THE IMPLEMENTATION OF NATIONAL CORE STANDARDS WITH SPECIFIC REFERENCE TO CLINICAL LEADERSHIP: A CASE OF FRERE HOSPITAL

BY

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DECLARATION

I, **Wandisa Rasi** declare that this research project titled: **THE IMPLEMENTATION OF NATIONAL CORE STANDARDS WITH SPECIFIC REFERENCE TO CLINICAL LEADERSHIP: A CASE OF FRERE HOSPITAL,** a dissertation submitted in partial fulfilment of the requirements for the degree in Masters of Public Health, has not been submitted before for any other degree, part of degree or examination at this or any other university. Wherever contributions of others are involved, every effort is made to indicate this clearly, with due reference to the literature, and acknowledgement of collaborative research and discussions.

Signatures **Date**

……. August 2021

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Observed by

…….. ……..

Research Supervisor **Date**

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I wish to express my heartfelt gratitude to the following people:

- GOD ALMIGHTY, who kept me safe, gave me strength, wisdom and made everything possible for me during my studies; to Him be the Glory, the Honour and the Adoration.
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- My Family and Partner for their support and motivation, their constant encouragement throughout my journey.

ABSTRACT

BACKGROUND: Generally, many people in South Africa have difficulty accessing quality health services due to poor public service**.** Over 42 million citizens do not have health insurance and are growing sicker as they age. Health facilities, such as public health centers, are their only recourse. Health authorities in South Africa fail to monitor patient care effectively, as evidenced by their uninspiring record on patient experience. Anecdotes of poor patient experiences are extensive with the health ombudsman. The Office of Health Standards Compliance (OHSC) reports horrifying stories of patients sleeping on hospital floors due to the shortage of beds, patients unable to receive critical surgical treatment due to shortage of doctors, medical supplies and equipment failure or lack thereof. A few union protests have highlighted the poor quality of public healthcare. But it is not uncommon for South Africans to voice their displeasure over poor public healthcare. Health services are individualised and there is no specific interest group or community that is affected by this overall unpleasant experience. Indications of the growing public campaign against the deteriorating healthcare system may be as simple as the increasing number of medical legal claims. This study focuses on the implementation of national core standards with specific reference to clinical leadership. This study focuses on the implementation of national core standards with specific reference to clinical leadership.

RESEARCH AIM: This research seeks to explore the effectiveness of the implementation of NCSs with specific reference to Clinical Leadership in Frere Hospital. It also wants to assess if the Frere hospital upholds the national core standards

METHOD: qualitative research design was used in this study. Semi-structured, individual interviews were conducted.

CONCLUSION: The researcher concluded that it is quite evident that the public health sector is complex and that environmental influence affect the ECDOH Functions within the health system. There is a relationship between clinical leadership and service delivery; now, to improve service delivery within the Frere hospital, strong leadership is needed to drive the change towards implementing the NCS. Ultimately, Frere hospital does not uphold the NCSs, and the staff needs to be educated on what is and how it can improve the hospital's service delivery.

RECOMMENDATIONS: Effective public leadership development, high performing and accountable leadership behavioural measurement at the most senior level at the Frere hospital is very empirical in driving effective delivery of services to patients. Effective Performance management, visible leadership role at all management levels. Performance appraisal system needs to be engineered to focus on performance and results. Recognition and Implementation of clinical leadership.

Establish a culture and implementation of good governance principles in health institutions. Establish an institution based OHSC office that is visible and implement NCS through Batho Pele Principles.

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LIST OF ABBREVIATIONS

Abbreviation	Full text
NCS	NATIONAL CORE STANDARDS
NDOH	NATIONAL DEPARTMENT OF HEALTH
ECDOH	EASTERN CAPE DEPARTMENT OF HEALTH
OHSC	OFFICE OF HEALTH STANDARDS COMPLIANCE
NHI	NATIONAL HEALTH INSURANCE
WHO	WORLD HEALTH ORGANISATION
PHC	PRIMARY HEALTH CARE
NDP	NATIONAL DEVELOPMENT PLAN
NPC	NATIONAL PLANNING COMMISSION
MACH	MINESTERIAL ADVISORY COMMITTEE OF HEALTH
MDG	MILLENIUM DEVELOPMENT GOALS
NSDA	NEGOTIATED SERVICE DELIVERY AGREEMENT

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.0 INTRODUCTION

In the global scenario, hospitals or providers of healthcare have a fiduciary duty to provide patients with health care that meets the highest standards of quality and care (Gusmano, Maschke & Solomon, 2019). Specifically, the Office of Health Standards Compliance (OHSC) was established to ensure that health departments deliver high-quality and safe care in accordance with the constitution (Maphumulo & Bhengu, 2020). In order to do so, a quality assurance mechanism was implemented, which was set forth by the National Health Amendment Act of 2013 (White, Levin & Rispel, 2020). Moreover, Maphumulo & Bhengu (2020) point out that the National Core Standards (NCS) were initiated by the Office of Health Standards Compliance to guide clinical leadership at all levels of the anticipated level of public service that healthcare facilities under their management have to provide. All health care establishments in South Africa are required to comply with the NCS, which has a universal definition that serves as a benchmark of assessment in assessing health care services.

1.1 BACKGROUND OF THE STUDY

Healthcare performance and quality remains a crucial motivator for continued change in the health sector in South Africa (Klingberg, van Sluijs, Jong & Draper, 2021). The report by Hellowell (2019) contends that underfunding and a lack of resources are confounding efforts by many South African health care establishments to provide quality health care services. There is no question that the biggest challenge facing this sector comes from the long history of injustice and discrimination in South Africa, which has left the health care system divided even post-apartheid (Maphumulo & Bhengu, 2019). Although the government has been making great efforts to improve the health system, it continues to face serious challenges (Simen-Kapeu, Lewycka, ibe, Yeakpala, Horace, Ehounou & Wesse, 2021).

Currently, South Africa has an estimated population of 55.5 million people (Maphumulo & Bhengu, 2019), with 84% of the population depending on public healthcare, and only 6% participating in medical aid initiatives (Morudu & Kollamparambil, 2020). The Ten Point Plan developed by the National Department of Health (2010–2013) estimated that the cost of insured people in the private sector to be 20%, set against 80% for uninsured South Africans in the public sector (Belli, Matsebula, Ndhlalambi & Ngarachu, 2018). Consequently, it was further established that 16% of the population was covered by medical aid schemes, while 84% relied on the under-resourced public health system (Morudu & Kollamparambil, 2020). In addition, the Department of Health reported that about 80% of medical specialists in South Africa served the same 16% population in the private sector, a clear indication of the continued fragmentation of the health care sector post-apartheid (Malakoane, Heunis, Chikobvu, Kigozi & Kruger, 2020).

The sector continues to face a key challenge in implementing necessary changes as a result of this challenge, which will continue to pose a major challenge for compliance with the set National Core

Standards. In this regard, Nieuwboer, Minke, Rob van der Sande, Marjolein, Olde Rikkert & Perry (2019) argue that clinical leadership has become more important over the past couple of years. In addition, clinicians have a growing amount of administrative responsibilities, and clinical leaders are acting as a link between management and the patients (Pizzirani, O'Donnell, Skouteris, Crump & Teede, 2019).

According to Hellowell (2019), the most critical challenge to date has been bridging the gap between administrators and management, who are primarily interested in cutting resources and saving money, whereas clinicians are foremost interested in the health of their patients. Therefore, a clinical leader needs to be aware of meeting resistance and conflicts caused by misunderstandings and mistrust if quality care for all patients is to be provided and NCSs compliance standards are to be followed and enforced (Pizzirani et al., 2019). This study examines the implementation of the national core standards with particular reference to clinical leadership at Frere Hospital in East London, Eastern Cape.

1.2 RATIONALE OF THE STUDY

The goal of this study is to explore the implementation of the national core standards with a specific reference to clinical leadership at Frere hospital in East London, Eastern Cape. It is the researchers hope that through this study, a better understanding of the NCS and its functions will be explicated with a specific reference to clinical leadership and how their compliance or non-compliance affects the effectiveness and efficiency of quality service care and services to patients in South Africa. Furthermore, the researcher envisages that this study will assist in informing clinical leaders of their expected duties and roles in the effective implementation of the NCS within the health care sector.

1.3 PROBLEM STATEMENT

The increasing demand for quality standards of service and care within the health care sector continues affect health care establishment in developing countries amidst escalating costs and dilapidated infrastructure (Pizzirani et al., 2019). This is further compounded by service design inefficiencies, including outmoded models of care that fall short in terms of available funding and as such effective clinical leadership has been linked to a wide range of functions that are important in addressing the above challenges (Maphumulo & Bhengu, 2020). It is a requirement of hospital care, including system performance, achievement of health reform objectives, timely care delivery, system integrity and efficiency, and is an integral component of the health care system but this tends to come with its own challenges.

For instance, the demands placed upon leaders has become more complex, and the need for different forms of leadership has increasingly become evident as well as compliance structure that can be

utilised as a benchmark for addressing these complexities towards quality care for patients (Nieuwboer et al., 2019). Moreover, the public health sector continues to be inundated with so many problems that they are hampering healthcare service delivery and even though the National Core Standards tool was implemented as a measure and guide for clinical leaders in terms of expected service quality, there still exist a myriad of challenges in terms of the health sector actually utilizing and relying on this tool to inform their service delivery and performance.

And as such, this study seeks to explore the implementation of the national core standards with a specific reference to clinical leadership at Frere hospital in East London, eastern cape, in an effort to understand how quality service delivery can be improved under the guidance of the NCS tools.

1.3.1 DEFINITION OF KEY TERMS

1.3.1.1 Implementation

Implementation is the action of carrying out, executing, or applying a plan, a method, or understanding, idea, model, specification, standard, or policy to an event or situation. For anything to actually happen, implementation must follow any pre-planning (Rashid, 2018).

1.3.1.2 The National Core Standards

National Core Standards reflect the Department of Health's vision for the country's health services, and focus on the steps that need to be taken to achieve that vision. The standards were first released in 2008 and are based on what the National Department of Health believes needs to be implemented. In South Africa, health standards have been adapted to suit the health care context, reflect international best practices, and are based on existing policy. As described in the NCS document, the NCS reflects what is expected, as well as what is needed, in order to provide decent, safe, quality health care (Maphumulo & Bhengu, 2020).

1.3.1.3 Leadership

In an organizational context, leadership refers to the action of influencing people to accomplish goals. Additionally, leaders are those who establish a direction for their team from the get-go, who gain commitment of their team to that direction, and who then motivate their team to reach the goals established by that direction (Haslam, Reicher & Platow, 2020).

1.3.1.4 Public Leadership

The term public leadership refers to government officials with authority. Public leadership, however, is not limited to organizations or individuals holding formal leadership positions in the government. Formal leaders play a critical role in public leadership since it consists of generating public value both from within and outside of the organization (Haslam, Reicher & Platow, 2020).

1.3.1.5 Health Promotion

Promotion of health involves empowering people to better manage their health and improve it. Aspirations, needs, and the environment must be identified and realized by an individual or group in order to achieve complete physical, mental and social wellbeing. In this sense, health is seen as a resource for everyday life, rather than as the ultimate goal of living (Van den Broucke, 2020).

1.3.1.6 Frere Hospital

Located in East London Eastern Cape, Frere Hospital is a large public hospital. It was founded on the 7th of September 1881 as a tertiary and teaching hospital. It was named after Sir Henry Bartle Frere, Governor of the Cape Colony from 1877 to 1880 (Saunders & Limb, 2020).

1.4 AIM OF THE STUDY

This research seeks to explore the effectiveness of the implementation of NCSs with specific reference to Clinical Leadership in Frere Hospital. It also wants to assess if the Frere hospital upholds the national core standards.

1.5 RESEARCH QUESTIONS

This research seeks to explore the effectiveness of the implementation of NCSs with specific reference to Clinical Leadership in Frere Hospital. It also wants to assess if the Frere hospital upholds the National Core Standards based on the following questions:

1. What is the understanding of the National Core Standards at Frere Hospital by the clinical staff?
2. To explore whether clinician leadership in managerial decision-making is necessary for improved public hospital performance through effective implementation of NCSs in Frere Hospital?
3. To what extent does Frere comply with national core standards?
4. What strategies are needed to effectively implement the National Core Standards at Frere Hospital?

1.6 OBJECTIVES OF THE STUDY

- To explore the understanding of the National Core Standards at Frere Hospital by the clinical staff.
- To explore whether clinician leadership in managerial decision-making is necessary for improved public hospital performance through effective implementation of NCSs in Frere Hospital.
- To determine the compliance of Frere Hospital to National Core Standards.

· To explore the strategies that are needed to effectively implement the National Core Standards at Frere Hospital.

1.7 THEORETICAL FRAMEWORK OF THE STUDY

The theoretical framework in a research study contains the elements that support and hold a theory, the theory that describes why the issue in the research study exists (Osanloo & Grant, 2016). The goal of theory formulation, according to Silverman (2018), is to explain, predict, and understand phenomena and, sometimes, to develop new theories within critical assumptions. The following theoretical framework will be applied to this study:

1.7.1 Health Systems Theory

The systems theory has been widely applied to studies that address healthcare systems and their effectiveness in providing quality care and services to their patients (Katrakazaz, Pastiadis, Bilbas & Koutsouris, 2020). As the field of global health changes rapidly, it is difficult to determine if the recent attention to systems thinking is just another fad, or if it offers more lasting insights for understanding and action. A large and amorphous body of theories, methods, and tools associated with systems thinking has a strong appeal to some, but can be quite confusing to others. I think it is worthwhile to consider why we would use systems thinking in a field that already draws resources from health sciences, social sciences, engineering, mathematics, and other disciplines (Tarpey & Mullarkey, 2019).

The system thinking approach reveals the underlying characteristics and relationships that characterize systems. Regardless of how simple or complicated an intervention is, it impacts the overall system. Every intervention is also affected by the overall system. Using systems thinking can aid diagnostics of organizational issues and help understand change dynamics (Katrakazaz, Pastiadis, Bilbas & Koutsouris, 2020). As a result, this theory allows for the assessment of the implementation of the NCS in health care establishments and helps in providing a solution on how to deal with existing problems in the institution and throughout the health department.

1.8 SIGNIFICANCE OF THE STUDY

Given South Africa's previous history of inequality and discrimination, there is growing concern regarding the ability of health care establishments to provide high-quality health care to all their patients. Even though various guiding tools such as the National Core Standards have attempted to address these challenges, it is still not clear how much compliance and application of these tools actually occurs within these institutions. The results of this study may be of value not only to the clinical leaders who are the immediate beneficiaries of the study but also to the overall academic community at large since they may identify the primary challenges and impeding factors that affect implementation and compliance with the National Core Standards.

The study also aims to contribute to the promotion of quality healthcare at Frere Hospital through the implementation of National Core Standards. In response to the government's desire to improve healthcare quality, this study will provide a good base for a literature review. As a result of this study, Frere staff will be equipped with a better understanding of the National Core Standards for improving quality health care. It will also assist hospital management in implementing Batho Pele and the Patient's Charter.

1.9 SCOPE OF THE STUDY

In this study, a specific focus is given to the implementation of the National Core Standards at Frere hospital in East London, Eastern Cape. It will also cover only the implementation of the National Core Standards at Frere Hospital in East London, Eastern Cape, even though the study references other studies carried out at the global, continental, and national level.

1.10 LIMITATIONS OF THE STUDY

There may be some limitations to this study to which the researcher may run into. Research design or methodology constraints may result in study limitations, and these factors can impact your findings, according to Wordvice (2018).

1.10.1 Issues with sample and selection

The limitation of the study may arise from the limited number of participants that the study can utilize due to limited resources, time and finances. In addition, the researcher anticipates that the selection of participants in his study will have limitations.

1.10.2 Sensitivity

Due to the sensitive nature of the health care sector, the researcher envisages a limitation in terms of willingness to participate by the staff at Frere Hospital.

1.11 CONCLUSION

This chapter dealt with reflecting on the background of the study, the problem statement, objectives of the study, theoretical framework, as well as highlighting the significance of the study. The researcher further projected the scope of the study and its limitations. The next chapter will further proffer a literature review of the study.

CHAPTER OUTLINE

Chapter 1: Introduction and Background of the Study

The purpose and objectives of the study, the research questions, and the significance of the study are presented in this chapter. The study design and delimitations as well as key terms were explained.

Chapter 2: Literature Review

Literature review of academic studies related to this study's focus was examined in this chapter.

Chapter 3: Research Methodology

This chapter focused on the research methodology and design that was used in this study. The data collection instruments and data analysis method was also discussed in this chapter.

Chapter 4: Data Analysis and Discussion of Findings

The purpose of this chapter was to examine the data and the demographic spread of the participants and discuss the results of the study.

