms of record management, it is gradually being affected.

- Laboratory equipment

During a discussion, a participant was particularly concerned about the equipment in the laboratory, saying that it needed to be either refurbished or replaced, depending on the state. The participant said:

"The laboratory is a cause for concern. Some of its equipment no longer works, and some have gone redundant. To update the laboratory requires a massive cash injection, and this is something that the Department of Health does not have now. Remember, the laboratory is an essential part of the hospital, as we do most of our tests there for proper diagnosis. Referring patients to another service provider for tests is a time-consuming activity, which is a luxury that most patients do not have. If we are to provide services under the NHI scheme, then the laboratory would need to be attended to."

It is interesting to note that this participant elected to choose an area that is lacking to explain their view of the hospital's state of readiness for the implementation of the NHI. The researcher was almost convinced, just from the statement above, that the institute was not ready for such an undertaking as the NHI.

- Monitoring systems

Participants pointed out that monitoring systems have not been as effective as they are meant to be. The hospital has been operating in a crisis mode due to a lack of resources as well as other confounding factors such as the coronavirus pandemic that the hospital was going through at the time of the research. Participants acknowledged that they have been concentrating less on the systems than on controlling the crisis that the hospital was in. One participant confirmed:

"Staff cannot cope with the influx. People are exhausted and burnt out. Our youth, on the other hand, do not want to become doctors or nurses because they see that nurses and doctors are not coping. They don't enjoy the work."

The statement by the participant is reflective of the hospital staff's level of morale. It shows that the psychological challenges that the staff is faced with have contributed to the failure of the system that most participants were referring to in their responses to the question regarding the readiness of the hospital for the NHI. Monitoring systems were not a high priority, as the hospital was fighting to attain some sense of normalcy during the crisis mode period.

A participant added the below statement:

"Though the staff would want to monitor systems and bring continuous improvement suggestions forward, there is a lot that has not changed here since 2008. So, monitoring becomes something we do for the sake of doing it, and not to bring about change."

The statement above is problematic, as the participant has lost hope in the system and believes that some processes are in place for the sake of it. The participant insinuates that the processes are not effective in improving the conditions at the institution. An interesting opinion from a participant was centred on their department's monitoring of compliance of other departments to the hospital standards documentation. The staff member explained as follows:

"We go into different departments every six months to check and investigate the levels of compliance. Each department has its own set of requirements that they need to abide by. Once we have completed the assessments, we compile reports and operational managers need to produce improvement plans to close out the matters that are raised. It is exceedingly difficult to get the front-line leaders to close out the issues, and they normally recur."

The participant's view explained the reluctance of the staff to carry out monitoring activities, as they feel that their efforts are not taken seriously, since there is no real drive to close out the issues that are raised during monitoring. Thus, monitoring is as important as the closing out of the issues raised. The NHI needs monitoring processes for it to be effective. The fact that the hospital has a grey area on the matter may be of interest regarding the institute's readiness for the NHI. Nevertheless, another participant added that most of the findings from the monitoring activities needed financial aid to be closed out. The participant said:

"It's difficult to rectify issues raised during audits, because the budgets are very confined."

4.4.1.5 Development

The question of development was raised by most participants, and the theme recurred during the data collection. The participants dissected the idea that there had been minuscule development at the hospital for the last 15 years. A participant who had been with the institute for over 20 years detailed the trend of happenings at the hospital. The participant said:

"The hospital hasn't grown at all in the last two decades that I have been here."

- Ideal hospital framework

A participant said that the National Department of Health established a notion referred to as the ideal clinic, which constituted a set of ideas that applied for healthcare providers. It detailed the basics of what a world-class healthcare provider is constituted of. The participant described the framework in detail and explained how the hospital was using its guidance to change the conditions at the hospital. The participant said:

"The ideal hospital framework is a very extensive assessment that looks at every facet of the running of an institution. If I were to share the book with you, which I hope I can,

after this interview, you will find that it is detailed. The self-assessments themselves can take up to a whole week to assess the entire institution. So, in terms of, do we have that guidance? Yes. So, when we try and attain ideal hospital status, it must speak to that NHI readiness."

From the above, the researcher learned that the participants find the ideal hospital framework to be extensive. The participant insinuated that it was difficult to follow the requirements of the framework described above, let alone achieve its goal. The aim of the ideal hospital framework is to prepare the hospitals for the implementation of the NHI scheme. The participant reported how the actual assessments for the ideal hospital status were to be done yearly, but this had not been done since 2019 due to the COVID-19 pandemic. Another participant agreed and said:

"Our department is expected to run with the ideal hospital framework and implement it throughout the hospital, but there isn't enough of us to run with the project. Other departments are not involved in this project."

The researcher connected the issue of lack of human resources to the issue of resources, in general, mentioned as the most recurring theme in the data collection process. Lack of commitment also stood out, as one participant reported:

"The……. department is responsible for the ideal hospital framework and its implementation. We are not directly involved."

The above statement indicated the relationship between the department managing the ideal hospital framework and other departments. The rest of the departments expressed dissatisfaction with the structure and stated that they are preoccupied with their own portfolios, which have clear and defined boundaries.

- Expansion stalled

Most of the participants referred to the lack of growth of the hospital, despite the changes in the patients' population base and economic status. A participant who has been with the institute for more than two decades mentioned how no significant changes have been made to the hospital infrastructure, equipment, or human resources structure during the time that the participant has been working there. The participant elucidated:

“Twenty years is a long time to be with an institute without seeing anything change. The administration block, wards and equipment have barely changed from when I first joined.”

Another participant added:

“Nothing ever changes here, and this is very demotivating.”

The first participant was specific about what was being referred to regarding there being little difference between the time the participant joined the institute and now. However, the other participant was very vague in their response, giving the impression that more than only infrastructure and equipment was being referred to.

A participant also said:

“Both the Departments of Health and Infrastructure have been promising to facilitate the expansion of the hospital for quite a while now. There have been minimal efforts towards this drive.”