Chapter 5: Conclusion, Recommendations and Limitations of the Study

This chapter dealt with the conclusion of the research study, and conclusions according to the research objective. This chapter also summarized the limitations of the study and recommended actions based on its findings.

CHAPTER 2: LITERATURE REVIEW

2.0 INTRODUCTION

This chapter aims to provide the much needed academic literature on the National Core Standards (NSC) as well as explore the theoretical framework that guided this research. Improving the effectiveness of the health system is one of the key performance areas for the National Department of Health. As a result of the mandate of the department of health and policies, it was mandated that the office of Health Standards Compliance establish and implement the National Core Standards which had been established in 2008 and then implemented in 2011 (Maphumulo & Bhengu, 2020). The National Core Standards serve as a benchmark for assessing how well health services are delivered. According to Kredo, Abrams, Young, Louw, Volmink & Daniels (2017), implementing the National Core Standards relies on an assessment of the facility's conformity to measurable service standards. There has been considerable critical attention paid to the issue of poor service delivery and ineffective policy implementation in healthcare given that access to quality health services continues to be a challenge for most South Africans. Currently, more than 42 million South Africans, many of whom lack private health insurance, are depending on public health facilities for their healthcare (Maphumulo & Bhengu, 2020).

In consequence, medical care in South Africa is uninspiring, and health authorities fail to monitor patient experience. Hundreds of complaints have been filed by patients with the health ombudsman. Office of Health Standards Compliance (OHSC) reports disturbing stories about patients sleeping on hospital floors due to a shortage of beds, patients unable to receive critical treatment due to a shortage of doctors, and medical supplies and equipment failing or unavailable (Maphumulo & Bhengu, 2020). Thus, the purpose of this literature review was to find out how the NCS is being implemented in South Africa, focusing on Clinical Leadership as a means of transforming the health system and addressing the challenges that these health care institutions face. This study included a literature search of relevant government documents, government gazettes, textbooks, journal articles, and internet sites.

2.1 Frere Hospital

Frere hospital is located in East London, Eastern Cape South Africa, it is a large government-funded hospital and in 1881, the hospital was founded as a teaching hospital and a tertiary hospital (Arnold & de Villiers, 2018). It was named after Sir Henry Bartle Frere, Governor of the Cape Colony 1877 to 1880 and according to Arnold & de Villiers (2018), Frere hospital has a wide variety of departments namely accident and emergency, orthopaedic surgery, surgery, paediatrics, obstetrics and gynaecology, internal medicine, oncology for adults and paediatric patients, burns unit which is under general surgery. Additionally, it has an operating theatre, an intensive care unit for adult patients, a paediatric ICU, an endoscopy suite, high-care wards for general and obstetric patients, and haemodialysis facilities. Aside from neurosurgery, urology, plastic and paediatric surgery, otolaryngology (ENT), ophthalmology and maxillofacial surgery can also be offered. A number of

allied health services are available at Frere, such as physiotherapy, occupational therapy, psychology, speech and language therapy, audiology, social work, and dietetics. There are also CSSD services, pharmacy, occupational services, computed tomography (CT), magnetic resonance imaging (MRI), a mammography facility, NHLS, laundry services, kitchen services, transport services and the mortuary (Arnold & de Villiers, 2018).

2.1.1 The National Core Standards

The office of Health Standards Compliance was charged by the Department of Health with developing national core standards for national establishments in 2008, which were then implemented in 2011 (Maphumulo & Bhengu, 2019). Except for a few union protests (), the outcry over quality of healthcare has been muted, given that South Africans are well known for expressing their displeasure over poor public healthcare (Balbale, Turcious & LaVela, 2015). The lack of community or interest group specificity in this response is reflective of the individualised nature of health services and the inconsistency of the overall unpleasant experience. The alarming growth in medical legal claims has become one of the common indicators of a concerted public campaign against deteriorating healthcare services (Kredo, Abrams, Young, Louw, Volmink & Daniels, 2017). Rather than introducing a list of requirements for all managers at all levels of health establishments, Minister Aaron Motsoaledi stated that the National Core standards reflected the vision for South Africa's health service (S.AM.A, 2015). Among the main objectives of the National Core Standards, as Dhai (2020) mentions, is to develop a common definition of quality care that can be applied to all health establishments including the private sector as a guide for the public and supervisors. A National Certification of Compliance is also proposed for health establishments, a process to identify gaps, assess strengths, and issue certifications of compliance with the mandatory standard (Balbale, Turcious, & LaVela, 2015).

A quality improvement program was introduced at the Frere Hospital for improved service delivery, despite the difficulty in implementing it in a public health system lacking adequate human resources, such as clinical leadership (Arnold & de Villiers, 2018). The objective of the total quality management, according to Maphumulo and Bhengu (2019), is to design and perform services and to explain how this commitment is evident in every individual involved in the process of continuous improvement. According to the NCS document, the NCS reflect what is expected, and required, to deliver decent, safe, quality care, and are complemented by a set of measurement tools to assess compliance with these measures (Chellan, 2018). In 2008, pilot tests were conducted and then revised in March 2010 in a sample of public and some private hospitals and health centres (SAM, 2015).

The pilots were chosen to encompass a broad range of provinces and establishment types, and a variety of technical input was used to revise the assessment tools and standards, including using a

risk-based approach. As part of the revision process, a comparison of the standards with other accreditation systems was conducted (Maphumulo & Bjengu, 2020). To develop the standards, a systematic approach supported by a set of principles was adopted, namely universality, relevance, validity, reliability, and logic (Chellan, 2018).

2.1.2 The Purpose of the National Core Standards

By drafting the National Core Standards for Health Establishments in South Africa, the Office of Standards Compliance fulfilled its legal and strategic imperatives (Lebese, Begg, Dudley, Mamdoo, Engelbrecht, & Andrews, 2018). The National Core Standards according to Chellan (2018), was implemented in order to develop a common definition of health care that should guide public and management alike in South Africa, through the establishment of a benchmark by which health establishments could be assessed to identify gaps, strengths, and provide national certification for compliance. According to Kellan (2018), National Core Standards form the basis of quality. The quality of care refers to achieving the best possible outcome, within the limits of available resources. "Quality of care" as defined by the World Health Organization refers to the level attained by health systems to meet their intrinsic goals for health improvement and their ability to respond to the legitimate expectations of patients. Health systems' approaches to quality are being shaped more and more by patients' experiences (Malakoane, Heunis, Chikobvu, Kigozi & Kruger, 2020).

Importantly, Areas where quality or safety might be at risk' are the domains that make up the seven cross-cutting National Core Standards. Providing quality healthcare to patients can be seen as the primary purpose of the first three domains of the health system: patient rights, safety, clinical governance, and care. Public health, leadership and corporate governance, operational management, as well as facilities and infrastructure, comprise the rest of the support systems. To achieve these standards, internal clients (staff) are essential. Patients' Rights: Values and attitudes; Waiting times; Cleanliness are the six objectives inter-related with National Core Standards. The concept of patient safety and infection control is a critical part of clinical governance. Medical supplies and medicines are available in clinical support services (Maphumulo & Bhengu, 2019).

A plan for quality clinical care includes management of the patient's care process, reducing unintended harm to patients who face clinical risk, and managing adverse events, including healthcare-associated infections, to support any affected patient and prevent recurrence (Nemuramba, 2019). The domain of Patient Rights sets out what a hospital or clinic must do to make sure that patients are respected and their rights upheld, including getting access to needed care and to respectful, informed and dignified attention in an acceptable and hygienic environment, seen from

the point of view of the patient, in accordance with Batho Pele principles and the Patient Rights Charter (Oboirien 2019). Patient Safety, Clinical Governance, and Clinical Care pertains to optimizing the quality nursing and clinical care, and preventing or managing problems or adverse effects, including health care associated infections (Malakoane, Heunis, Chikobvu, Kigozi & Kruger, 2020). In the Clinical Support Services domain, different services are provided from time to time to provide clinical care, such as the provision of diagnostic, therapeutic, and other clinical support services as well as the provision of medical technology and systems to monitor the effectiveness of care that is provided to patients (Chellan, 2018).

Providing quality care is part of the Public Health domain in order to promote health, prevent illness and reduce further complications, and to ensure that integrated and quality care is provided for their whole community, including during disasters (Oboirien, 2019). Leadership and Governance domains include the functions of communication and quality improvement as well as the strategic functions of leadership, planning, and risk management exercised by hospital boards and clinic committees, supported by supervisory structures. (Maphumulo & Bhengu, 2019). Operations Management includes all activities. It includes the planning, controlling, evaluating, and controlling of human, financial, physical, and organizational assets and resources (Nemuramba, 2019). The domain of facilities and infrastructure involves the requirements for clean, safe and secure physical infrastructure (buildings, plants, machinery, equipment) and operational, well managed hotel services; and waste disposal (Nalakoane et al., 2020).

2.1.3 Compliance of health institutions to National Core Standards: A critical review

Improving the quality of care in health establishments has received a lot of attention in South Africa in recent years (Moleko, Msibi and Marshall, 2014). The creation of the Office of Health Standards Compliance (OHSC), which has the authority to recommend necessary changes and impose progressive sanctions, represents a significant opportunity to foster a culture of continuous quality improvement (Moleko, Msibi and Marshall, 2014). The Office's mandate is to protect and promote the health and safety of health-care users through monitoring, enforcing compliance with prescribed standards, and investigating and resolving complaints (Moleko, Msibi and Marshall, 2014). The NCS tool specifies the minimum standards of care that must be met in all South African health establishments (Ranchod et al. 2017:106). The primary goal of NCS is to create a common definition of quality care and to establish a benchmark against which healthcare organizations can be evaluated (NDoH 2013:17).

According to the South African NDoH's policy paper on National Health Insurance (NHI), compliance with National Core Standards (NCS) is one of four key interventions required to

successfully implement the NHI (DoH, 2011). According to the South African NDoH's NCS for Health Establishments (HEs), compliance with quality standards will protect patients from potentially life-threatening situations (DoH, 2011). The South African government considers the provision of quality services to be a priority; thus, the implementation of components contained in the definition of an ideal clinic (IC) is emphasized in order to facilitate compliance with quality standards at PHC clinics as well as the delivery of quality health services to communities (DoH, 2016).

Due to capacity constraints and the lack of quality standard regulation, the OHSC has faced a difficult task in improving and maintaining the quality of health services over the years (Universal Health Coverage Partnership, 2017). The urgent need to improve health-care quality across the entire health-care system prompted the development of the National Core Standards (NCS) for Provincial Health Authorities in South Africa (Universal Health Coverage Partnership, 2017). Healthcare quality must be adequately addressed in both the public and private sectors. Furthermore, patients should be aware of their rights, as well as the quality standards that have been established and the results that can be expected from providers (UHCP, 2017). A more responsive health system is more likely to improve patient satisfaction, resulting in a higher quality of life and better health outcomes. This will also help South Africa improve its human capital, labor productivity, economic growth, social stability, and cohesion (UHCP).

According to the South African Medical Association (SAMA, 2015:40), government tools and frameworks are typically implemented poorly because they are often impractical and appear 'good' only on paper. According to the South African Medical Association (2015:42), it is unrealistic to expect the NCS tool to significantly improve the quality of healthcare delivery in under-resourced settings due to a lack of financial and human resources, as well as mismanagement of funds by government officials. As a result, there appears to be a lack of NCS compliance, as evidenced by data gathered from audits such as monthly supervisory visits, quarterly program in-depth reviews, clinical program support, and NCS audit results (Mogakwe et.al, 2020). In general, South Africa's health system has not met NCS standards due to unequal resource distribution, a management and leadership crisis, increased disease burden, pull and push factors, and slow progress in restructuring the healthcare system, including government-adopted strategies to improve healthcare delivery quality (Maphumulo and Bhengu, 2019).

2.2 LEADERSHIP

An effective leader is characterized by a mix of intelligence, skills, and expertise (WHO, 2018). Leaders are able to learn, change, innovate and provide the creative thrust required to make their organization survive in the long term and achieve organizational goals (WHO, 2021). Leaders have

also been criticized by the media and increased pressure for accountability towards clients as part of organizational studies (Bason, 2018). Public health leadership is defined as a commitment to the community and the values for which it stands (WHO, 2021. Importantly, the concept of a community perspective implies a systems thinking approach and an understanding that local communities are but one part of the larger global community that greatly influences public health over time (Israel, Schulz, Parker, Becker, Guzman & Lichtenstein, 2017). A leader is an individual who sets direction and motivates members of a working group to achieve the outcomes of this direction, according to Costa, Fulmer & Anderson (2018).

According to Bason (2018), leader is a role which involves successfully motivating people within an organization to achieve a specific goal, and each public institution, including government departments, is expected to create public value both inside and outside the organization. Those negotiating this transformation in leadership are moving away from managerial, senior leader, or singular leader interpretations of leadership and towards clinical leadership (Randel, Galvin, Shore, Ehrhart, Chung, Dean & Kedharnath, 2018).

Partly, this shift has been due to the recognition that while hospital leaders hold important positions of authority within the hospital, they are limited in terms of their ability to reshape fundamental aspects of clinical practice or ensure significant change at the frontline (Israel et al., 2017). Randel et al. (2018) bolster their argument by noting that to be a leader in public health, one needs to be dedicated to a vision and work with a team of motivated individuals in order to accomplish what he or she envisions for the community. A commitment to creating the future desired reduces the need for authority more than anything else. Change can be achieved with the right leadership style. Leadership in public health refers to the activities, processes, and structures which help prepare the public sector for modern economics, undergoing constant change, improving current arrangements and anticipating new challenges (WHO, 2021). Notably, Isaacs (2015) theorizes that the pressure on public institutions arose from the perception that public services must be more responsive to citizens, given that for a leader to successfully influence the behaviour of the employees he/she leads, and ultimately achieve desired results, he/she needs to be knowledgeable about a variety of leadership competencies (Bason, 2018).

The competency requirements for leadership teams in organizations such as hospitals should be defined, so that the organization can be managed using a consistent competency model (Randel et al., 2018). In addition, Isaacs (2015) points out that it is common for large organizations to have required competencies that are aligned with management development training programs. It is not uncommon for these organizations to have an internal training department that focuses on developing employees in all competency areas (Costa, Fulmer & Anderson, 2018).

2.2.1 Leadership Theories

Various leadership theories have been developed over time and these give critical insight into the demands and qualities required for good leadership both in the public and private sector (Dugan, 2017). In their paper, Barasa, Mbau & Gilson (2018) argue that the concept of leadership is complex and as such requires a high level of understanding if the goals and objectives of the organization are to be met. (Nawaz & Khan, 2016) argues that leadership is an innate ability and that great leaders are not made, but born. A significant reason for the use of the term great man is that, at the time, leadership was thought primarily to be a male quality, specifically in terms of military leadership, as Uzojue, Yaya & Akintayo (2016) point out. A main feature of the traits theory is that it implies that people inherit certain traits, qualities, and abilities that make them better suited for leadership (Amanchukwu, Stanley & Ololube, 2015). It may be possible to link traits such as extraversion, self-confidence, and courage to great leaders (Nawaz & Khan, 2016).

Contingency theories, on the other hand, focus on important variables related to the environment that might determine which style of leadership is best suited for the current circumstance (Duggan, 2017). The theory states that no leadership style is optimal in every situation, so success depends on a variety of variables, including the leader's style, follower's skills and the situation's features (Barasa, Mbau & Gilson, 2018). The concept of situational theories states that leaders determine their best course of action according to factors specific to the context (Bason, 2018. Amanchukwu, Stanley & Ololube (2015) discuss the importance of different leadership styles in different kinds of decision-making. The authoritarian style might be appropriate, for example, when the leader is the most experienced and knowledgeable member of the group. Other situations in which members are expert specialists would favor an easier democratic process. The behavioral theories of leadership suggest that great leaders are not born but made (Bason, 2018).

This is the polar opposite of Great Man theories, claims Dugan (2017). According to this leadership theory, mental attributes or internal conditions do not determine a leader's actions (Nawaz & Khan, 2016). This theory states that people can work towards becoming leaders by being taught and observing (Amanchukwu, Stanley & Ololube, 2015). Taking input from others is the main characteristic of participatory leadership theory (Dgan, 2017). The leaders encourage group members to participate and contribute to the decision-making process and help them feel more relevant and committed. However, participatory theories give the leader the right to allow input from others (Nawaz & Khan, 2016).

2.2 CLINICAL LEADERSHIP

In South Africa, the debate over public hospital management reform tends to center on the extent to which authority should be delegated to the senior management team and how to strengthen general management processes (Doherty, 2013). These interventions are regarded as critical to enhancing

hospital performance. According to the international literature, health care institutions are "professional bureaucracies" in which a clinician's authority is derived not from his or her position in the formal management hierarchy but from his or her specialist knowledge and connection to professional networks (Doherty, 2013). In hospitals, this means that most clinical care decisions (and even some aspects of organizational efficiency) are made outside of hospital management's control: they take place in a setting completely different from the boardroom or office, namely the ward and operating theatre (Doherty, 2013).