- Systemic pressure

Three participants explained that most of the factors hindering the progress of the hospital’s readiness for the NHI were systemic. Systemic issues relating to the running of the hospital are being referred to in this section. The participants alluded to the external factors that affected the hospital and its developmental goals. One participant explained:

“If some of the neighbouring hospitals suffer property damage, say, a fire or theft, the patients are inadvertently referred to our institution. A certain hospital recently burnt, and the patients were referred to our institution, creating a pressure that is systemic. This pressure spreads throughout the hospital processes, creating a domino effect, a current through the institute. These pressures are affecting the hospital's readiness for the NHI scheme.”

The participant recognises the general factors that are affecting the hospital, some of which are in a perpetuated cycle. The participants were able to reference how problems at other neighbouring institutes have a tumultuous effect on the running of the hospital in Johannesburg. The researcher found it noteworthy that the participants were aware that even if their institute were to become ready for the NHI, it would still

be affected by the challenges that other similar healthcare institutes were facing. More so, the participants suggested that the hospital's readiness for the NHI was dependant on the other institutes and how they were faring, as they are all governed by a central office, which is the National Department of Health. One participant said:

"The public hospitals within the same vicinity are mostly affected by the same internal and external factors. As much as we are trying to get ready for the NHI, some issues affect regional hospitals, that make it difficult to navigate the NHI requirements for readiness."

The participants' opinions reflected the idea that the challenges being faced by the hospitals were not only localised. They suggested that hospitals nationwide were facing the same issues, such that the solution would need to be purely systemic, strategic, and centralised. The participants suggested that it was imperative to tackle the systemic challenges, such that the solutions would filter down to localities.

4.4.1.6 Management

The participants pointed out that the way the hospital was managed had an overall effect on its readiness for the NHI.

- Confounding factors

Confounding factors, such as the Coronavirus pandemic, have stalled the preparations for the readiness for the NHI scheme. One participant said:

"The past year and a half have been particularly taxing, as the Coronavirus has resulted in excessive numbers of patients than normal. The staff is tired, exhausted, overwhelmed, and hopeless. There is not enough staff and resources to help us cope with the virus. If we could just get an increase in the staff complement, things would become so much better. We are so overwhelmed that preparing for the NHI is at the bottom of the priority list currently."

All 8 participants referred to the COVID-19 pandemic, which came into effect in 2020 in South Africa. The crisis has resulted in most health institutions having to focus all their resources on curbing the pandemic, and the hospital in Johannesburg has not been spared from the same fate. Procurement processes and dissatisfaction are the subthemes that were discussed as management issues that needed to be dealt with.

- Procurement processes

The procurement process for consumables, medicine and equipment is long and tedious, as explained by a participant:

“The process that the supply chain must follow when procuring services and equipment for the hospital is long and must conform to policies that I frankly think are not necessary. To make matters worse, this makes the full process tedious, and sometimes the product is of inferior quality.”

The participant highlighted that empowerment policies are in place to ensure that previously disadvantaged groups are also included in the government’s databases as vendors. The participant further suggested that the procurement processes and policies would need to go through a transformation process for their institute to become feasible.

One participant added to this and said:

“Some of these companies come with inflated prices, but we must use their services because of certain policies. Sometimes they do not deliver as intended. The NHI is already going to be an expensive exercise, and we do not need inflated prices to the growing list of concerns.”

- Dissatisfaction

Participants explained that they are not motivated to be fully involved in the NHI preparation process as they are already struggling with their workloads and are unhappy with that. One participant said:

“I am unhappy with having extra work, as I already have my hands full with what is happening in my department. There is always something happening at each point, I am not sure that adding extra work is a particularly clever idea now.”

The participant above was referring to the recurring resources issue, but in this case, with an element of how it was affecting the morale of the workers on the ground. This is a recurring grievance that has been raised consecutively without being addressed. Another participant said:

“Work is constantly piled on us, without any major difference in remuneration. If the NHI is to be successful at this institute, then we need help to fill in the gap of warm bodies. At the pace we are moving, this may not be possible.”

As per the above, the participants expressed their concerns on the issue of excessive workloads and the effect it has on their attitudes towards the NHI. They stated that their mindsets were not yet conditioned to administer the insurance scheme. The participants also indicated that they felt they needed their efforts to be remunerated better, as this would encourage them.

4.5 SUMMARY

This chapter described the data analysis, discussion, and synthesis of the results findings, and presented the summary of the study findings. Chapter 5 will provide an interpretation of the findings. The recommendations, contributions and limitations of this study will also be described.

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The preceding chapter focused on the description of the study findings and their presentations. The distinguished themes, identified by the researcher were outlined thoroughly, as per the data analysis process. This chapter seeks to conclude the study by giving recommendations, outlining the study limitations, and finally summarising the research.

5.2 RESEARCH DESIGN AND METHODS

The research was carried out to assess the readiness for the implementation of the NHI scheme at a hospital in Johannesburg. The hospital is a regional hospital in the east of Johannesburg, providing service to areas around Alexandra Township, Edenvale, Kempton Park and Bedfordview, to mention just a few.

The objectives were:

- To describe the current state of implementation of the National Health Insurance scheme at a hospital in Johannesburg, South Africa.
- To explore and describe factors influencing the implementation of the National Health Insurance scheme at a hospital in Johannesburg, South Africa.
- To propose recommendations to improve the implementation of the National Health Insurance scheme at a hospital in Johannesburg, South Africa.

A qualitative exploratory research design was used to address the study goals and to aid the researcher to obtain an appreciation of the state of readiness of the hospital in Johannesburg. The researcher conducted two focus group discussion with eight employees at the hospital, split into two groups, as well as one-on-one semi-structured interviews with the same team. Purposive sampling was used to select the study participants, based on their knowledge of the NHI implementation process at the hospital in Johannesburg. Eight participants took part in the research in both the group discussion and the semi-structured interviews. The inclusion criteria specified that employees of managerial ability, with a level of involvement in the NHI, would be part of the study. Managers who were not involved in the implementation of the NHI and

who had been on leave for more than three months at the time of the study were excluded.

A set of questions were asked in the semi-structured interviews to assess the readiness of the hospital for the NHI implementation. The interview length had a mean of 50 minutes. A grand question was asked in the focus group discussions, which lasted for two hours. The researcher asked, *"Can you tell me more about the state of readiness of the hospital for the implementation of the NHI at the hospital?"* and used probing questions to acquire further information on the phenomenon. An audio recorder was used to record all the interviews. Transcription was carried out for the interviews, and the researcher familiarised herself with the data. The researcher employed thematic analysis as the medium of assigning codes, and subsequently themes. A data analysis software was used to find themes and develop categories on the data to give it meaning. The researcher re-interviewed two participants, whose responses were very vague, to gather richer information.

5.3 DISCUSSION AND INTERPRETATION OF THE RESEARCH FINDINGS AGAINST LITERATURE

The study sought to assess the readiness of the hospital in Johannesburg for the implementation of the NHI. Six major themes and 16 subthemes emerged following discussions and interviews with the study participants. These are discussed as follows:

5.3.1 Resources

The study revealed that the hospital lacked both material and human resources. All the participants referred to the lack of a budget that could ease the lack of equipment and consumables, as well as the lack of staff that resulted in longer waiting periods. The situation is dire, such that patients must sleep on floors, and there is no equipment to conduct a much-needed diagnosis. This has affected the hospital's preparations for the readiness of the implementation of the NHI. The lack of resources is a recurring problem nationally, as most public hospitals are in the same situation. Maphumulo and Bhengu (2019:2), in their study on the challenges of quality improvement in the healthcare of South Africa post post-apartheid, attest to the lack of resources being a challenge at public hospitals and explained that this leads to a compromise in the quality of healthcare provided by the institute.

More so, the participants referred to a lack of funding from the central office (DoH) which made it difficult to upgrade equipment, purchase consumables and raise the quality of healthcare at the institute. Molokoane, Heunis, Chikobvu, Kigozi and Kruger (2020:7), in their study of public health challenges in the Free State, concur with these findings, as they found that funding from the DoH was inadequate and normally project specific. They also found that the funding was equitable and did not consider the needs of the hospital and supplied money equally throughout the public hospital chain. This could be considered as a reason the hospital in Johannesburg is unable to manage its funds in a manner that satisfies all its needs, such as the NHI readiness project.

5.3.2 Infrastructure

The study findings also pointed to the old facilities at the hospital in Johannesburg. The participants mentioned that the institute had not undergone any notable expansion in the last two decades. Considering the change in the population dynamics of the patients the institute serves, the hospital needs upgraded facilities, if not an addition to the already existing buildings. Manyisa (2016:213), in her study on working conditions in public hospitals in Mpumalanga Province, also detailed this phenomenon, narrating how most hospitals in South Africa were old and dilapidated, creating unsafe and unsanitary conditions for already ailing patients.

The NHI scheme aims to cover all South Africans, including foreign residents with long-duration visas (South Africa 2017:21). This shows that hospitals will receive a higher number of patients when the NHI is implemented. Participants clarified that the hospital did not have the infrastructural ability to accommodate an extra number of patients, as the hospital is already overcrowded. De Ruit, Lahri and Lee (2020:52), in their study on clinical teams' experiences of crowding in public emergency centres in Cape Town, concur with this finding, mentioning that overcrowding is the greatest challenge that public health institutions are currently facing.

5.3.3 Training

The study findings revealed that the staff were not trained on the implementation of the NHI at their institute. One department was specifically trained on the assessment of the ideal hospital framework, which prepared the hospital for the NHI scheme. However, as the scheme is being implemented throughout the entire hospital, every department must be trained on their responsibilities. Two issues were raised, namely:

that there is a lack of training, and that the departments work as silos. Stewart and Wolvaardt (2019:2), in their study of a South African perspective of hospital management and health policy, are in accord with this finding. They describe the lack of integration of different hospital departments. They explain how leaders of different departments at hospitals execute matters in diverse ways without touching base with the other departments, which results in discord in how the hospital runs.

Mofolo, Heunis and Kigozi (2019:6), in their study on the alignment of strategic human resources in South Africa towards the NHI, suggested that the NHI implementation required vigorous training of human resources for it to be a success story. In line with the findings of the study, a gap in training for the participant matter was visible and needed to be closed out.

The participants touched on the lack of specialised staff at the different hospitals. This problem is also indicated by Ndou, Ramathuba and Netshisaulu (2019:4) in their study on the challenges experienced by healthcare professionals working in resource-poor intensive care settings in the Limpopo Province of South Africa. They mentioned the lack of specialist staff at a particular hospital, which is due to the decreasing number of trainee medical students with each passing year.

5.3.4 Development

The study found that the equipment being used at the hospital was outdated and old. Most of the equipment in the departments had not kept up with the developments in medicine. Very few of the hospital wards had modernised equipment. This was in line with the study by Moyimane, Matlala, and Kekana (2017:3) on the experiences of nurses on the critical shortage of medical equipment at a rural district hospital in South Africa. They asserted that that equipment at the hospital was of inferior quality and not maintained.

Laboratory equipment had not been upgraded and/or calibrated for a while at the hospital in Johannesburg. Staff were fearful that the equipment would start resulting in misdiagnosis, leading to legal action from patients. Moyimane, Matlala, and Mukoko (2017:3) describe a similar phenomenon in the study mentioned previously, and state that "Shortage of essential medical equipment compromise patients' life and leads to the poor diagnosis of patients”. In the same vein, the hospital in Johannesburg will not be able to implement the NHI should the lack of equipment continue unabated.

5.3.5 Management

The study found that certain attributes of the management of the hospital had the effect of defeating the hospital's preparations for the NHI implementation. Dissatisfaction over workloads and inadequate remuneration were prevalent in the key issues noted. The phenomenon has created a workforce who are uninspired to conduct their duties, let alone take on a major change that requires the implementation of the NHI. The staff are not willing to make extra efforts without any changes in their remuneration. Khunou, Davhana and Maselesele (2016:3), in their study on the level of job satisfaction amongst nurses in the North-West Province, concur with these findings and elaborate on the effect of dissatisfaction on staff retention in hospitals.

The research unearthed that departments at the hospital were not united. This affected the planning and preparations at the institution. Fragmented efforts in terms of the actions needed to implement the scheme have affected the overall readiness of the institution for the NHI. Coovadia, Jewkes, Barron, Sanders, and McIntyre (2009:831) agree with these findings as their study on the historical roots of current public health challenges in South Africa revealed similar challenges regarding the lack of stewardship in hospital departments as well as cohesion in their departments.