To optimize cost efficiency and productivity, there has been intense reorganization within the hospital sector as the demands placed upon leaders have increased (Daly, Jackson, Mannix, Davidson & Hutchinson, 2017). With these reforms, an increased focus has been placed on improving safety and quality through programs addressing organizational systems and issues of culture in addition to patient–clinician interpretations of safety (Denis & Van Gestel, 2016). The reforms have brought about an emergence of the realization that common leadership models aren't well suited to delivering innovation at the point-of-care delivery and therefore the need for functional leadership within the health care sector (Bender, 2016). The maintenance of systems and structures to mitigate clinical risks requires functional leadership (Cope & Murray, 2018). Health establishments need clinical leadership in order to ensure the quality of health care and the safety of users of the facility (Bender, 2016). Furthermore, as Cope & Murray (2018) stress, the health establishment must develop and implement an intervention program that analyzes, monitors and acts on quality and user safety data. Essentially, functional clinical leadership is a structure that has terms of reference that are approved by the people or organizations responsible for overseeing and controlling healthcare organizations (Denis & Van Gestel, 2016).

Clinical leadership considers clinical risk management to be within its sphere of responsibility, and this is why it can facilitate identification, minimisation and mitigation of reasonably foreseeable clinical risks to the health and safety of users and healthcare workers (Daly et al., 2017). In addition, Bender (2016) notes health establishments should have systems and processes to identify, analyze, and mitigate clinical risks for users and healthcare personnel in every clinical service area, and to provide appropriate training on clinical risk identification, users' and healthcare personnel's safety, and the mitigation of clinical risk. While clinical departments of hospitals differ from one another, they are still important to all health care organizations, as it is here where consumers first engage with the hospital system (Murray, Sundin & Cope, 2018). In order for consumers of health care to experience optimal health outcomes and health care services, many believe that good clinical leadership is essential at this point (Bender, 2016). Clinicians, defined as any frontline health care professionals, have numerous opportunities to fulfil leadership roles at this stage. Scholarly literature and various government reports have strongly emphasized the need for effective clinical leadership to ensure a safe and efficient health care system (Daly et al., 2017).

2.2.1 Provision of Clinical Leadership Within the Health System In South Africa

Leadership in the health system is often assumed to be a function of top-level leaders, but distributed leadership emphasizes that leadership is collectively developed by organizations and systems (Xu, 2017). Leaders are those who lead (Geerts, Goodall & Agius, 2020). For this reason, there is a need for clinical leaders throughout the system and in both the public and private sectors. In South Africa, primary health care managers and clinical managers act as managers of teams. They are in the same category as hospital chief executive officers (Mukunda, Van Belle & Schneider, 2020). As well, there is a public system of district and sub-district managers, provincial and national administrators, as well as health department heads in each level of government (Malokoane et al., 2020). Aside from formal leaders and managers, there are also informal leaders who are primarily responsible for the direction of the organization based on their actions, actions, or behaviors. Xu (2017) suggests that these may include experienced colleagues, people who have been serving in their positions for some time, or people connected with a wider network of power and support. The challenges of leadership demand recognition of different and yet interconnected roles at all levels (Geerts, Goodall & Agius, 2020).

In the public sector, facility and district managers provide the front line of service delivery, while provincial and national managers provide the guidance, frameworks, and support that enable coordinated action throughout the system (Maphumulo & Bhengu, 2020). As intermediaries between the local and national levels, those at the provincial level play an especially critical role in ensuring that local needs and concerns are reflected in national policy debates and can provide leadership. Therefore, effective leadership requires not only good managers, but also processes for coordinating them (Mukunda, Van Belle & Schneider, 2020).

There are numerous impediments to effective clinical leadership. Clinicians are frequently underprepared for leadership, and there are few financial incentives to take on leadership roles, as well as few career paths (Linegar et.al, 2011). Organizational support is frequently lacking, and clinical leaders may face opposition from their clinical colleagues, who may judge them for having crossed over to "the dark side" by participating in management processes (Visser et.al, 2013). Clinical leaders' efforts to implement effective clinical governance may also be hampered by persistent management hierarchies that fail to recognize clinician contributions or maintain "silos" that fragment the efforts of doctors, nurses, and general managers or administrators (Shojaee and Moosazadeh, 2013). To address these issues, clinicians require leadership training and mentorship beginning at the undergraduate level and continuing throughout their careers (Shojaee and Moosazadeh, 2013). Importantly, this training should depart from traditional business management approaches in order to respond to the unique characteristics of the public health system and to reflect a shared, multi-disciplinary, and transformational leadership philosophy (Hay, 2006).

2.2.2 Leadership & Governance Within The South African Health System

It has long been recognized that health management is critical to strengthening health systems in South Africa, and the Negotiated Service Delivery Agreement for 2010-2014 emphasized an

improved health management system as a major component of strengthening health systems (Maphumulo & Bhengu, 2019). An important first step in this effort was the 2010 health management competency assessment (Dugan, 2017). The South African health system has yet to acknowledge the nature of leadership that is required, or engage the public on how to develop leadership (Malakoane et al., 2020). The culture of leadership is a key component of strong health systems; therefore, SA should develop and sustain leaders capable of working strategically within the complex environment of their complex environment to implement a rights-based health system that promotes health equity (Maphumulo & Bhengu, 2020). The article (Leadership & Governance within the South African Health System) focuses on proving policies capable of promoting equality and inclusion (Mukinda, Van Belle & Schneider, 2020). The inclusion process also requires micro-level interactions on the part of individuals; as well as the creation of financially, informationally, and regulated supportive institutional systems (Malakoane et al., 2020).

It is imperative that managers who are more than administrators are able to understand the context in which they operate and take the appropriate action. This is essential for the development of a rights-based health system. Leaders and governance are recognized internationally as crucial for strengthening health systems and achieving the Millennium Development Goals (Mbunge, 2020). Therefore, rather than simply obeying instructions received from their bureaucratic and political superiors, managers who lead such shifts make decisions about how the new policy and resource frameworks will meet local needs (Melariri, Chimbari & Kalinda, 2021). Furthermore, the World Health Report 2018: Primary health care report notes that leadership reforms are one of the necessary reforms to transform health systems so as to better address the range of problems they face (Mukinda, Van Belle & Schneider, 2020). At national level, the importance of health management was already recognised in the 1998 edition of the South African Health Review (SAHR) (Mukinda, Van Belle & Schneider, 2020) and it remains important and is indeed an element of the Negotiated Service Delivery Agreement (NSDA) between the former president Jacob Zuma and the former minister of health Aaron Motsoaledi (Maphumulo & Mbengu, 2020).

A common competency framework is developed and used to measure current management performance, delegation of managerial responsibilities and functions to facilities, and the development of a support and performance management system in the agreement (Malakoane et al., 2020). As part of the National Health Insurance (NHI) Green Paper and the Human Resources for Health Strategy for the health sector 2012/13 - 2016/17 (World Health Report, 2018), additional actions are being proposed to strengthen management and leadership. The National Health Initiative (NHI), as well as reengineering health care in general, has not had a robust national conversation about what leadership looks like, and lacks coordinated and coherent strategies for developing leaders (Mbunge, 2020). According to Julio Jose Frenk, former Minister of Health of Mexico, such discussions are of critical importance for achieving the national health system goals enshrined in the NSDA. As a result, a key challenge in health systems in many instances, is to cultivate people with the ability to develop the skills and abilities to formulate and implement policies, along with the

ethical orientation to lead their implementation given that even the best designed systems will fail without leader*s (*Mukinda, Van Belle & Schneider, 2020).

The support of top-level hospital management is critical to the development of clinical leadership: hospital CEOs must be willing to delegate power and responsibility to clinical leaders and foster productive relationships between clinicians and management, thereby creating an enabling environment for clinical leaders to function well and assist the hospital in achieving its goals (Doherty, 2013). CEOs must receive appropriate delegations for this to occur adequately. Furthermore, clinical leaders should be valued by the organization, including adequate financial rewards and career paths that allow them to combine management and clinical work, as well as move in and out of leadership positions (Doherty, 2013). It is critical that they have the support of their co-workers, as well as administrative support (Doherty, 2013).

2.3 LEGISLATIVE FRAMEWORK

Legislation governs the entire public health sector. As a rule, they follow regulations or pieces of legislation when performing their duties (The Constitutional Assembly, 1996). Several pieces of legislation and Acts also give the health sector its mandate (South Africa, 2016). Chapter 2 Section 27 of the Constitution of South Africa guarantees all citizens the rights to health care services, including reproductive health care, adequate food and water, and social security, including social assistance if they are unable to support themselves and their dependents (The Constitutional Assembly, 1996). In order to achieve the progressive realization of each of these rights, the state must be flexible in its legislative and other approaches, within its means (South Africa, 2016). Medical assistance cannot be denied to anyone in need of emergency treatment (The Constitutional Assembly, 1996). Additionally, according to section 195 of Chapter 10 (Public Administration), Public Health should be governed by democratic values and principles that reflect the Constitution, including the following: A strong standard of professionalism should be promoted and maintained. Resources should be used efficiently, economically, and effectively. In South Africa, (2016), government administration must be development-oriented, and all services should be provided impartially, fairly, equitably, and without bias.

The public should be encouraged to participate in policy making and their needs must be met. Transparency must be fostered by making information available to the public on a timely, accessible, and accurate basis. To maximize the potential of employees, sound human resource management practices and career development practices must be cultivated. In order to achieve broad representation in public administration, employment and personnel management practices must be based on ability, objectivity, and fairness, as well as the need to remedy the imbalances of the past (The Constitutional Assembly, 1996). The above-mentioned principles apply to administration in all areas of government, including the organs of state, and to public enterprises as well. There is no prohibition against the appointment of individuals in public administration on the basis of policy considerations, but national laws must govern these appointments. Different sectors, administrations

and institutions are regulated differently by public administration legislation. Legislation regulating public administration should take into account the nature and functions of different government sectors, offices, and institutions.

2.3.2 National Health Act (Act No.61 Of 2003)

The Constitution and other laws within the national, provincial and local spheres impose obligations on the national, provincial and local governments with regard to health services under this Act. Its purpose was to provide a framework for a structured uniform health system within the Republic; to ensure compliance with the Constitution and other laws with respect to health services, and to provide for matters connected thereto (South Africa, 2016). In the Act, the act recognized the socio-economic injustices, imbalances and inequities of the past; calling on society to heal divisions of the past and establish a society of democratic values, social justice, and human rights to free all individuals.

A cornerstone of democracy in South Africa is the Bill of Rights, which is the State's responsibility under section 7(2) of the Constitution. The Constitution stipulates in paragraph (2) that the state must take legislative and other measures, within its available resources, to ensure that the people of South Africa are progressively able to enjoy the right to health care, including reproductive health care. In the constitution, section 27(3) states that emergency medical treatment cannot be denied to anyone. In accordance with section 28(1)(c) of the Constitution, every child has the right to receive basic health care. A constitution's provision 24(a) guarantees everyone the right to an environment that is neither harmful to their health nor harmful to their well-being (The Constitutional Assembly, 1996).

Specifically, the act seeks to unite the different components of the South African national health system in order to actively promote and improve the national system. As an integrated and coordinated delivery system of health care, it provides for the establishment of a system where each province, municipality and health district addresses issues of health policy and quality health care delivery. As a means of decentralizing management, establishing equity, efficiency, sound governance, establishing internationally recognized research standards as well as encouraging participation, it serves to establish a health system based on these principles. As a final measure, practitioners, and providers in the public and private sectors as well as other relevant sectors should work together to promote co-operation and shared responsibility (South Africa, 2016).

2.3.3 Nursing Act (Act No 33 Of 2005)

According to chapter 2 of the act, the Council has the power to take disciplinary action against practitioners registered under the act for acts or omissions contained therein. The acts and omissions listed here are not intended to be all the types of offences that are punishable, notwithstanding the provision in Regulation 2. The following offences are listed: failure to conduct tests, diagnose, treat,

care, prescribe, collaborate, refer, coordinate, or advocate for patients as permitted within the scope of practice. Failure to provide health care to a healthcare user through assessment of the health status, administering medical treatment and checking on the body's responses, preventing accidents and injuries or other damages. In addition, failing to prevent the spread of diseases and infections, ensuring that all diagnostic and therapeutic interventions for the healthcare users are taken care of, monitoring vital parameters, including vital signs, as well as maintaining accurate records of all care rendered. Incorrect identification of a healthcare user or performance of professional acts in relation to a healthcare user that is beyond her/his scope of practice except in emergencies. Not providing emergency healthcare or treatment.

2.3.4 Occupational Health And Safety (Act No 85 Of 2003)

The Act was enacted in order to protect the health and safety of persons at work and those who utilize plant and machinery, as well as to introduce a system for protecting individuals not engaged in the occupation from the hazards of that work (Department of Labor, 2017). As far as reasonably practicable, an employer must ensure a safe and healthful work environment for its employees under the Occupational Health and Safety Act of 1993. The employer must take safety precautions to protect their employees against hazardous substances, such as benzene, chlorine, microorganisms, articles, equipment, and processes that may cause an injury, damage, or disease. Where this is not possible, the employer must inform workers of these dangers, how they may be prevented, and how to work safely, and provide other protective measures for a safe workplace (Department of Labor, 2017).

According to the Act, workplace dangers need to be addressed via communication and cooperation between the workers and employers. Health and safety at the workplace are shared responsibilities between employee and employer. In order to make the workplace safe, both parties need to be proactive in identifying risks and developing control measures. In this way, employers and employees are both involved with monitoring the workplaces and reporting to a health and safety committee, who might then present recommendations to their employers (Department of Labor, 2017).

2.3.5 Labor Relations (Act No 66 Of 1995)

A key provision of the Labor Relations Act of 1995 ensures openness in the relationship between the employers (the state) and the employees (public officials) to provide for fair labor practices. A major goal of the Labor Relations Act was to level the playing field between public and private companies in terms of human resources. In Section 1, the purposes of the Act are economic development, social justice, labor rights, peace, and democratization in the workplace. In addition to regulating relations between unions and employers, this act is a part of a broader labor law reform process (Department of Labor, 2017). Section 16(3) of the Act requires that when an employer consults or bargains with a representative union, he/she must provide all relevant information needed by the union to carry out its functions.

2.3.6 Allied Health Professions (Act No 63 Of 1982)

The Allied Health Professions Council of South Africa Act, is a law regulating the practice of allied health professions and determining its functions, and provides for matters connected therewith, aims to ensure allied health professionals' ethical standards are met. Council's objectives include: promoting and protecting the health of the people; governing, administering and setting policy relating to registered professions; This Act is intended to control the practice of professions and to investigate complaints relating to practitioners and students, to regulate the registration of persons and to set standards for training for practitioners registering with the council; and to advise the Minister on matters falling within the scope of the Act.; to make recommendations to the Minister within a period of 12 months calculated as from the date of commencement of the Chiropractors, Homeopaths and Allied Health Service Professions Second Amendment Act 2000, the establishment of the council, taking into account the number of persons registered under this Act in respect of every profession; to advise the Minister on amendments or adaptations to this Act so as to place greater emphasis on professional practice, democracy, transparency, equity, accessibility and community involvement; communicating to the Minister information the council acquires as it performs its functions under this Act (Republic of South Africa, 1982).

2.3.7 The Eastern Cape Provincial Health (Act No 10 Of 1999)

Under the Act, Provincial Health Policy is determined; health service delivery is structured; norms and standards are developed and implemented; health care services are defined within the resources of the province; establish a comprehensive district and provincial health system that is compliant with national and provincial health policies and procedures; ensure the transparency of provincial government when it develops and implements health policies and practices; ensure the rights and obligations of health service users; and ensure the rights and obligations of healthcare providers (Sukeri & Emsley, 2017). Section 27 of the Constitution provides for the right to access health services. The Act enacts regulations to bring this right into effect; Provide an outline for the development, implementation, and implementation of provincial health policies, standards, and procedures; structure and provide for the implementation of comprehensive health service systems; determine health service provider rights and obligations; and finally amend or repeal old order legislation in accordance with the Constitution (Moosa, 2018).