Procurement processes were found to be time-consuming and governed by many redundant policies. The study found that it was difficult to obtain consumables and equipment for use at the hospital for this reason. This has affected the preparations for the implementation of the NHI, as supplies are always delayed, and are sometimes of mediocre quality. Modisakeng, Matlala, Godman and Meyer (2020:4), in their study of shortages of medicine and challenges with the procurement process among public sector hospitals in South Africa, concur with these results as they narrated how procurement systems can have a negative impact on the running of a hospital if they are bogged down by policies. The study conducted by Modisakeng et al (2020) further touched on shortages in the supply chain, which can result in hospitals experiencing a temporary lack of necessary medication.

5.4 RECOMMENDATIONS OF THE STUDY

After synthesising the issues impeding the readiness of the hospital in Johannesburg for the implementation of the NHI, the researcher has some recommendations that could be considered by decision-makers as follows:

- **Resources**

  The DoH should provide funding to health institutions, especially public hospitals, on a need's basis to effectively implement the NHI. There should be motivation for funding from Department of Health and associated funders. Task forces should be implemented to carry out a resource needs assessment for public hospitals. Resource allocation should be based on this, focusing on hospital equipment: funding, procurement, asset monitoring, redundant, new equipment; Management of Human resources/ labour.

- **Infrastructure**

  Policymakers should consider giving the Department of Infrastructure a more definitive role in the NHI implementation. The government treasury must provide a fund that is dedicated to revamping, modifying, and expanding hospitals to prepare them for the NHI scheme.

- **Training**

  A training initiative must be developed and implemented at the grassroots level for all public hospitals. Every department in each hospital should be made aware of their responsibilities towards readying the hospital for the NHI. The government could design more lucrative programmes for trainee medical specialists to ensure that more students enrol in the training.

- **Development**

  The DoH should consider phasing out old and outdated equipment and using the first pooled funds of the NHI to procure modernised and relevant equipment for ensuring quality healthcare.

- **Management**

  Better remuneration practices should be adhered to for people working in public hospitals. Their workloads should be considered, and the staff complement should

be increased. The ideal hospital framework should be implemented using a top-down approach. An on-site specific plan for the ideal hospital framework should be designed. Policymakers must make changes to procurement processes that are long and strenuous, and usually not effective. Turnaround times for the attainment of supplies (consumables, equipment, and services) must be reduced.

5.5 CONTRIBUTIONS OF THE STUDY

The study will reveal the status of readiness of the hospital in Johannesburg for the implementation of the NHI and will create awareness of the gaps that need to be closed to successfully implement the NHI at the institute under research. The recommendations made in this study may encourage decision-makers in designing policies that will inspire positive transformation at the hospital in Johannesburg.

The study will add to the scientific body of research on the readiness status of public hospitals in South Africa and other countries that will implement the NHI within the Southern African context. The study may also serve as a basis for further studies about the state of public hospitals in South Africa, or the NHI in general.

In South Africa, the study will provide a cross-sectional look at the key issues that the health sector will be faced with when implementing the NHI.

5.6 LIMITATIONS OF THE STUDY

- The study sample consisted of only eight participants, which was insignificant compared to other studies of this nature. It is possible that the results could have differed had the sample been larger.
- The study was a qualitative one, and results may have been swayed by personal opinions and experiences.
- Only one hospital was explored in the study, and the findings may not be exhaustive to the public health system.
- Most findings were systemic in nature and could be transferable to other public hospitals in the same domain.

5.7 CONCLUDING REMARKS

The hospital in Johannesburg has made strides to a certain extent to become ready for the implementation of the NHI scheme. The study found that the hospital is heavily reliant on the ideal hospital framework as the gap analysis tool used to ensure that the hospital prepares for the insurance scheme. There are efforts towards preparing the institute for the implementation of the NHI, as previously explained in Chapter 4. However, there was a realisation that the hospital does not have a site-specific plan for readiness in implementing the NHI scheme. The generalisation of the requirements for preparations for the NHI was a confounding factor, as issues such as resource allocation, training, infrastructure, and development were not addressed by the institute.

The study found that the lack of resources, such as hospital equipment, human resources/labour, and funding from the central office (DoH) contributed to the hospital not being ready for the implementation of the NHI. Long waiting periods at an institute are reflective of its inability to offer a quality service, which suggests that the hospital may not cope if the NHI is implemented. Based on the results of the last ideal hospital framework assessment (2019), the hospital's conditions were found unsatisfactory, deeming the hospital not ready for the implementation of the NHI scheme. Furthermore, technology is a driver of most systems in the modern world, and as the hospital is still dependant on a paper-based system, this implies that the hospital is not yet ready for a high-level system such as the NHI, which performs optimally on an electronic and automated information system. The hospital has come a long way in its efforts, however, there are many improvement opportunities to reach a level where the institute can become NHI ready.

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LIST OF ANNEXURES

Annexure A: Ethical Clearance Certificate

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

20 January 2021

NHREC Registration # :
Rec-240816-052
CREC Reference # :
69194610_CREC_CHS_2021

Dear Ntsibeng Valerie Mukwena

Decision:
Ethics Approval from 20 January 2021 to 20 January 2024

Principal Researcher(s): Mukwena NV (email: 69194610@mylife.unisa.ac.za)

Supervisor (s): Dr ZM Manyisa (email: manyizm@unisa.ac.za)

Title: Readiness assessment for the implementation of the National Health Insurance scheme at a hospital in Johannesburg

Degree Purpose: MA research project

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The ***low -Risk application was reviewed*** by College of Human Sciences Research Ethics Committee, on **24 November 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

Annexure B: Permission to Conduct Study in the Province

Reply all | Delete | Junk | Block | ...

RE: Permission to conduct research

Ikalafeng, Bridget (gphealth) <Bridget.Ikalafeng@gauteng.gov.za>
Mon 31/05/2021 12:5?
To: Nemadzhilili, Rose (gphealth) <Rose.Nemadzhilili@gauteng.gov.za>
Cc: NTSIBENG VALERIE MUKWENA

SOP research application...
328 KB

Dear Ms Nemadzhilili

I trust that you are in good health.

Please note that we agreed in the last Research Committees Chairpersons that if research pertains to one district / hospital the CD / CEO will grant permission.
If research pertains to multiple districts / multiple hospitals, a multi study committee (Provincial Protocol Review Committee) will review and DDG: Hospital Services / Chief Director: District Health Services will grant permission. (See pg 9 of attached SOP that is submitted for approval).