Achieving equitable healthcare options and redressing an inequitable healthcare system through the advancement and protection of fundamental rights guaranteed in section 27 of the constitution; ensuring that no one in the province is denied access to healthcare services; By integrating and integrating health care across a provincial system and developing skills and capacities necessary to provide quality health care; developing innovative research programs in order to design, coordinate, monitor, and evaluate health care for provincial planning; Participating broadly in the development of provincial health policy; ensuring the efficient use of provincial health resources and the

sustainability of health services; and working closely with national, provincial, and local governments on health matters, including the development and management of provincial health systems; establishing boards, forums, advisory committees, and any other appropriate organizations to address health matters, including the assignment of terms of reference, conditions of appointment, and making appointments necessary to implement provincial health systems; implementing measures to address past discriminatory practices in terms of implementing the Health Act (Sukeri & Emsley, 2017).

2.3.8 Office Of Health Standards Compliance (OHSC)

In January 2011, NDoH invited public comment on the proposed National Health Amendment Bill to amend the National Health Act of 2003 and to establish the Office of Health Standards Compliance (OHSC) and matters related to it (Maphumulo & Bhengu, 2019). The OHSC, according to this initial draft, is an instrument of government at the national level, headed by an Executive Director who provides information to the Minister of Health so that that portfolio may be carried out efficiently (Rabie, Coetzee & Klopper, 2016). An independent mechanism ensures that complaints from healthcare consumers are handled properly and promptly by the OHSC. The tool will also facilitate the compliance of healthcare providers and health establishments, facilities, and workers with the federally sponsored national health system (NHS) (Lebese, Begg, Dudley, Mamdoo, Engelbrecht & Andrews, 2018). The purpose of the OHSC is to advise the Minister of Health on the development and review of norms and standards for the NHS; Ensure compliance by the NHS with these norms and standards; Ascertain that health establishments meet all relevant norms and standards; Monitor indicators of risk in order to identify serious breaches of standards early; and it should include an inspectorate and an ombudsman among other abilities and capacities in its operations and functions (Maphumulo & Bhengu, 2019).

Additionally, the OHSC needs to develop and recommend Quality Assurance and management systems for the NHS so that: Levels and categories of health service can be identified based on service categories; Measure and evaluate the quality and outcomes of the NHS objectively; Empower healthcare funders and users to recognize and evaluate health establishments with regard to quality and other standards. Promote transparency of such standards to the public; Incentivize health establishments to participate in quality improvement programmes; Monitor and evaluate activities and processes for quality management and Quality Assurance in health care settings; The Department of Health of the national or provincial level should address areas where urgent intervention is needed to meet the prescribed standards; Develop and recommend guidelines on how to implement the norms and standards prescribed under the health system, in concert with detecting fraud and corruption in the health system; Maintain records of prescribed norms and standards; Communicate prescribed norms and standards through the media and, where necessary, for specific communities; Assessment of the compliance of health establishments with prescribed norms and standards. Inspections and certifications of healthcare providers, health facilities and health establishments in accordance with prescribed norms and standards and keeping records of such inspections (Rabie, Coetzee and Klopper, 2016).

Inspections acting on the ombudsperson's instructions are granted extensive powers by the Bill to investigate and deal with complaints related to the health system. They include obtaining testimony from anyone under oath, issuing subpoenas and hearing witness information; and referring matters to the Executive Director, who instead refers matters to the relevant police agency (Lebese et al., 2018). In this regard, OHSC's successful implementation raises a number of policy and implementation issues (Cloete, Yassi & Ehrlich, 2020). The proposed Act would require considerable manpower, training, and funding resources to fulfill, since estimating the magnitude of the task is impossible at this stage, particularly since the NCS and measurement tools haven't been refined yet. Also, the OHSC has a broad and difficult mandate and little experience (Rabie, Coetzee & Klopper, 2016). As a result, it is imperative that the Office is allowed sufficient time in which to acquire the required expertise and experience to accomplish this important goal. As a result, public and health professionals are likely to have confidence in the documented processes and tested assessment system (Lebese et al., 2018).

A qualified Executive Director leads this office, which was created by the National Health Amendment Act, and members of the Health Officers team are mandated to support the Executive Director. The OHSC ensures compliance with the national core standards in addition to making sure any complaints received from health care users (patients or families) are appropriately investigated (Cloete, Yassi, & Ehrlich, 2020). Importantly, a proper quality of care remains one of the core requirements for the National Health Insurance, which will be implemented through the OHSC (Maphumulo & Bhengu, 2019).

2.3.8.1 Structure of the NCS for health establishments in South Africa

The NCS for South African health establishments was first launched in 2008, and it reflects the NDoH's vision for South Africa's health services, as well as what needs to be done to achieve that vision (Whittaker et.al, 2011). The standards are based on the current policy environment, are tailored to the South African health care context, and reflect international best practice and evidence base (DoH, 2011). According to the NCS document, the NCS reflect what is expected and required to provide adequate, safe, and high-quality care, and are supplemented by a set of measurement tools to assess compliance with these measures (Whittaker et.al, 2011). To reflect a health systems approach, the NCS are divided into seven cross-cutting domains that define the scope or intent of assessing a health area where quality or safety may be jeopardized (DoH, 2011). The first three domains are concerned with the core business of the health system, while the last four are concerned with the support system that ensures the former are delivered (DoH, 2011). These domains are further subdivided into sub-domains, each of which includes a set of standards as well as measurement criteria and measures (DoH, 2011). The NDoH is currently training provinces to implement the NCS, though associated funding, staffing, and training requirements have not yet been determined (DoH, 2011).

2.4 QUALITY STANDARDS FOR HEALTHCARE ESTABLISHMENTS IN SOUTH AFRICA

In the past 60 years, healthcare quality evaluation has grown into a modern science that plays a substantial role in patient safety, quality assurance, benchmarking, and continual quality improvement (Qotoyi, 2015). The quality of healthcare has a beneficial impact on patient and staff satisfaction, improving efficiency and effectiveness in the public and private sectors, ultimately increasing trust in the system (Chegenye, Mbithi & Musiega, 2015). According to Qotoyi (2015), the South African National Department of Health has exhibited an unwavering commitment to improving the quality of health care in recent years. Further evidence of the commitment has come with the publication of the 10-Step Plan to facilitate improvement of the health sector (2012-2014) in July 2010 (Qotoyi, 2015). The NDoH's Strategic Plan for 2010/11-2012/13 states that the department's vision is to ensure "*an accessible, caring and high-quality health system"* (Katuu, 2015) and its mission is "*to improve health status through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability*" (Lebese, Begg, Dudley, Madoo, Engelbretcht & Andrews, 2018). The objective of the 10 Point Plan is to improve the quality of health services, patient care and satisfaction, and accreditation of health facilities for quality as key activities and priorities (Qotoyi, 2015).

Negotiated Service Delivery Agreements (NSDAs) were introduced in October 2010 with a focus on PHC re-engineering and National Health Insurance (NHI) to attain universal health coverage (Chegenye, Mbithi & Musiega, 2015). In order to achieve the goals of NSDA, viz. Improving health system effectiveness and improving quality at all levels of the health system is of paramount importance by extending life expectancy, reducing maternal and child mortality, combating HIV/AIDS, and decreasing the burden of disease from tuberculosis (). Continuous quality assessments and accreditation processes are critical elements in improving the PHC re-engineering process, which will shift the focus from providing curative health care to one that promotes health promotion, prevention, and community involvement (Katuu, 2015). In order to strengthen the effectiveness of health systems, the NSDA recommends strengthening patient care and satisfaction, accreditation of facilities for compliance, and improving the accessibility of health infrastructure, among other aspects. Specifically, it aims to accredit 25 % of all health facilities annually by 2013/14 (Chegenye, Mbithi & Musiega, 2015).

The provision of adequate technology and quick improvements to physical infrastructure must be accompanied by quality improvement, compliance and quality assurance programmes, according to Katuu (2015). All managers will also be required to include compliance with prescribed standards in their performance agreements. It is ultimately through improving health service quality that facilities will be NHI-ready (Chegenye, Mbithi & Musiega, 2015).

2.4.1 STRENGTHENING LEADERSHIP WITHIN THE SOUTH AFRICAN HEALTH SYSTEM

In June 2011, the University of Cape Town organized a conference entitled Celebrating Innovative Health Management, showcasing leadership examples from all levels of the health system in South Africa (Frood, Van Rooyen & Ricks, 2018). In addition, there were presentations from members of organizations and professionals who worked both within public sector bureaucracy and through partnerships between public sector and external actors (Downing, Boucher, Ambler, Brands, Sithole, Nkosi & Daniels, 2018). Speakers from different backgrounds provided examples of leadership in health care. It was explicitly stated by a delegate that the most valuable lesson of the conference was that "hope" should lead to action. *As a collective, we have a lot of knowledge and, if we listen to each other and correct the system, we can improve services.* Mabungulo & Bhengu (2019) state that in this light it is imperative to consider how the South African health system's leadership can be bolstered. Firstly, it is important to understand what leadership entails in order to guide its development; and secondly, it is vital to develop a wide-ranging and sustained strategy for developing leadership (Frood, Van Rooyen, Ricks, 2018).

The study should also identify the level of current management capacity and assess the training required to close the gap (Downing, Boucher, Ambler, Brands, Sithole, Nkosi & Daniels, 2018). For this reason, any evaluation of current management training should be viewed as part of the overall process of management development, as well as the organizational structures that support it as well as the approach and content currently being used (Frood, Van Rooyen & Ricks, 2018).

2.5 THEORETICAL FRAMEWORK

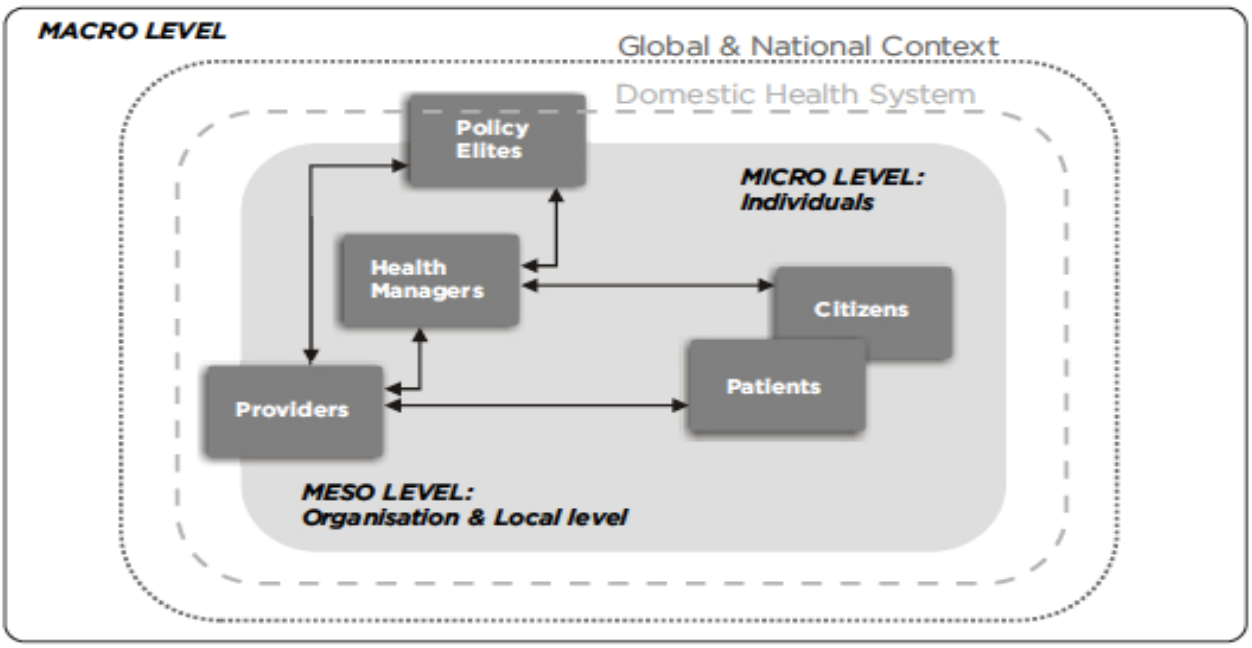
Theoretical frameworks are defined by Osanloo & Grant (2016) as frameworks for introducing and describing the theories that give explanations to an understudied research problem. Designed to explain, predict, and understand phenomena, theories seek to extend knowledge and challenge established ideas within the limits of critical boundary assumptions, write Varpio, Paradis, Uijtdehaage, & Young (2020). Osanloo & Grant (2016) state additionally that a theoretical framework consists of the conceptual, definitional, and referenced scholarly literature relevant to the study, as well as existing theory used to support the study. Therefore, a theoretical framework is necessary to demonstrate understanding of theories and concepts relevant to the topic under study, in addition to the broader areas of knowledge that are considered. Fundamentally, theoretical frameworks are driven by assumptions that enable the reader to critically evaluate them, connect the researcher to existing information, and facilitate the process by which one moves from describing just one aspect of a phenomenon to describing several aspects of the phenomenon (Varpio, Paradis, Uijtdehaage & Young, 2020). The Health systems theory was used to guide this study.

2.5.1 The Health Systems Theory As the Theoretical Framework Underpinning this Study

Ludwig Von Bertalanffy (Von Bertalanffy, 2010) was the main proponent of systems theory in the 1940s. From the health systems perspective, there has been a major advancement in understanding

health care organizations and understanding the complex world they operate in (Varpio, Paradis, Uijtdehaage & Young, 2020). Clinical leadership can be seen through this theoretical lens, providing the researcher with a deeper understanding of the National core standards. In addition, systems theory became widely accepted as a method for analyzing the effectiveness of healthcare systems and the way they provide quality care to their patients (Katrakazaz, Pastiadis, Bilbas & Koutsouris, 2020). The theoretical framework constituting the foundation of this study is health systems theory (Weerasinghe, Pauleen, Scahill & Taskin, 2018), in which the macro level relates to the national or domestic health system and the meso level to the local or district level. Additionally, as depicted below;

Figure1: Different levels of the health systems



Source: Health Policy and Systems Research, 2012

The micro level involves the clinical leadership and patients in their efforts to provide health care, search for care, comply with the NCS, and develop new forms of provider-patient interactions (Hardyman, Daunt & Kitchener, 2015). There tends to be a lack of clarity in recent attention to systems thinking in the field of global health, and so it is hard to assess whether this is just another phase of enthusiasm, or whether it reveals useful insights. System thinking is perceived by some as a powerful approach to communicating and solving complex problems, while others are overwhelmed by the vast array of theories, methods, and tools it encompasses. We should examine why systems thinking is appropriate in a field that already draws on a range of theories, methods, and tools from various disciplines, including the health sciences, social sciences, engineering, mathematics, and other areas (Tarpey & Mullarkey, 2019).

Importantly, systems thinking focuses on uncovering the characteristics and relationships of systems. Interventions of all kinds affect the system overall, from the simplest to the most complex. Every

intervention is also affected by the overall system. Using systems thinking can aid diagnostics of organizational issues and help understand change dynamics (Katrakazaz, Pastiadis, Bilbas & Koutsouris, 2020). The application of this theory can be helpful in assessing implementation of the NCS within health care establishments, as well as providing a way to deal with existing issues within the institution and within the health department as a whole. It is important to mention that the World Health Organization (WHO) contends that this theoretical framework opens powerful avenues for pinpointing and resolving critical health system challenges. As a result of the current drive in the Eastern Cape to strengthen the national health system through implementation of the NCS, there are opportunities to create new approaches now that will enable South African healthcare to achieve targets for the Millennium Development Goals.

Furthermore, the state of public health care institutions like Frere Hospital in the Eastern Cape have been criticized as been to narrow and limited in their implementation of the NCS strategies, and also that clinical leadership lacks comprehensiveness and whole systems perspectives when it comes to the actual implementation of the NCS within their organizations (Katrakazaz, Pastiadis, Bilbas & Koutsouris, 2020). The appropriateness of the health systems theory as a theoretical framework underpinning this particular study cannot be over emphasized, the researcher contends with the fact that through this theoretical lenses, the hierarchical implications of the successful implementation of the NCS at Frere hospital by the clinical leadership will be addressed sufficiently.

2.6 Conclusion

This chapter reviewed available literature pertaining to the implementation of national core standards with specific reference to clinical leadership. The importance of the NCS in maintaining acceptable standards within the hospital setup was explored as well as the theoretical framework underpinning the study. The next chapter dealt with the research methodology that underpinned this particular study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter investigated literature on the implementation of national core standards, specifically from the perspective of clinical leadership in hospital settings. The research methodology underpinning the study was presented in this current chapter. The first section discussed the research design. A sampling strategy was then presented. The sampling method, sample size, and population were discussed briefly in this section. After discussing the methods of data collection and analysis, the chapter was concluded.