The study of Valerie is pertaining to Ecenvale only, so Edenvale CFO / delegate should grant permission and send to central office to beuploaded on the NHRD. You may copy the researcher to receive the letter directly.

Regards

Dr Ikalafeng

From: NTSIBENG VALERIE MUKWENA <69194610@myllfe.unisa.ac.za>
Sent: Monday, 31 May 2021 12:17
To: Ikalafeng, Bridget (gphealth) <Bridget.Ikalafeng@gauteng.gov.za>
Cc: Nemadzhilili, Rose (gphealth) <Rose.Nemadzhilili@gauteng.gov.za>
Subject: Fwd: Permission to conduct research

Good day ma'am

Please see the below email showing that provincial approval is needed before the research can proceed.

Your assistance will be greatly appreciated.

Kind Regards

Ntsibeng Valerie Mukwena

From: Nemadzhilili, Rose (gphealth) <Rose.Nemadzhilili@gauteng.gov.za>
Sent: Sunday, February 28, 2021 9:37:20 AM

Annexure C: Permission to Conduct Study at the Hospital

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Gauteng Department of Health
Edenvale Regional Hospital
Enquiries: A.R Nemadzhilili
Telephones: 0113216193
© 082 4251180
E-mail: Rose.Nemadzhilili@gauteng.gov.za

To : **Ms. Ntsibeng Valerie Mukwena**
From : **A.R Nemadzhilili: Human Resource Development Area manager: Edenvale Regional Hospital**
Date : **2021 June 01**
Subject : **Permission to conducting a research study:**
Readiness assessment for the implementation of the National Health Insurance scheme at a hospital in Johannesburg

This communication serves to acknowledge the receipt of your request to conduct a research study as stated above, as well as to grant you the permission to conduct that research study at Edenvale Regional Hospital. Before conducting a research, arrangements need to be made with the specific departments, such as the Quality Assurance: Clinical Manager – Dr. NSM Khumalo and/or Manager- Ms. M.L Rameetsi contact numbers: 011 321 6084.

The permission is granted in line with the following code of ethics /research.

- Pending official approval and letter of permission from relevant committees and NHRD reference number
- All the information obtained must be used for the purpose of the research
- The information will be utilized discreetly and confidentiality will be maintained always.
- You need to arrange the appointments with the specific and relevant departments or units where you will require the specific information prior conducting the research
- There should be no financial implication to the hospital.
- There should be no interruption of daily provision of services.
- The collection of data will be the responsibility of the researcher.

Your understanding and co-operation in this regard is highly appreciated.

.....
Ms. A. R Nemadzhilili: Human Resource Coordinator Area manager
Date 04/06/2021

Recommended/~~not recommended~~

.....
Dr. Z. G Zitha: Chief Executive Officer: Edenvale Regional Hospital
Date 04/06/2021

Approved /~~not approved~~

Annexure D: Request to Conduct Study at the Hospital

ACCESS LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH

University of South Africa

Preller St,

Muckleneuk

Pretoria, 0002

The CEO

Edenvale Hospital

Modderfontein Rd

Rembrandt Park

Edenvale, 1610

Date: 11 September 2020

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a registered student Master Student in the department of Health Studies at the University of South Africa. My supervisor is Doctor Zodwa Manyisa. The topic of my research is "An evaluation of the implementation challenges of the National Health Insurance scheme at a hospital in Johannesburg".

The objectives of my study are:

1. Describe the current state of implementing the National Health Insurance Scheme at Edenvale Hospital.
2. Propose recommendations to improve the implementation process of the National Health Insurance scheme at Edenvale Hospital.

I am hereby seeking your consent to carry out focus group discussions and semi structured interviews with a select staff at your organisation. To assist you with this decision, I have attached to this letter a copy of the ethical clearance approval letter from the Ethics Research Committee.

Should you require any further information, please don not hesitate to contact me or my supervisor. Our contact details are as follows:

Researcher : Ntsibeng Mukwena 0810988629 (69194610@mylfieunisa.ac.za)

Supervisor: Zodwa Manyisa 012-4292008 (zmmanyisa@unisa.ac.za)

Upon the completion of this study, I will provide you with a bound copy of my dissertation.

Your permission to conduct this study will be greatly appreciated.

Yours faithfully

Ntsibeng Mukwena

Annexure E: Interview Guide

Topic Guide for Focus Group Interviews

***NHI= National Health Insurance**

Would you share some information regarding the readiness of your hospital for the implementation of the National Health Insurance Scheme?

1) What is the status regarding the implementation of the National Health Insurance Scheme?
2) What are the challenges and successes faced in your hospital regarding the implementing the National Health Insurance Scheme?
3) What recommendations could be proposed to address the identified challenges regarding the implementation of the National Health Insurance Scheme?

Topic Guide for Semi Structured Interviews

1) Are you involved in the implementation of the National Health Insurance scheme in your department? To what extent?
2) What challenges do you face every day, in your department, with specific interest in the implementation of the National Health Insurance scheme?
3) How has the Novel Corona virus affected the implementation of NHI implementation in the hospital?
4) Do you think that there are enough resources personnel at the hospital to aid the smooth implementation of the NHI? What more can be done to curb the situation?
5) Is the information management system in a position to migrate to a level of universal healthcare? Is the information management system in a position to migrate to a level of universal healthcare?

Annexure F: Participant Information Sheet

Study: An evaluation of the implementation challenges of the National Health Insurance scheme at a hospital in Johannesburg

Hello, my name is Ntsibeng Mukwena, a student at the University of South Africa. I am inviting you to take part in a study that seeks to evaluate the implementation challenges of the National Health Insurance Scheme in the hospital of your employment. The research is part of my Masters' degree in Public Health at the University of South Africa.

Here is some more information about the research and what it will mean if you agree to take part in the research.

Why is this research being done?

To learn about:

- The current state of implementing the National Health Insurance Scheme at Edenvale Hospital.
- Recommendations that could be proposed to improve the implementation process of the National Health Insurance scheme at Edenvale Hospital.

What research methods will be used?

1. Focus group discussions

This will be a group discussion with select employees from Edenvale hospital. The meeting will be at a time and place that is good for everyone. We will discuss how far the hospital has come in implementing the National Health Insurance scheme, and also discuss the challenges that the hospital as a whole, and the group discussion participants as a team are facing to keep up with the implementation process. I will request could audio-record this discussion for accurate records for the research, with which the group can agree or disagree.

2. Interviews

This will be a one on one discussion, to talk in more detail about your experience of and the challenges you face in the implementation of the National Health Insurance

Scheme. I would like to ask if I could audio-record the interview for accurate records for the research, with which you can agree or disagree.

How much time will it take?

Group interview: 2-3 hours (refreshments will be served)

Interviews: about 1 hour

What are the benefits of participation?

There are no direct benefits to you. But this study will help us to learn about and understand the challenges that the hospital is facing in implementing the NHI.

What are the risks of participating?

There should be no risks for you in participating in the research. However, if you find any of the topic upsetting, you can let me know, or you can contact my supervisor.

What will happen to the information collected?

Your name will not be used and the information you give to me will be carefully stored, not to be shared with anyone outside of the research team. I will write a summary report for my project and publish a paper about my findings in the future.

If you have any questions about the research, you can contact me on:

Cell: 0810988629

Email: 69194610@mylife.unisa.ac.za

Annexure G: Letter of Consent

Letter of consent for the focus group discussions and semi structured interviews for select staff at **** Hospital.**

You are invited to participate in this study which aims to evaluate the implementation challenges of the National Health Insurance scheme at ****** hospital in Johannesburg. You have been invited to participate in this study because as an employee at ****** hospital your experiences regarding the NHI scheme would be beneficial to understanding the issues and challenges to its implementation.

You are required to provide consent prior participation and are also allowed to withdraw form this study at any time after the information has been collected, preferably through writing. You will receive partial anonymity through this research process meaning that the researcher will be aware of your identity for practical purposes of conducting the interview but your details will not be recorded in the transcribing of the interview as well as in the data analysis and results section of the study. Your transcripts and data will be recorded as Hospital Employee X, Y, and Z.

Thank you for taking the time to express interest in this study. The information received through this process will be used to add to knowledge for the benefit of the institution as well as the health system at large.

I.....provide permission for the researcher to use the information given to me through this questionnaire for purposes of evaluating the implementation challenges of the National Health Insurance Scheme.

Agree to be included in this study I do not agree to participate in this study

Date: ..... Signed: _____

Annexure H: Sample Interview Transcript

Ntsibeng Mukwena (00:01):

Okay. Ma'am as I said, my name is [inaudible]. I am from UNISA, conducting a study with regards to the readiness of this hospital in implementing the national health insurance scheme. So, my first question for you is maybe if you could just share some information surrounding the implementation of the NHI at the hospital.

Dr NSM K (00:36):

So, when we speak about NHI implementation, what I would say is that what institutions in the public sector are doing there is something called the ideal hospital realization framework. So, this is a framework that's been created for public institutions to try and channel them towards NHI implementation, because remember the route to NHI implementation, it's not going to be a case where you know, today it's a public sector versus private sector. And then suddenly, tomorrow we are completely merged. It's going to be a journey where we then try and sort of equalize ourselves in terms of resources, where you're trying to merge two very different systems together. So, it's not an overnight or even a one-year thing. So, what public institutions are doing or involved with is that there is something called the ideal hospital framework that each hospital tries to realize.

Dr NSM K (01:48):

And really, so it's an annual thing happens about twice a year where there's two assessments a year hospital will assess itself based on the different systems within the institution, whether it's framework, whether it's infrastructure, whether it's the systems within the hospital, whether it's the standard operating protocols for each department, et cetera, et cetera, that in, in, in, in its entirety is called the ideal hospital framework and the assessments are done twice a year. Now, the reason for the ideal hospital assessment is that it's channeling institutions, public institutions, specifically towards NHR utilization. So, what are we as a hospital doing is exactly that because we know who to, once we attain ideal hospital standard or status it tells us that we are safe institution that is offering quality health care as is required by NHI?

Ntsibeng Mukwena (03:04):

Okay. And the requirements of the NH ISO, do you have a framework that you follow for example, the infrastructure should be like this for each public hospital, or the human resources are supposed to be this complement. How are you handling that?

Dr NSM K (03:30):

So that is, that's why I was alluding to the ideal hospital. So, I'm going to share it with you because it's a very, it's a very extensive assessment that looks at every facet of the running of an institution. If I were to share the book with you, which I hope I can, after this interview, it's a textbook that says infrastructure. These are the things in terms of infrastructure. These are the markings that should be paid for a safe hospital. You know, these are this is the type of equipment that needs to be there. These are the processes or systems that need to be placed where they be checking resuscitation trollies every morning, whether it be making sure that a certain equipment is not placed there, but it's placed there. It's very detailed. So that's why you find that the assessments in themselves can take up to a whole week to assess the entire institution. So, in terms of, do we have that guidance? Yes. So, when we try and attain ideal hospital status, it is trying to speak to that NHI readiness. So, I will share

the book with you because I can't go into the exact detail of as per NHI. These are the requirements for this K-12 staff, these other requirements for this unit. These are the requirements for this system.

Ntsibeng Mukwena (05:01):

I think that makes a lot of sense. Now my question becomes you've been doing these assessments since 2015 isn't yeah. Okay. So, what were the findings? What, what had you found so far that you feel needs to be addressed to make the hospital ready?

Dr NSM K (05:17):

So, unfortunately, I can't really give you the best insight into that. I do oversee the quality assurance portfolio as, as, as, as, as a senior manager and institution, but I unfortunately, haven't only been part of this institution since February. Okay. So, I think you will probably get more insight into the nature of the assessments from my colleagues, because our first, the first assessment that I will be part of is the one that is to, that we are to, to, to convince roundabout the end of July early August time. But from what I have heard, what I know is there, unfortunately, we were not able to realize ideal hospital status at the last assessment, which was last year late 20, 20 around November. So, eh, basically what that says is that there were certain vital areas that needed to be corrected before we can be considered to have achieved ideal status. And the thing with ideal status you know, this, these, these separate categories of I do this platinum, this gold, but we were not able to achieve status at all at our last assessment as to what happened before. I don't think I'd be the best person to, to, to, to indulge you in that. So, I think my other colleagues as you get to speak to them will give more insight into the previous year. Okay.