3.2 RESEARCH DESIGN

In this study, the qualitative method was used in order to better understand the issue presented from the participants' point of view (Mays & Pope, 2020). According to Hutter & Bailey (2020), a research design is a framework for combining various research components logically so that the research problem can be efficiently dealt with. Research methods are explained so that the reader can understand how they are used. Research methods using a qualitative approach give researchers greater flexibility in probing the perspectives of participants on the topic under investigation. The qualitative research method, according to Frost (2021), is a scientific process of gathering data in naturalistic verbatim reports through interviews or through written accounts. The qualitative method emphasizes conducting research among people rather than focusing on objects in order to acquire a superior comprehension of their social world and the meaning they provide to it from their point of view. In this regard, the effectiveness of the implementation of NCSs with specific reference to Clinical Leadership in Frere Hospital was investigated using an interpretative model that aims to gather respondents' perspectives based on their experiences. Interpretivists, in effect, have put a heavy emphasis on the use of qualitative approaches to reason and construct theory in a subjective manner. Rather than deducing potential causal relationships between different steps, the focus is on the development and general understanding of phenomena. An exploratory research approach was used in this study.

3.2.1 EXPLORATORY RESEARCH APPROACH

This type of research approach is qualitative in nature and Oooms, Kruisjbergen & Collard (2021) highlight its usefulness in situations where research resources are limited or where a more rigorous follow-up examination is envisioned. This is especially appropriate for the current study, which focuses on clinical leadership in a hospital setting as part of its exploration of the implementation of national core standards. Based on the research problems, the researcher refers to the fact that there is limited information identifying with the above topic, and so by using an exploratory research method, they were able to identify the implications of implementing national core standards and their impact and effect on clinical leadership. Hubbard, Broadfoot, Carolan & van Woerden (2021) posit that exploratory research is conducted to establish priorities, develop operational definitions, and to improve the final research design to solve a problem that has not been adequately studied.

3.3 RESEARCH DOMAIN

The study was conducted at Frere Hospital in East London, Eastern Cape in South Africa. This domain was appropriate for this particular study as the national core standards are ideally situated within the context of the department of health and its employees that work within clinical and hospital settings.

3.4 RESEARCH METHOD

The qualitative research method, defined as an interview or written account of naturalistic or verbal data collection by Hennick, Hutter & Bailey (2020), involves the gathering of data as a naturalistic report. The term research methodology also refers to a logical, systematic approach that is utilized by researchers to obtain answers to research questions (Mays & Pope, 2020). The objective of Qualitative Public Health research is to consider the social phenomenon within their broader context of occurrence, in this case the effective implementation of the NCS tool by Clinical Leadership at Frere Hospital to provide quality care and service (Dodds & Hess, 2020).

3.4.1 POPULATION

According to Edwards (2020), a population is the entire group of people to be studied as well as the entire group of people who meet the appropriate criteria, comprising the entire group of people who are of interest to the researchers and to whom the results can be generalized. Individuals, objects, or events that conform to a set of criterion are considered the population for purposes of generalizing the research. Additionally, Mays & Pope (2020) point out that a research population is a well-defined group of people or objects that are targeted to be included in a study. In this particular study, the population was primarily clinical staff at Frere Hospital in East London, Eastern Cape.

3.5 SAMPLING

The process of sampling is done to enumerate people or groups that have the characteristics of interest within the population. The sample can also be defined as the portion of the population that is studied or selected in order to represent the larger group (Chai, Gao, Chen, Duangthip, Lo & Chu, 2021).

3.5.1 Sampling Techniques

Thompson, Burdine, Thorne & Sandhu (2021) identify two types of sampling, probability and non-probability, including the non-random selection of sampling group members in non-probability sampling. In this study, a purposive sampling method was used. According to Campwell, Greenwood, Prior, Shearer, Walkerem, Young and Walker (2020), a purposeful sampling consists of selecting a small number of cases with a lot of information from the general population for detailed study.

Moreover, the sample chosen must exhibit certain characteristics and represent some type or location in relation to an objective of the research study.

3.5.2 Sample Size

The sample size for this particular study encompassed 7 employees that made up the participants and an additional 5 employees within the clinical leadership strata of Frere Hospital in East London, Eastern Cape that made up the key informants of the study, making the total sample size to be 12 participants. Data saturation determined the sample size of the 5 clinical leaders who took part in this study. This figure assumed an 80 percent chance of meeting the study's objectives and assumed that 50 percent would provide a clear picture of their perceptions of the tool. Stata V13 statistical software was used to calculate the sample size.

3.6 METHODS OF DATA COLLECTION

Edwards (2020) argues that within qualitative research protocols, a researcher has a variety of tools at their disposal for gathering information. These tools include observation, in-depth interviews, questionnaires, document reviews, and audio-visuals. Interviews were utilized as an instrument for data collection. In-depth interviews are qualitative research techniques that involve conducting individual meetings with a small number of subjects to obtain a human perspective on a certain concept, program, or situation (Thompson et al., 2021). The researcher was able to extract rich and detailed information about the project under study through qualitative semi structured in-depth interviews. Interviews were used to solicit information from participants in the study in order to get a deeper understanding of the phenomena under study. Through this data collection technique, respondents were encouraged to share their opinions, perceptions, principles, experiences, and views on the effectiveness of the implementation on National Core Standards by clinical leadership in Frere Hospital. An interview guide was designed by the researcher and it contained open ended questions that guided the discussions between the researcher and respondents to elicit a wide range of responses, both planned and unexpected. The interview questions were done on a face to face basis supplemented by online forums and telephone interviews. During face-to-face interviews, social distancing, sanitization, and the wearing of masks were observed in order to comply with Covid-19 regulations. This process involved the use of a voice recorder to capture the interview process with the permission of the participants. The duration of the interviews was between 30-40 minutes and were conducted in a safe environment where participants were made comfortable and this was aided by the reassurance of anonymity and confidentiality.

3.6.1 Semi-structured in-depth interviews

Interviewers can adjust the language and order of the questions in semi-structured in depth interviews (Scanlan, 2020) since the plan includes a number of questions. There is no predetermined wording or questions in an in-depth interview, which is the least formal and least structured. In addition to collecting complex information, this kind of interview contains a higher proportion of opinion-based

data (Scanlan, 2020). The researcher used a list of themes to guide the line of questioning in these interviews.

3.6.2 Key Informants Interviews

In key informant interviews, key experts are chosen for their intimate knowledge of the study under consideration. In this study, five (5) clinical healthcare professionals' leaders were chosen to serve as the key informants for the study because they held an in-depth understanding of the main research question about clinical leadership and the implementation of the National Core standards within healthcare establishments.

3.6.3 Pilot Study

The researcher conducted a pilot study to test the research instruments to regulate the legitimacy of the rationality of the questions and eradicate any types of repetition (Fraser et.al, 2018). This was achieved to increase the consistency and reliability of the process. A pilot study is extremely important, and conducting research without one is a mistake because it is a vital measure of the research process (Ismail, Kinchin and Edwards, 2018. A pilot study is carried out in order to create, refine, and test measurement tools and procedures. The objective of a pilot study, as iterated by Welman, Kruger and Mitchell (2005: 148), is to identify potential flaws in the measurement process, such as ambiguous instruments and insufficient time limits. Two people were interviewed during the pilot study as part of the process to test the interview guide questions to eliminate repetitions. There were no changes made to the instrument following the pilot study.

3.7 METHOD OF DATA ANALYSIS

In data analysis, a system is applied to summarize and describe, highlight and summarize, and evaluate data using statistical and logical techniques (Silverman, 2020). Ravindran (2019) indicates that various analytical procedures can be used to draw conclusions from the study's data. The term data analysis refers to the categorization, ordering, manipulation, and summary of data in order to identify answers to a specific research question (Silverman, 2020). A thematic analysis method was used for this study to analyze the findings based on these emerging themes

3.7.1 Thematic Analysis

Data gathered in a thematic analysis is categorised into themes and subthemes, making the findings of the research more comparable. It's widely appreciated for being transparent, systematic, and transparent in terms of research processes (Javadi and Zarea, 2016). It is noteworthy that thematic analysis transcends data and philosophical background because it focuses on both description and interpretation of data analysis, considering the context of the data, and exploring themes (O'Sullivan & Jefferson, 2020). In addition, the themes are directly related to the objectives of the study. After the interviews were recorded, the transcription was analyzed to determine themes. A systematic and thorough approach was taken to write the themes. Based on the themes of the semistructured in-depth

interviews, the data were sorted based on the similarities and differences between the interviewees' responses to the questions and the questions themselves.

3.8 METHODS OF DATA VERIFICATION

Lincoln and Guba (1985) used the five criteria of credibility, dependability, confirmability, transferability, and authenticity to maintain trustworthiness. The interviewer gained credibility through a lengthy engagement with the PHC clinic managers to gain an in-depth understanding of their reasons for non-compliance with quality standards. The researcher described the research process used in this study in such a way that the same study could be replicated, and the audiotapes, transcripts, and field notes were kept to allow for an audit of the investigation. These measures ensured the data's dependability. A confirmability audit, triangulation of literature sources, and a consensus discussion between the researcher and the independent coder ensured that the findings were confirmed in this study. The transferability of this study's findings to other contexts was ensured by providing a detailed description of the study's context, participants, and research method used. The audiotaped interviews and verbatim transcription of collected data ensured authenticity.

Through trustworthiness (Nyirenda, Kumar, Theobald, Sarker, Simwinga, Kumwenda & Taegtmeyer, 2020), researchers persuade themselves and their readers that their research findings are worth attention. Edwards (2020) define trustworthiness through the following constructs: credibility, transferability, dependability, and confirmability:

3.8.1 Credibility

Nyirenda et al. (2020) define credibility as an argument that represents the true meanings of those involved in research. Furthermore, Bresler & Stake (2017) propose that credibility is derived from the intended research purposes, and that credible research decisions are those that are in accordance with the researchers' purpose. Credibility and dependability also involve the research focus, its content, participant selection, data collection, as well as the amount or volume of the data collected, each of which affects the validity of the data that can be collected (Williams, Boylan & Nunan, 2020). A researcher ensured that the study results were in accordance with the study requirements by ensuring the instruments used to collect data represented the reflections, views, and experiences of participants.

3.8.2 Transferability

According to Nyirenda et al. (2020), transferability refers to how well a phenomenon or a finding from a study can be applied to theory, practice, and future research. Edwards (2020) also argues it is imperative for researchers to clearly state whether their findings are generalizable to other contexts. In that way, this particular study was positioned so that it would be transferable by including future studies that could be performed.

3.8.3 Dependability

The degree to which the procedures underlying the research are documented in a way that allows an outsider to follow, audit, and critique the process of the research is called dependability (Moon et al., 2016). The implication is, according to Edwards (2020), that the reader should be able to determine whether appropriate research practices have been followed. The researcher achieved dependability for this study through a detailed approach and attention to detail in communicating or explaining the research methodology.

3.8.4 Confirmability

For the research to be conclusive, a clear link between results and conclusions is required to be established by the researcher in a systematic and repeatable way (Silverman, 2020). In addition to describing how they managed the impact of their philosophical or experiential preferences, and how they reflected on them, researchers should ensure that the results are driven by the participants rather than by those of the researchers (Williams, Boylan & Nunan, 2020). When a researcher provides a detailed description of their method, the reader is then able to examine how the data, constructs and theories are compatible with their expectations. This is how the researcher maintained the principle of confirmability within this particular study.

3.9 ETHICAL CONSIDERATIONS

Ethics are influenced by the interactions we have with other people, animals, and the environment, especially in situations where there might be a conflict of interest (Han & Koch, 2020). As well as selecting appropriate participants and strategies, credible research should adhere to ethical standards.

3.9.1 Confidentiality and Anonymity

For the purposes of this study, anonymity and confidentiality will be enforced through the use of interviews that do not require any personal information about the participants, making it impossible to identify them as participants in the study. Anonymous responses are ones where even the researcher(s) cannot identify a participant to his or her individual responses, as defined by Han and Koch (2020). According to Edwards (2020), confidentiality is a situation in which the source of any information provided by a participant cannot be identified directly.

3.9.2 Voluntary participation

The participants were informed that their participation in the study was voluntary and that they were free to withdraw at any time. Research participants have a right to know that they are being investigated, to be informed about the nature of the investigation, and to withdraw at any time (Rennie, Buchbinder, Juengst, Brinkley-Rubinstein, Blue & Rosen, 2020).

3.9.3 Informed consent

A research study's informed consent is an opportunity for participants to assess the research study's objectives before voluntarily participating. Participants in the study were clearly informed about the study's aim and objectives.

3.9.4 Action and Competence of Researchers

It is the ethical responsibility of researchers to ensure they are competent, honest, and adequately skilled to conduct the proposed research (Edwards, 2020). Research done by the researchers in this study was ethically correct. In order to obtain proper cooperation from the participants, the researcher made sure to consider their needs and actions. No judgments were made concerning participants in this study.

3.9.5 Conflict of Interest

Conflicts of interest in research are situations in which professional objectivity is compromised, or appears to be compromised, due to competing financial, personal, or professional connections, or personal values and stands (Pubsure, 2021). Given the researcher's position, the following strategies were used to avoid a conflict of interest: limited involvement in the situation or conflict and documentation of this involvement; and engaging an independent third party to oversee part or all of the relevant activity or process.

3.10 STATEMENT ON INTELLECTUAL PROPERTY

In this study, all sources of information and ideas used in this study were acknowledged and referenced. In addition, acknowledgement of contributions to research output, such as publications, artefacts, or commercially valuable items was adhered to. Prior to the research beginning, ownership rights were agreed upon. In the case of this particular study, the researcher and supervisor(s), developed a written understanding and undertaking in line with the University set guidelines and rules.

3.10.1 Beneficence

The researcher ensured that there was no harm to the participants or those who were supposed to benefit from the study. Both the topic being researched and the methodology used were based on their beneficial prospects to the plethora of existing academic literature and the community it seeks to serve.

3.10.2 Non-Maleficence

Nonmaleficence requires that the research not purposely cause harm. The two aspects of beneficence require that what is being researched and how the research is being conducted are both beneficial. Nonmaleficence makes sure that what is being done is not harmful and that harm is not done by omitting care or treatment. This study made sure that no harm came to anyone connected to the study.

3.10.3 Gaining Entry

The study obtained informed consent from the participants of the study, as this was the general ethical principle when obtaining entry and access to research. The researcher made efforts to make sure that individuals taking part in this study were well informed of the study and its intended benefits as well as any information that was deemed relevant was shared freely.

3.10.4 Respect For Human Dignity

The principle encompasses the right to self-determination as well as the right to full disclosure. Toward self-determination, our study provided participants with the right to refuse participation in the study, to discontinue participation if uncomfortable, to exclude themselves from specific questions if this was too difficult for them and to ask for clarification on any aspect of the research project. The researcher explained the study's purpose to participants, their right to refuse participation, the researcher's responsibilities, and the risk and benefits involved before actual interviews began.

3.10.5 Justice

Fairness and privacy are both part of the principle of justice. Participants' rights to fair treatment: the participants were treated tactfully and respectfully, observing their habits, culture, and lifestyle. Participants were given the chance to ask questions and to express their feelings. In order to respect each person's right to privacy, the researcher conducted interviews individually in a private area and treated data with confidence. Anonymity was maintained by making sure that no specific participant could be identified after completing structural interview schedules.

3.10.6 Consent For Conducting The Interviews

An ethical clearance letter, which is attached to this study as an annexure, provided the researcher with the permission to conduct interviews with both the Eastern Cape Health Research Committee and the Frere Hospital Ethics Board. The nature of the research was fully explained to each participant, and he or she requested to participate. There were no remunerations paid. A consent form was signed by each participant, and the consent form was written in English, and participants could all read, understand and communicate in English comfortably. An effort was made to maintain confidentiality and anonymity by keeping signed consent forms separate from completed structured interview schedules. This helped ensure that consent forms could not be matched with specific structured interview schedules. The participants were all reassured in this regard.

3.11 Delimitation

Edwards (2020) describes delimitation as the choices the experimenter makes to describe a workable research problem, such as the use of one particular trait or quality test in the assessment of personality characteristics. The implementation of national core standards with a specific reference to clinical leadership was the main core of the study. For the purpose of this study, this study was delimited to only the Frere hospital in Eastern Cape.

3.12 CONCLUSION

This chapter outlined the adopted research methodology for this particular study. This study made use of the qualitative research methodology as an appropriate research methodology and this method assisted the researcher to acquire an in depth understanding of the phenomena of interest compared to a quantitative research. It has been proven that indeed qualitative methodology helps in highlighting and explaining previously unexplainable phenomena and issues that quantitative methods failed to explain. The proceeding chapter outlines the data presentation, interpretation and analysis.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.0 INTRODUCTION

In the previous chapter which was research methodology, the study focused on the research design and methodology that became a cornerstone of the scientific process and research protocols. In chapter 4, the researcher reports on the results of the study that sought to explore implementation of the National Core Standards with a specific reference to clinical leadership at Frere hospital in East London Eastern Cape by presenting the themes, sub-themes and categories that emerged from the data that was gathered.