Ntsibeng Mukwena (07:05):

Most of my questions are based on that. I'd like to review the findings of this assessment to see what vital areas we're not that have needs that were not met. You know, I just wanted to understand, especially when it comes to equipment procurement, how, how you get your medicines and, and how you, I guess the cycle of what'd you call it circle of influence, who, who exactly are you serving? Are you serving everyone who needs to be served or you do not have the capacity human resources factor, facilities management?

Dr NSM K (07:57):

I'm just noting down because I think then I, I'm not prepared for this interview because what that would mean remember it's not, as, it's not as straightforward as say, no, we were short of defibrillators. Remember the, the assessment is very elaborate in detail. So, it would literally need us to come with the print or to say these are the gaps in the various areas identified. So, I think perhaps what, what we would need for this interview then is to go back and see what the assessment for each area was in terms of vitals, in terms of essentials et cetera, et cetera.

Ntsibeng Mukwena (08:55):

I also think so. I'm not sure I able to provide me with the printout, maybe that, so I can assess it, or would you like us to have a discussion for you? And I think

Dr NSM K (09:08):

We'd have to have a discussion because it wouldn't be something I'd be able to share with folks. I think probably that I would

Ntsibeng Mukwena (09:25):

The current virus has been a serious challenge so far. How do you think it has affected your institution with, with regards to implementing? You are in the middle of implementing a very interesting system and then suddenly, the coronavirus emerged. How, how has that affected implementation process?

Dr NSM K (09:56):

While I'm taking time to think is that I don't want to be, I don't want it to be very superficial because I think the thing with COVID is that it tests so many different facets of the health system. It's not pure a silo effect where we say, how has it effected Eden hospital? Because remember the health system is interlinked. You need to functional emergency services. For example, you need a functional primary health care network to feed into the institution. So, it's not just to say, how has it affected Eden veal in isolation? It is to also say, we must consider how the effect of COVID on at the facets of the health system and then have an impact on Edenvale. So just to expect it starts let's start institution. Obviously the most immediate impact would be the fact that we had to postpone our, I do hospital assistant.

Dr NSM K (11:24):

Cause when you're in a con a pandemic, remember it's all hands-on board. So, all resources, resources in terms of time, in terms of warm bodies slash HR in terms of equipment all that needs to be challenged and that's just the nature of a pending. So same as, as wartime all that needs to be channeled towards fighting, whatever the pandemic may be. So going back to the ideal hospital assessment and how the, that could directly be affected as the assessment remember needs warm bodies. I mean, it is staff members within the institution who are briefed to say, this is the 20-page assessment for this next week, we're going to go to this area. You will go to this area and check this and check if this is present, check, if this is not there.

Dr NSM K (12:28):

So, it would immediately affect the assessment because you cannot read direct those warm bodies, not to go into a week's assessment. When, you know, we are in a pandemic and are basically in a crisis now further to just wound bodies. The other context that I'd like to give you in terms of the third wave is that it's been for us as an institutional or worst search of COVID. Not only because of the science, because the science behind the, the transmissibility and the type of, of, of the type of variants that we're dealing with that made it the worst way. But I think it, additionally, they've been compounding factors in that one of our nearby referral institutions. I was basically involved in a massive fire resulting in it being closed. So obviously that then redirected patients towards the institution that is, we know within closest proximity and outside of redirecting patients to, to, to those within the closest proximity, even those that would refer to that institution, then redirected patients towards, towards our institution.

Dr NSM K (14:01):

So that then was a compounding factor in terms of our readiness to deal with the third wave. So basically, in short two to look at ourselves as an institution, because I know the natural question would be, but what was the preparation behind? So, I think there were quite several curve balls that made

this wave, very difficult to deal with for us as an institution. And additionally, I spoke about the science behind it is that, you know, its increased transmissibility, therefore, a higher number of, of infections, a greater number of patients needing to, okay. Remember once it's in the community staff or community members. So, we were hit very hard in terms of the number of staff infections. So now you have a twinkling staff compliment with a very high number of patients. So, for us, COVID impacted us quite a lot in terms of operations within the hospital.

Dr NSM K (15:13):

So then in terms of commencing our ideal hospital assessment, which for us is our, it's like our vehicle to realize a nature because we know if we're able to achieve ideal hospital status, then we're ready to implement NHI. So, we had to postpone the assessment and then to then add on, I think when I spoke about, I think I touched briefly on how also even with readiness as an institution the thing with COVID is that it will affect all the interrelated aspects, you know, all the things that feed into making us a functional institution. So, with that, it's like I said perhaps just to give a silly example, if maybe there's too many patients that have COVID remember, there's an increased demand on, let's say ambulance services. So, ambulance services now instead of taking two hours to Fitch or to fit a very sick patient would take six hours to fit your patient.

Dr NSM K (16:52):

So obviously patients are waiting longer. Patient must wait longer because by the time they arrive here, maybe they're critically ill. And let's say within an hour, two they've demised. So that's a systemic pressure that has resulted. So, the death will be at Eatonville hospital, but it's a systemic pressure sort of resulted in an unsafe in, in us almost being an unsafe institution. I think I'm not, I'm not getting a nice example, but it's to try and point out that the thing with COVID is that even though you can have a goal to be a hospital that, that, that, that, you know, has ideal hospital status the systems that feed into the hospital also must be sort of functioning at the same level. So once this too much of a pressure on the system it then would affect the institution itself. So, I'll, I'll think of another example, but that's, that's sort of the picture I'm trying to paint in terms of the impact of COVID to say it's not just impacting Eatonville only, but cause it affects the whole system can result in Eden Vail feeling the pressure, even if Eden Vail, where we're sort of trying to, to, to achieve a certain status. Am I making sense very much? I'm going to try and think of a better example.

Ntsibeng Mukwena (18:35):

Would you say that you are inheriting problems, in a sense?