4.1 DEMOGRAPHIC INFORMATION OF PARTICIPANTS

As indicated in the research methodology, two groups of participants took part in this research study. The first group consisted of 7 clinical staff employed at Frere Hospital in East London, Eastern Cape as highlighted in Table 1. The second group was the key informants comprised of 5 clinical staff at Frere Hospital that hold leadership positions as highlighted in Table 2. The key informants comprised of six participants in different clinical leadership positions and departments within Frere Hospital in East London, Eastern Cape. The key informants had differing work experience within the area under scrutiny and Table 2 below highlights the different stations and qualifications of these informants. The researcher informed the participant that their real names will be concealed, and that pseudonyms would be assigned to them. All participants gave their consent to that pre-arrangement. An outline of the demographic details of all the participants are outlined in the tables below.

Table 1: Demographic Profile of the Participants of the Study

Aliases	Age	Gender	Educational Level	Employment Status	Work Experience
Particip1	60	Male	MBChB	Permanent	15 years
Particip2	50	Male	Masters in Human Resource Management	Permanent	11 years
Particip3	47	Male	Bachelor of Commerce in supply and operations management	Permanent	9 years
Particip4	40	Male	Bachelor of Pharmacy	Permanent	10 years

Particip5	38	Female	B.Curis. Hons	Permanent	8 years
Particip6	44	Female	M.Cur	Permanent	10 years
Particip7	48	Female	MBChB	Permanent	12 years

Table 2: Demographic Profile of the Key Informants of the Study

Job Title	Gender	Work Experience	Department / Section	Clinical Leadership Position
Dr. Anangu	Male	+17 Years	Surgery	Head of department
Mr. Maha	Male	+9 Years	Human Resources Development	Manager
Dr. Leni	Male	+12 Years	Supply Chain	Head of department
Dr. Fahlore	Male	+15 Years	Pharmaceutical	Pharmaceutical head
Str. Bettina	Female	+10 Years	Nursing	Nursing services manager

4.1 Demographical Data of the Participants of the Study

Participants illustrated features of Age, gender, educational level, employment status and the work experience of the participants of the study. The research presented participants with pseudonyms in accordance with the research ethos of maintaining the principle of confidentiality and anonymity. The researcher throughout was highly guided by the ethical consideration of confidentiality as participants were verbally informed that all their responses were to be treated as confidential information when presenting the findings.

4.1.1 Age

All the participants group were between the ages of 35 and 60 years of age indicative of the level of experience and duration within the clinical domain a positive outcome for the researcher searching for a more informed understanding of the NCS.

4.1.2 Gender

The participant group had 3 females and 4 males and again this has no significant bearing on the study objectives but simple highlights the existing differences in the ratio of females against males within study domain. The study had 1 female and 4 males as the key informants and this may be indicative of a male dominated clinical leadership structure at Frere Hospital even though equitable access across all genders is encouraged for such leadership positions.

4.1.3 Educational Level

Two of the participants had MBChBs while an additional two had Bachelor's degrees, 1 participant indicated that he had a Master's degree and the remaining two participants had a B.Curis. Hons and M.Cur respectively. This was indicative of the participants continuous development status as well as the stringent demands and requirements that come with clinical employment expectations.

4.1.4 Employment Status

Findings from the study found that all of the participants were permanently employed by the Hospital at Frere. The key informants of the study were mainly clinical leaders within their different areas of expertise.

4.1.5 Work Experience

The participants of the study had varying work experience between 8 years and 15 years as permanent employees within the domain of the study. From the study all key informants indicated that they had 9 years or more working within their specific job roles. These key informants were critical to the success of this study due to their information rich status on the subject under scrutiny.

4.1.6 Department/Section

The 5 key informants employed by Frere Hospital in different sections and departments of the hospital namely, surgery, human resources development, supply chain, pharmaceutical and nursing.

4.1.7 Clinical Leadership Position

The key informants all held clinical leadership roles within the hospital with three being the head of departments of their area of expertise and two being managers.

4.2 PROCESS OF ANALYSIS DATA

A thematic analysis process underpinned this particular study. O'Sullivan & Jefferson (2020) point out that in this process of analysis, the classification of data is discussed under emerging themes that connect with the data allowing for comparison and determination of relationships against existing data. The data was transcribed verbatim into a written form in preparation for analysis and during the process of analysis themes and sub-themes emerged (Silverman, 2020).

Table 3: Emergent Study Themes and Subthemes

Theme No.	Theme Description	Sub-Theme No	Sub-Theme Description
4.2.1.	Understanding of the National Core Standards at Frere Hospital	**4.2.1.1**	Patient's Rights
		4.2.1.2	Patient Safety, Clinical Governance and Clinical Care
		4.2.1.3	Clinical Support Services
		4.2.1.4	Public Health
		4.2.1.5	Leadership and Governance
		4.2.1.6	Operational Management
		4.2.1.7	Facilities and Infrastructure
		4.2.1.8	National Core Standards Workshops
		4.2.1.9	National Core Standards Tools / Materials
4.2.2	Necessity of clinician leadership in managerial decision-making for improved public hospital performance through effective implementation of NCSs in Frere Hospital	**4.2.2.1**	Human Resource Shortage
		4.2.2.2	Obsolete Record and File Keeping
		4.2.2.3	Shortage of Adequate Medication and Equipment
			Proper clinical leadership succession
		4.5.2	Complaints Boxes and Awareness
		4.2.2.1	
4.2.3	Extent of compliance with NCSs at Frere Hospital	**4.2.3.1**	Lacking support from Clinical Leadership
		4.2.3.2	Communication challenges
		4.2.3.3	Limited staff and resources
4.2.4	Strategies needed in the effective implementation of the National Core Standards	**4.4.3.1**	Improvement through the Quality Assurance Office
		4.4.3.2	Service Quality of Health care towards patients
		4.4.3.3	Assessment on National Core Standards

4.2.1 Theme 1: Understanding of the National Core Standards

The implicit understanding of the National Core Standards by the clinical staff in terms of what it entails and how it functions when effectively implemented is of paramount importance. Given that the standards are intended to be universally applicable, that is, they cover services in hospitals and

clinics, and in the public and private sectors. They have been developed into seven cross-cutting areas where service quality or safety can be at risk.

4.2.1.1: Patient's Rights

The clinical staff at Frere Hospital indicated that there understood that under the National Core Standards, the patients had rights to be treated with respect and dignity, to referred and have access to information. **Particip4** indicated that by continuously understanding that the patient's rights came first when it came to healthcare, he was able to provide satisfactory healthcare services to the patients.

Particip1 added that,

> *"The NCS provides us as nursing staff adequate guidelines as to how patients must be treated and respected. I always refer to the NCS as a standard for how I serve and communicate when dealing with patients within the hospital"*

Particip7 in echoing sentiments of **Particip1** added that,

> *"It is my duty to fully understand the NCS if I am to properly do my job especially when relating to how patients are treated and taken care of whilst seeking medical assistance at the Hospital"*

4.2.1.2: Patient Safety, Clinical Governance and Clinical Care

Relating to patient safety, clinical governance and care, the finding of the study indicated that all the participants understood what was expected of them as they carried out their clinical duties at Frere hospital. **Particip6** identified the need to be grounded by set clinical ethics in relation to patient care and working with clinical leadership that understood the value of both patient and clinical staff, she added that,

> *"Patients need to be properly and adequately taken care of and given the right treatment and medication. We rely of the proper support systems that clinical leadership implements to make our job more manageable and easier".*

Particip3 pointed out that,

"As the contact staff at the hospital worse now with the current Covid-19 pandemic it is important that all necessary protocols are implemented and adhered to so as to reduce any possible health care associated infections. Also, as the clinical staff we make sure that we follow the strict infection control practices as outlined within the NCS".

4.2.1.3: Clinical Support Services

The study found that the participants understood that it was important for the hospital to always have adequate medicines, clinical support as well adequate clinical staff in order to provide quality health care services to the patients who come seeking medical help at Frere Hospital. According to **Particip5**, the proper and effective provision of clinical support services underpinned the smooth service delivery that the clinical staff was able to provide to its patients at the hospital.

She further added that,

"We strive to provide quality health care services but sometimes we are impeded by aging infrastructure and equipment's that affect the expected quality of care that we are supposed to offer our patients. Furthermore, the volume of patients that seek medical assistance on a daily basis tend to outnumber the available clinical staff at the hospital which leads to longer queues and turnaround times. But we continue to strive to provide the best services even with restraining resources."

Particip4 pointed out that effective care in public hospital entailed the adequate provision of much needed medicine as demanded by the hospital,

"The hospital provides critical health care services to the public and as such adequate provision of services and medication is priority. Patients need to be properly informed about the medication that there are prescribed to take and at the same time the medication prescribed by the doctors need to be readily available for the patients."

4.2.1.4: Public Health

All the participants indicated that they understood the need for delivery of health promotion and disease prevention in their drive to provide quality health care services to the public.

Particip7 pointed out

"I believe that the NCS function well in assisting us meet set standards and protocols and I always refer to them as an occasional mantra as to why I chose this particular profession of serving the people. Our communities need us because of our previous history ***Ye*** *(of) apartheid, it is up to us to make sure that* ***wonke umuntu*** *(everyone) gets the best quality healthcare service and attention."*

4.2.1.5: Leadership and Governance

Effective clinical leadership provides the basis for the appropriate implementation of the NCS and the participants indicated that clinical leadership that was accountable and able to communicate effective was key to the continued provision of quality healthcare services to the patients at Frere Hospital. **Particip5** and **Particip3** both pointed out that the clinical leadership structure had to be appropriate and able to set much needed prioritise and operational plans that moved the hospital closer to its set goal and mandate for improved quality care and service for all.

Particip1 further added that,

"We rely on our clinical leaders to push and move us in the right direction especially now with this pandemic, it is important that saving lives and protection of both clinical staff and patients be places as high priority if we are to come out as winners whenever this pandemic is defeated."

4.2.1.6: Operational Management

Findings from the study found out that this aspect of the National Core standards was fully understood by the participants of the study as it dealt with the delivery of safe and effective patient care through an efficient day to day running of the hospital.

Particip2 pointed out that,

"Understaffing the hospital severely impacts and affects the service of care that the patients get when there come seeking medical care at our hospital. Also when the clinical staff needs are ignored the patients are the ones that suffer the most so it is important for those in clinical leadership roles to positively address these issues."

These comments were further expounded on by **Particip3** who added that,

"In my opinion this is one of the most important aspect of running a healthcare facility effectively and I am glad that it is clear defined and outlined in the NCS as this allows for accountability and responsible running of the hospital by those in leadership position with the assistance of those clinical staff on the ground."

4.2.1.7: Facilities and Infrastructure

Healthcare facilities have a fiduciary mandated to maintained the highest of hygiene standards in order to prevent the outbreak of diseases within the hospitals.

Particip5 pointed out that,

"As clinical staff we have to maintain the highest level of hygiene and because we handle items and materials that if not properly disposed of may lead to contamination and spread of diseases."

This was supported by **Particip7** who added that,

"Working in the healthcare sector comes with its hazards and challenges and as such it is our duty and right to work in a place that values hygiene and cleanliness and we also owe our patients the same, an environment that is safe, reliable and focuses on providing quality of care and services to the patients."

4.2.2 Theme 2: Necessity of clinician leadership in managerial decision-making for improved public hospital performance through effective implementation of NCSs

Although defined as a constitutional mandate, the delivery of quality health care and services in South Africa is marred by many challenges and obstacles that go back as far as the apartheid period, when the country functioned along discriminatory policies and services along a racial divide. This has made decision-making amongst clinician leadership very difficult in order to improve public hospital performance through effective implementation of NCSs. Below are some of the challenges faced by clinician leadership at Frere Hospital.

4.2.2.1: Human Resources Shortage

The participants indicated that although they worked in line with the NCS guidelines, shortage of clinical staff impeded their work tremendously. Particip1 pointed out that,

"We struggle with the increasing workloads and limited staff, and when some of the clinical staff is on leave this affects how we relate the NCS at the hospital."

Particip4 added that,

"It gets so busy sometimes that I have limited time to myself and when I get home I am so exhausted and this affects how I relate to the patients or carry out my job effectively."

4.2.2.2: Obsolete Record and File Keeping

The study findings indicated that the record and file keeping method although partially computerized was still out of date and this made it hard at times to effectively deliver quality services to the patients.

Particip6 indicated that,

"Even if you were to go to the main reception area right now the number of patients still waiting to be called, assisted and given their files is outrageous and there is a need to address this old filing system at the hospital."

Particip2 added that,

"We need to find an effective method of addressing the obsolete filing method that is currently being used at the hospital if we are to fully realise the effectiveness of the NCS within this establishment."

4.2.2.3: Shortage of Adequate Medication and Equipment

Another finding from the study in terms of the obstacles that affected the effective implementation of the National Core Standards at Frere Hospital was the issue adequate of medication supplies and equipment. All the participants pointed out that although expected to provide quality health care and services to their patients at all times sometimes the challenges impeding that was beyond their control. **Particip4** pointed out that at times there had to refer patients to other healthcare establishments as the equipment was either not functioning well or the hospital was still in the process of getting one.

Particip5 further added that,

"Shortage of adequate medication supply and equipment is a real challenge for us as a hospital and at times we are expected to make do with the limited resources that we have and this really affects how we provide the much needed services and care to our patients."

4.2.3: Theme 3: Extent of compliance of National Core Standards at Frere Hospital

The extent of compliance of the NCS at Frere Hospital is affected by the following challenges as indicated by the research findings.

4.2.3.1: Lacking support from Clinical Leadership

The participants of the study indicated that they felt like the clinical leadership at the hospital did not fully support them in terms of resolving arising challenges and this affected their compliance to the National Core Standards.

Particip1 indicated that,

"We want to comply with the NCS but management at times fails us when we need certain issues resolved and this also affects how we relate to our job and duties."

Furthermore, **Particip6** added that,

"I want to discuss some challenges that I face as I carry out my duties at the hospital but I find it hard to cope as I have little support from my supervisor who is supposed to assist me navigate some to these challenges."

4.2.3.2: Communication Challenges

Participants from the study expressed that issues pertaining to proper communication also played a serious role in affecting their compliance with the NCS. All participants pointed out that due to the shortage of staff proper protocols and regular staff meetings were limited.

Particip2 indicated that,

"We are supposed to have monthly meetings and discuss relevant issues, but because of the time constraints due to the high workload, we do not have such meetings."

Particip4 added that,

"We as the clinical staff have limited time to hold meetings to discuss patient care or administrative issues that are relevant to the quality of patient care and this affects our job and compliance."

4.2.3.3: Limited Staff And Resources

Participants of the study alluded to the fact that due to the limited staff and resources at the hospital, the quality of service and care as outlined in the NCS towards patients was compromised and limited.

Particip1 further added that,

"We get swamped at times and we end up being forced to cut corners in order to help as many of the patients as we possibly can with the limited resources and staff."

Particip3 also indicated that,

"I love my job and I enjoy providing care and services to the patients but the limited resources makes my job harder and the fact that it takes a long time to fill vacant posts at the hospital means that we are straddled with insurmountable workloads that affect how we comply with the National Core Standards."

4.3. Findings from Key Informants

This section will ideally deal with the research findings as relating to the responses from the key informants that underpinned and informed the study as experts of the subject matter under research.

4.3.1: Theme 1: Knowledge and Compliance to the National Core Standards

Clinical leaders are expected to be fully knowledge and comply with the NCS in their action towards quality service delivery and care to the patients. It is important for the hospital to be guided by the NCS as these set guidelines set the tone for effective and efficient service delivery and care and in order to do so effectively it is necessary for the following areas to be addressed.

4.3.1.1: National Core Standards Workshops

Workshops play acritical role in disseminating valuable and much needed information about a product or specific guidelines that relate to expected job roles and responsibilities.

The Head of Department Surgery, Dr. Anangu in his response pointed out that,

> *"In the many years that I have been employed at this hospital as a clinical leader, I have come to realize that in many instances, although the NCS is expected to be understood and known by all clinical staff only a few clinical leadership included actually had an in-depth understanding of these guidelines. It is my view that more workshops on the NCS need to be implemented and carried out so as to both inform and educate all of our clinic staff."*

Nursing Services Manager, Str. Bettina also added that,

> *"In the staff meetings that we usually have the issue of carrying out NCS workshop tends to come up quite a lot as the clinical staff is keen for the clinical leaders to be more proactive in assisting them have a better understanding of the NCS in their day to day duties of providing quality health care services to the patients."*

A sentiment that was further carried over by **Human Resource Development Manager, Mr Maha** who also added that,

> *"It is imperative that workshops about the National Core Standards be carried out occasionally if the effective implementation and compliance is to be achieved and maintained. It is not easy to set a specific standard that the clinical staff knows little about and still expect success in that area and as such the job fails squarely on the shoulders of the clinical leadership to implement active and successful workshops on the NCS."*

4.3.1.2: National Core Standards Tools / Materials

Findings from the key informants indicated that all clinical staff had some knowledge and understanding of the NCS tools and assessment. However, there have been instances that have risen where the clinical staff have indicated that NCS officials sometimes had poor attitudes.

Head of Pharmaceuticals, Dr, Fahlore pointed out that,

> *"The NCS tools and materials are readily available to anyone but there have been instances where the clinical staff has accused officials of being incorporative when it comes to clearly defining the role and importance of these NCS tools and materials a factor that has affected*

many in terms of their attitude towards the NCS and its role as a guideline within the area of health and patient care."

Dr, Leni, Head of Supply Chain added that,

"The NCS tools and materials although readily available do little to help improve the quality of care as the clinical staff is faced with an increasing number of patients and also when we order drugs they tend to take much longer time than in private hospitals and this then functions as the opposite as what is being expected and explained in the NCS tools in terms of quality service delivery and care for all patients, it's just impossible at the moment given the current challenges that we are facing as a public healthcare establishment."

4.3.2: Theme 2: Obstacles to effective implementation and compliance with the NCS

Proper clinical leadership succession plan emerged as one of the key challenges and obstacles that affected the effective implementation and compliance with the National Core Standards at Frere Hospital.

Nursing Service Manager, Str. Bettina was quick to point out that,

"The hospital does not have a proper succession plan and when you look at the current clinical leadership structure at the hospital most of those holding these key leadership positions are old and no longer effective in their roles and responsibilities and as such the compliance level to the NCS is lower."

Human Resource Development Manager, Mr. Maha added,

"It is important for the hospital to give the younger generation the opportunity to be in these clinical leadership positions if the challenges and obstacles that affect the effective implementation of the National Core Standards are to be addressed and overcome. The department needs to strengthen the succession plan through identifying and developing the strengths of the younger future clinical leaders"

On the other hand, **Head of Department of Surgery, Dr. Anangu** had a differing view. According to him the current clinical leadership was doing a tremendously good job and the actual obstacle to the effective implementation of the National Core Standards was financial constraints,

"We are doing all that we can, considering the circumstances and to place the blame solely on the clinical leadership for the challenges faced in effectively implementing the NCS is a miss. The actual challenge for us is financial constraints, we are expected to do so much with limited budgets and then we get to be compared with the private hospitals that actually places serious focus on making sure that adequate finances are available for the effective implementation on the NCS within the hospitals."

4.3.2.1: Complaints Boxes and Awareness

Findings from the key informants indicated that although there were aware of the complaints boxes, the frequency to which the complaint boxes are opened at Frere varied across the various departments.

Str. Bettina, the Nursing Services Manager pointed out that,

"*The advantage is that I am sitting on the quality assurance committee, so we receive all the complaints and we deal with them, and we further advice that the complaints should be addressed if there is a need to".*

However, this also came with its own challenges and limitations as **Human Resources Development Manager, Mr. Maha** ideally pointed out,

"The boxes are supposed to be opened on a weekly basis and be presented to us as the committee, but we do not get them, and this is happening across all departments and because patients report directly to the quality assurance office the nursing department is skipped in the process and this creates a negative feedback loop that limits the effective implementation of the NCS at the hospital."

4.3.3: Theme 3: Strategies to improve the effective Implementation of the NCS

There are many strategies that can be implemented to effectively improve the uptake of the National Core Standards at Frere Hospital.

4.3.3.1: Improvement through the Quality Assurance Office

All the key informants indicated that there were quality improvement plans at Frere hospital. However, only the key informant from the Nursing Services division revealed some details regarding such plans. She mentioned that infection control and waiting periods for services rendered to patients

were the two areas which had detailed plans for quality improvement that had been developed and submitted to management to date. This is a key area of development that if utilized strategically, would improve the effective implementation of the NCS at Frere Hospital.

The **Head of Supply Chain, Dr. Leni** added that,

> *"The effective implementation of the National Core Standards at Frere Hospital can only be achieved if all departments strategically came up with viable solution that work well within their departments and proceeded to work in tandem with the Quality Assurance Office to make sure that these strategies were effective and implemented successfully."*

4.3.3.2: Service Quality of Health care towards patients

The key informants in the study all alluded to the fact that in their view private hospitals offered better service quality of health care towards their patients.

Head of Pharmaceuticals, Dr. Fahlore was the first to point out that,

> *"Although clinically, the work that I do here at Frere is the same as the one I do in private hospitals, in terms of quality of service, public hospitals like Frere cannot compete with the private sector due to financial constraints among other factors. There is a need for a more robust development of best fit strategies that will serve the patients well starting with increasing the budget of public healthcare facilities by the government."*

Dr, Leni, Head of Supply Chain also added that,

> *"In my opinion the quality of service offered by Frere is far below, compared to that of a private institution and prioritisation should be given to anything that has to do with patient needs and as such the government should do more to close the gap that exists between private and public hospitals in order to have equitable quality of services and care across all boards."*

He went on to indicate that there were compelled by the government to choose suppliers who complied with the BEE (Black Economic Empowerment) policies even if their services are were sub-standard and this as he later added,

"Affects the quality of services and care that we can provide, for instance, this one time I had an angry doctor confront my department about the poor quality of the needles and syringes and although the action by the government is commendable, it is clear that if improvements are to be seen a better strategy has to be implemented that will be in line with the NCS guidelines and that will provide the necessary levels of quality of care and services at Frere hospital."

These were the same sentiments shared by **Human Resource Development Manager, Mr. Maha,** with reference to the strategies needed to improve the effective implementation of the NCS at Frere Hospital, as he further pointed out that,

"It is no secret that the low quality goods and services being procured from these BBE compliant suppliers are negatively affecting the operations of vital services at Frere, and as such there is a serious need for the prioritisation of clinical, medical supplies as well as functional support across all operational sectors of the hospital by the government so as to improve these pertinent areas that cut cross all aspects of quality service delivery and care in public hospitals like ours."

4.3.3.3: Assessment on National Core Standards

Finding from the study from the Key informants found that it was important for the assessment on NCS to be done periodically as a strategy to improve the effective implementation and compliance at the hospital.

Str. Bettina, Nursing Services Manager had this to share,

"Increased frequency of assessments done on NCS will go a long way in improving compliance and the implementation of the guidelines when working towards improved quality services and care for all patients."

This concern was shared by both **Head of Surgery, Dr. Anangu** and **Head of Pharmaceuticals, Dr. Fahlore** who both indicated that,

"As a public hospital we cannot go wrong if we start implementing regular assessments on National Core standards as an effective strategy towards compliance and implementation within our hospital. As designated healthcare givers it is our duty to provide such care along

a set standard of quality and expectations to all our patients and this starts with us having an improved and better understanding of the set guidelines contained in the National Core Standards"

4.4 CONCLUSION

The chapter dealt with the analysis of data into emerging patterns. It presented findings on the data collected from the participants in the study who constitute clinical leadership and other administrative staff holding certain positions within Frere Hospital. The overall impression is that the implementation of NCSs is a still a major challenge within the hospital and that clinician leaders are compounded by a plethora of challenges in ensuring understanding, compliance and effective implementation of NCSs. The following chapter will ideally deal with the interpretation of the data into relevant themes and supported by available academic literature from previous and existing studies. The next chapter will further provide the conclusion as to each objective that underpinned the study and also conclusion of the study and recommendations.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The previous chapter dealt with the data findings from the study, this chapter will deal with the discussion of the findings from the previous chapter drawing conclusions and appropriate recommendations from the recommendations emanating from the themes and sub themes of the study. These conclusions will also give light on the implications of the implementations of the National Core Standards at Frere Hospital with a specific emphasis on clinical leadership. The chapter will also give conclusions to the objectives that underpinned the study as provide indication for possible future studies arising from the study findings.

5.2 Understanding of the National Core Standards at Frere Hospital

Study findings identified that although there was a conceited effort to understand the NCS at the hospital, there was still a number of challenges that arose. The clinical staff at Frere Hospital indicated that there understood that under the National Core Standards, the patients had rights to be treated with respect and dignity, to referred and have access to information. Relating to patient safety , clinical governance and care, the finding of the study indicated that all the participants understood what was expected of them as they carried out their clinical duties at Frere hospital. Maphumulo & Bhengu (2019) point out that it is critical for clinical staff to have a strong understanding of the NCS as it relates to their day to day functions as public health servants. Furthermore, the study found that the participants understood that it was important for the hospital to always have adequate medicines, clinical support as well adequate clinical staff in order to provide quality health care services and deliver health promotions and disease prevention to the patients who come seeking medical help at Frere Hospital.

Kredo, Abrams, Young, Louw, Volmink & Daniels (2017) argue that effective clinical leadership provides the basis for the appropriate implementation of the NCS and the participants indicated that clinical leadership that was accountable and able to communicate effective was key to the continued provision of quality healthcare services to the patients at Frere Hospital. Additionally, the study findings also found out that this aspect of the National Core standards was fully understood by the participants of the study as it dealt with the delivery of safe and effective patient care through an efficient day to day running of the hospital. Like in all other healthcare facilities these organisations have a fiduciary mandated to maintained the highest of hygiene standards in order to prevent the

outbreak of diseases within the hospitals. The NCS provides a critical framework that assists healthcare employees in their dissemination of their services to the public in terms of quality of service delivery (Maphumulo & Bhengu, 2019). Lebese, Begg, Dudley, Mamdoo, Engelbrecht & Andrews (2017) argues that for compliance and full understanding of the NCS to be achieved within the South African healthcare sector it is important for a proactive clinical leadership to be groomed and identified.

5.2.1 Knowledge and Compliance to the National Core Standards

The study findings indicated that although there was a widespread knowledge about the NCS within the hospital, compliance was lacking in many aspects of the NCS and this was attributed to limited staff trainings among other things. Notably, the South African governments efforts in improving health care sector in the country has to be commended. However, the long history of inequality has placed such a huge toll and demand on the existing public health care structures to an extend that some are failing (Maphumulo & Bhengu, 2019). Malakoane, Heunis, Chikobvu, Kigozi & Kruger (2020) attributes this failure to the challenges that also arise when compliance to the NCS are considered as public health care facilities cater for the largest demographic population in the country.

Key informants in the study alluded to the fact that it was not always easy for clinical staff to comply with the NCS given that there was always a shortage of time and workshops to disseminating valuable and much needed information about a product or specific guidelines that relate to expected job roles and responsibilities. Maphumulo & Bhengu (2019) notes that the limited amount of time allocated for NCS workshops also plays a critical role in compounding the lack of compliance to the NCS that tends to happen in most health care facilities like Frere hospital in the Eastern Cape. Poor attitudes from NCS officials was also identified as another cause for lack of compliance to the NCS also given that clinical staff are faced with an increasing number of patients and limited drug availability as compared to private hospitals.

5.2.2 Obstacles to the effective Implementation of the National Core standards

Proper clinical leadership succession plan emerged as one of the key challenges and obstacles that affected the effective implementation and compliance with the National Core Standards at Frere Hospital. Lebese et al., (2018) argues that leadership qualities and constraints affect the proper succession planning and transition of clinical leaderships in most public health care facilities. Unlike many other organisations years and experience lay a critical role in identifying clinical leadership within the health care sector, and this translates to a clinical leadership that is aging especially within the South African health sector (Maphumulo & Bhengu, 2019). The challenge of identifying the

younger generation for clinical leadership position is always met with their inexperience's when it relates and translates to proper management and effective implementation of the NCS. However, the study findings pointed to a serious need to groom the younger generations for these key clinical leadership positions in order to have a proper succession plan that is functional and effective. The findings did also uncover another obstacle to the effective implementation of the NCS that as the key informants pointed out played a far more significant role and function in limiting the effective functions of the NCS within Frere Hospital.

Financial constraints plague all public health entities both locally and globally (Lebese et al, 2018), Maphumulo & Bhengu (2020) points out that most public health care facilities function way under budget and this directly affects the effective implementation of the NCS a factor that is well understood and addressed in private health care facilities. Another obstacle that emerged was the proper utilization of the complaints boxes and the function of the quality assurance committee. The key informants indicated that these boxes were not opened as frequently as needed and as such some of the critical issues that needed to be addressed quickly ended up being addressed slower and later on and this inevitably created a negative feedback loop that limited effective implementation of the NCS at the hospital.

5.2.3 Strategies to improve the effective Implementation of the NCS

Study findings show an immediate need for a united effort by all departments in order to improve the implementation of the NCS within the hospital. Kredo et al. (2017) argues that combined efforts and able leadership at all clinical levels are critical for the success of the NCS and as such strategies must place a higher priority on the symbiotic relationship that exists within the sector in order to facilitate effective and lasting implementation of the NCS. The quality assurance office has a significant role to play in providing the necessary environment that encourages compliance and effective implementation of the NCS similar to what is happening in private hospitals (Kredo et al., 2017). According to Malakoane et al. (2020) the quality of service found in private hospitals can never be found in public hospitals due to financial and logistical limitations, a factor that if not adequately addressed will continue to affect the effectiveness of the NCS.

Additionally, the requirements by the government to only engage with suppliers who complied with the BEE (Black Economic Empowerment) policies even if their services are sub-standard plays a critical role in limiting the effective NCS implementation as quality and services are usually compromised for service equity (Malakoane et al., 2020). The low quality of goods and services needs

to be improved and set standards identified and maintained in order to fully actualize the effective implementation of the NCS within the South African health sector.

5.3 STUDY CONCLUSIONS

The study concludes that optimal performance in hospitals is linked to clinical leadership. This system is an integral part of the healthcare system and is allied to a wide range of hospital functions. It is a key component of nursing, doctoring, and other health care is building leadership skills. As such, in order to increase efficiencies and improve quality, clinical leadership should be enhanced. Additionally, many research studies note the challenges faced by clinical leaders, including their lack of confidence, their cynicism, their poor communication skills, their lack of preparation, and the challenges faced by undergraduate students in medicine, nursing, and related courses. Also concludes that the lack of experience, insufficient funding for development programs, poor leadership, negative perceptions that leadership role is not their responsibility, poor relationships among disciplines and inadequate teamwork has a strong impact on healthcare staff being keen to take up clinical leadership positions. Service delivery is relatively poor due to the disconnect between clinicians and managers. There is a strong belief across health systems that involving clinicians in governance and management roles would benefit healthcare organizations on a macro level in terms of efficiency and effectiveness.

However, there is still little understanding of how managers with clinical backgrounds can influence healthcare performance outcomes despite growing interest around the topic. According to a literature analysis, studies investigating clinicians' involvement in leadership positions have inquired about effects on financial resources, quality of care provided, and social performance. Notably, clinical leadership appears to have a positive effect on different types of outcome measures, with only a few studies finding that it negatively impacts financial and social performance.

From an overview of literature, the NCS tool provides the minimum standards of care that are mandatory in all health establishments in South Africa (Ranchod et al. 2017:106). The main aim of NCS is to develop a common definition of quality care and to launch a benchmark against which healthcare organisations could be assessed (NDoH 2013:17). Therefore, the government established the Office of Health Standards Compliance (OHSC) to fulfil the constitutional obligation of ensuring the delivery of safe and high-quality care in health establishments (National Department of Health (NDoH) 2013:8). The OHSC introduced a quality assurance mechanism to regulate the quality of health services against a prescribed set of norms and standards prescribed in the National Health Amendment Act (Act No. 12 of 2013) (NDoH 2013:8). The OHSC developed the National Core Standards (NCS) tool, which serves as a guide for managers at all levels, explaining the expected level of service delivery (NDoH 2013:23).

There is a significant and diverse body of literature on NCS but there is a gap on the role of clinical leadership in enforcing the effective implementation of these regulations in order to improve

healthcare service in South Africa amongst hospitals, clinics and other healthcare centres. A study conducted by Doherty (2013) noted that there are many barriers to strong clinical leadership. Clinicians are often poorly prepared for leadership and there are few financial incentives to take up leadership positions, as well as limited career pathways (Doherty, 2013). Organisational support is often weak and clinical leaders may encounter resistance from their clinical colleagues who sometimes judge them for having gone over to "the dark side" by participating in management processes (Doherty, 2013). Clinical leaders' attempts to institute effective clinical governance may also be stymied by persistent management hierarchies that do not recognise clinicians' contributions or maintain "silos" that fragment the efforts of doctors, nurses and general managers or administrators (Doherty, 2013). These findings are synonymous with the study findings that reflect on the different challenges faced by healthcare institutions and clinical leadership in the implementation of NCSs.