Dr NSM K (18:41):

Yeah, but not, not to say that you know, they aren't institutional problems and that the only thing I'm trying to highlight is that COVID-19 because it, it, it, it is a public health in its origins it's public health. So, it starts at the roots literally at the roots in terms of community behavior. So, remember with it, the upstream, by the time the patient gets to the hospital, there's too many other systems that have been involved or that have been breached in a way. Yeah. I never thought of it like that. Thank you for that. Yeah. So, so I think what I, what I'm trying to say is the impact of COVID is going to be far reaching because it's not just going to be a 10 piece of hospital Eden hospital, you know, not, not attaining status just because the whole system has been so stretched that to recover. And then refocus on attaining status is going to be quite a challenge.

Ntsibeng Mukwena (19:59):

Okay. Outside COVID do you think that the hospital has enough human resources, warm bodies, as you would term it to drive the implementation of the NHI?

Dr NSM K (20:15):

The, the, the short and long of it is no. I think they are issues that are particular to the institution, but I think the issue of, of, of staff shortages has been well-known rated stock shortages in the province have been well narrated. So, at this current moment, do we have enough Asia? Definitely. but that is not an indictment just on Eden hospital. I think it's a global change and global across the province. And dare I say, across the whole country in terms of public service the public sector and, and, and I think the distribution of warm bodies, as opposed to patients, I think it's something that we can see for the country is, is not where it should be. Okay

Ntsibeng Mukwena (21:26):

And then are you well-versed with how the information management system works at the hospital? And do you think that it is in a position of, of standing the migration into the NHI? The questions are broad. I cannot make them any less brought up because if I do that, then I feel my information will be less robust.

Dr NSM K (21:56):

Be because when you're saying information management system, which, which aspect are we speaking about? Perhaps maybe let me say, maybe rephrase or elaborate. Okay.

Ntsibeng Mukwena (22:10):

Maybe this, this, this trend tackles it in segments, how's it. And do you think it's strong enough to withstand the NHI? Cause for example, if now the private sector and the public sector have merged, it means that we're now saving everyone from both tires of the society and not being saved in the same institutions. And we know that in the private sector, it, the information system is advanced booking patients, and I'm sure you know, what I'm referring to. And I guess what I am asking is if the system that we have now at Edenvale hospital will be able to do the same for everyone. I think when you put it like that it makes sense.

Dr NSM K (23:10):

I do think the there's been a clear effort from the department to try and transition the sector, the public sector as a whole from being more paper based to electronic based. And that's why I'm querying what exactly we mean by it. Cause there's so many different components of it, you know? Are we just speaking about record keeping are we speaking about data and the use and application of the data that we get? Are we speaking about the different electronics that can be incorporated? For example, those the automatic can't remember the word, but you know, pharmacies can have the automated press button retrieve medication. So, when I think it it's a, it's a very broad to say, but what I would say I do believe at this current moment, yes, we are very, paper-based just looking at basic patient records.

Dr NSM K (24:32):

However, this, like I said, a clear move towards in more electronic management of data and information so much so that I think in the past two months they have been workshops that have been helped virtually because the department is trying to choose an electronic system of record keeping. So, there's already system other systems in place. For example, in terms of x-rays, there's something we call the tech system where if there's an x-ray done, they can be viewed in another area that's already electronic. So, they have been advances already. But I think the, the, the, the biggest move is going to relate around the record keeping and, and data management. So, it's not where it should be yet, but the initiatives are there to implement it. So, will it be there by 2025? I think.

Ntsibeng Mukwena (25:44):

Okay. My final question ma'am is on a day to day in your department, do you make a conscious effort to implement the NHI on a day-to-day basis? And yeah, if you can maybe just take me through that, is it something that each department has to say, we know this is where we need to be now and on a day to day, this is what we're doing to make sure that by this time we are late.

Dr NSM K (26:36):

And I'll say it's difficult. Because me part of my tutor well at the core of my tutee is, is ensuring quality clinical care. And when I speak of quality clinical care no, it means care that is safe. It's patient care. That is responsive. That is timeless. And my true you know, is, is at its core. That's what I do day to day. For example, if I have a patient safety incidents, I have to go and audit where with the gaps was the delay in, in, in to have the patient getting the necessary care where the administrative factors and where the systemic factors involved that contributed to that, whether it's a death, whether it's actually a safety incident, maybe that resulted in serious oddity where the it's, it's monitoring staff coming on time being available on time. For me, that's, that's the core function. So, it's not something that I will say okay, this week, I just want to make sure that we are safe well this week. I just want to make sure that no, it's not something that I would say. I, because that is, if I were to give you my job description exactly what I stand for.

Ntsibeng Mukwena (28:21):

Exactly what you need to be doing.

Dr NSM K (28:23):

If I choose to give you my job description better, what I do needs to, to, to speak to a hospital, being safe and providing safe, equitable quality patient care. So yeah, I think that's why for me, I would say it's, it's, it's, it's difficult. But, but again, I will go back to the ideal hospital assistant because, but I did hospital assessment. I like it, it summarizes very nicely to say it's almost like a checklist for institutions to say for us to get to that point where we say we are in HIV. This is, you know, what we, that's why I think that the assessments are so critical and so important because the inner chime itself is such a broad concept and elaborate concept that you can get lost as to what exactly does it require. So that's why I really you know, one of, one of the things that's going to be a key focus for me, I don't mix the system just to make sure that we are that we, I achieve ideal hospital status. Cause I know if we achieve ideal hospital status, we are bound to be NHI ready, you know, for persistently achieving that status we're in HIV. So yeah, I think, yeah, that's how I would say it would be difficult to say, I sit specific targets to say, that's my job description to show the institutions running effective efficiently. Whether it's resources with our staff, with equipment you know, to monitor and evaluate that we're still safe to mitigate any risks that would pose a threat to the wellbeing of the patients.

Ntsibeng Mukwena (30:36):

Thank you so much doctor for your time. I appreciate it.

Dr NSM K (30:40):

It. So I, I think what we just need to do we probably need a follow up. Cause when I, I don't think I was adequately prepared. Cause then I think you need; we want an understanding of how executive institution did with each area in the hospital. Okay.

Ntsibeng Mukwena (31:05):

So probably schedule another appointment.

Dr NSM K (31:10):

Yeah, I think we can, we can meet again next week, probably sooner.

Annexure I: Editor's Note

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To Whom It May Concern

This is to confirm that I, David Kaplan, a professional editor and proofreader, have edited Ntsibeng Mukwena's dissertation.

Kind regards

David Kaplan