In light of South Africa's health care reforms to achieve universal health coverage (DoH, 2011) and the importance of a set of National Core Standards (NCS) to provide a benchmark for quality of care across South Africa, there still exists challenges within the health care in relation to provision of quality healthcare service. This is despite the NCS being the focus of a national development and dissemination process, together with countrywide training and support in using the standards to close identified quality gaps (DoH, 2011). Therefore, this study analysed the context, content, actors, and process of the implementation of NCS from a clinical leadership perspective.

In conclusion, most findings from the literature review were also found by the researcher during primary research. The corroboration of the researcher's findings with those found in the literature provides, to some extent, validation of the findings of the study. The findings presented by the researcher therefore also contribute to the body of knowledge and opens opportunities for possible further more in-depth research.

5.3.1 Discussions On Study's Aims And Objectives

The aim of the study was to explore the effectiveness of the implementation of NCSs with specific reference to Clinical Leadership in Frere Hospital. It also wants to assess if the Frere hospital upholds the national core standards. The study had four underpinning objectives that informed the aim of the study and the researcher strongly believes that these objectives were adequately unpacked and dealt with. The study was informed by the following four objectives:

- *To explore the obstacles that to implementation of NCSs in Frere in Hospital*.

The study found quiet a number of obstacles that affected the effective implementation of the NCS at Frere hospital in the Eastern Cape. Importantly, the government although having made significant milestones in the provision of quality and adequate health care for the vast majorities in South Africa, the effort still needs to be improved as staff and equipment shortages still plague most of these public

health facilities. The implementation of the NCS will continue to be affected by the various factors given the fact that for public healthcare facilities the demand already outweighs the supply and government efforts (Maphumulo & Bhengu, 2019). Importantly, training of clinical leadership must be an ongoing process and the succession plan must be clear and inclusive so as to maintain high levels of implementation of the NCS at all times that is not affected by changes in the clinical leadership positions. Furthermore, service delivery must be done on merit and not on the qualification of a BEE and in instances where BEE compliant businesses are encouraged then stringent and ongoing quality assurance demands must be implemented and adhered to at all times.

- *To explore the employees' perceptions of the National Core Standards in Frere Hospital.*

Employee perception of the NCS plays a critical role in identifying the compliance and implementation levels at hospital levels. Malakoane et al. (2020) point out that in situations where the employee perceptions are negative, the uptake of NCS in terms of compliance and implementation tends to be limited and affected. The study found that for many clinical staff the NCS presented a clear blueprint for them to follow in terms of quality service delivery. However, key critical challenges and limitations made too difficult for the employees at Frere hospital to adequately comply and effectively implement the NCS into their daily clinical duties at the hospital. The perception was further altered by the huge patient to clinical employee ratio that existed within the hospital that in the end forced the employees to cut corners in order to attend to as many patients as possible. Employee burn out and frustrations also coupled with restricted access to quality drugs and adequate equipment's also emerged as serious challenges that were identified by the employee as affecting their compliance to the NCS at Frere hospital.

- *To explore the extent that Frere complies with the National Core Standards.*

The compliance of the NCS at Frere hospital is affected by the many challenges that have been identified and outlined within the study. Maphumulo & Bhengu (2019) argues that it is important for hospital to comply with the NCS in order to provide the envisaged quality of services for all, however the reality on the ground spells a totally different outlook. Compliance although established and maintained is not fully adhered to at the hospital as the study findings indicated. The challenges of limited staff, equipment, sub-standard drugs and service delivery by BEE compliant service providers as well as poor clinical leadership succession plans all factored in as serious challenges to the compliance of the hospital to the NCS. Importantly, in order for compliance to be achieved at all levels of clinical service at the hospital government must make sure that challenges faced by public health care facilities are addressed and dealt with expediently (Lebese et al., 2018). The extent to

which Frere hospital complies with the NCS directly correlates with the conceited efforts done by the government to mitigate some of the challenges arising that affect the hospitals effective compliance with the NCS in its provision of clinical and medical care (Lebese et al., 2018).

- *To explore the strategies that are needed to implement the National Core Standards*.

The NCS can be effectively implemented if the government intervention plans and standards are constantly revised and attended to in line with the emerging demands that affect the compliance to the NCS of health care facilities (). The study found that public hospitals faced a lot of challenges that affected their day to day quality of service delivery to the patient's in line with NCS and as such strategies identified must be in line with addresses each and every challenge faced. The NCS form the basic standard expected of public service health care service facilities and as such there must be high adherence and compliance as well as implementation levels at all times. Furthermore, identified strategies must be revised occasionally so as to keep in line with changing circumstances and needs of the public health care facilities in South Africa (Maphumulo & Bhengu, 2019).

5.4 STUDY RECOMMENDATIONS

The findings from the data analysis of this particular study have given rise to the following study recommendations, that functions to try and close the existing lacunae in the current body of academic literature on the subject of NCSs implementation and clinical leadership at Frere Hospital, East London in the Eastern Cape.

5.4.1 Effective Performance Management

To improve service delivery, performance management must be reviewed. It is an opportunity for managers to learn and introduce new ways of working. In addition, this encourages accountability by creating a feedback mechanism. It is imperative that all levels of management take a leadership role. To achieve success, leaders should have a clear understanding of the needs of the public health service. Efforts should be made to design a performance appraisal system that emphasizes performance delivery and results.

5.4.2 Recognition And Implementation Of Clinical Leadership

Leadership plays a key role in hospital performance. The system is an integral part of the healthcare system and is allied to a wide range of hospital functions. It is essential that nurses, doctors, and other healthcare professionals develop clinical leadership skills. To increase efficiencies and improve quality, clinical leadership should be enhanced. Research notes several challenges faced by clinical leaders, including lack of confidence, cynicism of clinicians, poor communication, ill-preparedness for leadership roles, and curriculum deficiencies required of undergraduate students in medicine,

nursing, and related classes. A lack of experience, insufficient funding for development programs, poor leadership, negative perceptions that leadership role is not their responsibility, poor relationships among disciplines and inadequate teamwork. Service delivery is relatively poor due to the disconnect between clinicians and managers.

5.4.3 Establish A Culture And Implementation Of Good Governance Principles In Health Institutions

The defining feature of Good Governance is accountability, which is considered to be the basis of democracy. Providing high-quality services and good governance is the right of every South African citizen. In order for quality services to be provided, good governance principles should be followed. In addition to facilitating good governance, these principles ensure that citizens are actively involved in transparent decision-making, which in turn results in better service delivery. Government must encourage public participation and undertake governance practices to improve quality service delivery, legislators must enforce accountability and transparency, and the department of health must implement growth oriented economic policies. NCS and leadership in particular are guided by the characteristics of good governance, so it is imperative to implement these principles in public service.

5.4.4 Establish An Institution Based OHSC Office That Is Visible And Implement NCS Through Batho Pele Principles

The OHSC's role is to investigate and resolve complaints from healthcare users through an independent mechanism. Therefore, the Batho Pele Principles can be applied in addressing complaints raised by health care users. The complaints system should be easy to use and accessible; Speed- the longer it takes to respond to a complaint, the more dissatisfied customers are likely to be. It is often helpful to offer a genuine apology as well as a thorough explanation. Fairness - Complaints should be fully and fairly investigated, even when the delay is unavoidable. There should be information exchanged regarding progress and the timing of an outcome. If a complainant is unsatisfied with the response they receive the first time around, they should be offered an alternative avenue where possible; Confidentiality-A complaint should be handled confidentially so that the complainant does not feel that, in the future, he/she will be treated less sympathetically; The service should be provided in a timely manner if a mistake has been made or the service has not met the expected standard. A full apology and explanation should accompany the apology. It is imperative that any remedies needed are explained and that assurance is provided that the problem will not recur. Whenever possible, those who deal with the public directly should be given the authority to correct problems; The review process should be incorporated into complaints systems so that the service providers can receive feedback on their performance and improve services; Staff training is needed, so that all staff are aware of the complaint handling procedures and what to do when they receive a complaint.

5.4.5 Implementation Of The United Nations Development Programme In The Hospital

A robust public sector, able to provide higher quality services cost-effectively to the population, especially to historically disadvantaged groups and youth and women in particular, is one of UNDP's main objectives. Work is divided into three areas. The first: expand leadership and management development programs targeting senior public servants at all levels (balanced between men and women) who are tasked with planning, resourcing and tracking service delivery, thereby strengthening cohesion and building behavioural norms that encourage greater transparency and accountability (UNDP, 2018). Second, policy research, evaluation, assessment, and monitoring needs to be strengthened. These include gender-specific benchmarks and performance indicators, results-based budgeting and management, and developing monitoring and evaluation systems. Similarly, an emphasis will be placed on identifying new or revised policies through research and M&E, and then implementing decision support systems to help follow them through (UNDP, 2018). Third, to support the Government's active citizens policy, development of tools to gather citizen (or service user) feedback, drawing upon collaboration with civil society organizations (CSOs) and successful experiences in other emerging economies, to increase participation (especially of women), accountability, and control of corruption. A complementary initiative will train core oversight bodies, specifically the Public Service Commission (PSC) and the legislatures, on how to track spending, evaluate results, and detect possible fraud (UNDP, 2018).

5.4.6 Who Sets Out Steps For Quality Improvement

The focus of improvement at the hospital must be on the areas that need improvement. In order to measure progress towards improvement, WHO prescribes a performance measurement method and uses baseline data to monitor progress: the NCS toolkit is used for self-audits, and the results of this study can be used at Frere to start the improvement process. An improvement team must be established: Frere has a team dedicated to quality assurance with a leader; it's important that this office is strengthened. The change must be implemented to successfully address the problem and to make the changes necessary to improve care, and the changes must be constantly monitored to see if the changes actually improve the hospital's service delivery.

5.5 SUGGESTIONS FOR POSSIBLE FUTURE RESEARCH STUDIES

Future research suggestions based on the study are as follows:

Clinical Staff work ethics and the National Core Standards

Implications for private health care facilities under the National Core Standards

5.6 IMPLICATIONS AND RECOMMENDATIONS FOR NCS IMPLEMENTATION

By using workshops and policy amendments that greatly improve the status quo of the correct health care facilities in South Africa, the researcher recommends a more government-established intervention into the current health care compliance with the NCS. It is also imperative that external quality assurance offices with a mandate to maintain compliance with the NCS are established

throughout all health care facilities by identifying and addressing the factors and challenges that impede the effective implementation of the NCS and compliance by hospitals like Frere hospital in the Eastern Cape.

5.7 CHAPTER CONCLUSION

The research questions that accompanied the study have provided an adequate and thorough discussion of the results from chapter 4 (chapter 4). In addition, the discussion elicited appropriate recommendations and possible future areas of study to further bridge the existing gap in academic literature and to enhance existing knowledge on issues regarding the effectiveness of NCS implementation with specific reference to the Clinical Leadership in Frere Hospital.

5.8 STUDY CONCLUSION

Despite efforts around the world, health care systems still do not provide comprehensive, integrated, comprehensive and accurate care. There is increasing interest in primary health care access and utilization, as well as a need for effective and functional federal health care programs that regulate these facilities. This is in line with the 2030 Agenda for Sustainable Development for Health, which sets ambitious goals for universal health coverage and health equity worldwide. In order to plan and support complex health system interventions, as well as implement effective National Core Standards within their institutions, a broad range of stakeholders including clinical employees, funders, policy planners, and health system decision-makers require a deeper understanding of primary health care systems. As a result, there is a need to fill the knowledge gaps about primary care systems on the front line at the national and subnational levels in hospitals such as Frere. It is crucial to achieve universal health coverage, and quality of care is critical to its achievement, as part of the Sustainable Development Goals. Toward achieving universal health coverage, the National Health Insurance (NHI) system is an important health financing reform in South Africa. The country was ranked as a middle-income country by the World Bank in 2013. It has 55 million people, with two-thirds living in urban areas. PHCs and the District Health System have been central to the transformation of South Africa's national health system since 1994, when key policy statements such as the White Paper for the transformation of the health system in South Africa (1997) (1) and the National Health Act (2003) (2) were published. The vast majority of the public patients in the country who cannot afford private healthcare, despite all these efforts, are going to benefit from a better service and quality delivery in conjunction with the appropriate and proper implementation and compliance to the National Core Standards.

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ANNEXURE 1: ETHICAL CLEARANCE CERTIFICATE

FACULTY OF HEALTH SCIENCES
Research Ethics Committee

P.O Box 1054
East London 5200
Tel: +27 (0) 43 704 7594
eseekoe@ufh.ac.za

University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE
REC-100118-054

Certificate Reference Number:	**Ref # 2019=06=012=RasiW**
Project title:	**Challenges of implementation of National Core Standards at Frere Hospital, East London**
Nature of Project	Masters of Public Health
Principal Researcher:	Rasi W
Student Number:	201100982
Supervisor:	Prof R Thakathi

On behalf of the Faculty of Health Sciences Research Ethics Committee (FHREC), I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instruments(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the FHREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the FHREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

ANNEXURE 2: ETHICAL CLEARANCE LETTER

FACULTY OF HEALTH SCIENCES
Research Ethics Committee

P.O Box 1054
East London 5200
Tel: +27 (0) 43 704 7594
eseekoe@ufh.ac.za

University of Fort Hare
Together in Excellence

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

Note: The FHREC is aware of the provisions of s71 of the National Health Act of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2003, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The FHREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principles or practices are revealed or suspected
  - relevant information has been withheld or misrepresented
  - regulatory changes of whatsoever nature so require
  - the conditions contained in the Certificate have not been adhered to

- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principal investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to FHREC monitoring@ufh.ac.za.

The Ethics Committee wishes you well in your research endeavours.

Yours sincerely

Professor Eunice Seekoe
Dean of Faculty of Health Sciences
10 June 2019

ANNEXURE 3: INFORMED CONSENT FORM

APPENDIX D: INFORMED CONSENT FORM

INFORMED CONSENT FORM

I *(name of participant)* ……. have been informed about the study by *(provide name of researcher/ project leader/ fieldworker)* …….....

I understand the purpose, procedures, and risk-benefit ratio of the study.

I have been given opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any procedurals that I would usually be entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as result of study-related procedures

I understand that I will be given a copy of this informed consent.

I understand that if I have any questions or complaints about my rights as a study participant, or if I may have concerns about any aspect of the study or the researcher/s then I may contact the Chairperson of the Inter-Faculty Research Ethics Committee, Prof. Pumla Gqola or Chairperson of University Research Ethics Committee, Prof Renuka Vithal (details available from the Researcher or by contacting the University of Fort Hare or Website www.ufh.ac.za)

Participant signature: ……

Consenting for Audio Recording– when necessary

YES / OR

Participant signature: ……

Witness signature: ……...

(to be altered according to the study)

Translator signature: ……...

(to be altered according to the study)

Data curation – I understand that the information that I provide will be stored electronically and will be used for research purposes now or at a later stage (to be altered according to the study)

Participant signature: ……

Date: ……

ANNEXURE 5: EASTERN CAPE HEALTH RESEARCH COMMITTEE LETTER

Province of the
EASTERN CAPE
HEALTH

Enquiries: Zonwabele Merile
Email: zonwabele.merile@echealth.gov.za
Tel no: 083 378 1202
Fax no: 043 642 1409

Date: 24 June 2019

RE: The Implementation of National Core Standards with specific reference to Clinical Leadership: a case study of Frere Hospital. (EC_201906_015)

Dear Ms Wandisa Rasi

The department would like to inform you that your application for the abovementioned research topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.

2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.

3. The Department of Health expects you to provide a progress update on your study every 3 months (from date you received this letter) in writing.

4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.

5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

ANNEXURE 6: LETTER REQUESTING APPROVAL TO CONDUCT RESEARCH

Province of the
EASTERN CAPE
HEALTH

Non Interventional Hospital Review Board
Postal Address:
Frere Hospital
Private bag x 9047
Amalinda
East London
5200
Enquiries: B. Willie Tel: 043 709 2389 Email:babalwa.willie@echealth.gov.za

Physical Address:
Frere Hospital
4th Floor Room 4.18
Amalinda
East London
5200

27th June 2019

Ms W. Rasi
Fort Hare University
Faculty of Health Sciences
East London
5200

RE: REQUEST FOR APPROVAL TO CONDUCT RESEARCH STUDY

"The implementation of National Core Standards with specific reference to Clinical Leadership."

We acknowledge receipt of the above mentioned proposal.

Having gone through your proposal, the committee has no ethical problems noted.

Please be advised that the committee has granted you the consent to do the research and confidentiality to be maintained.

Yours sincerely

.....

Dr J. Thomas
Clinical Governance Frere Hospital

ANNEXURE 7: APPROVAL LETTER TO CONDUCT RESEARCH AT FRERE HOSPITAL

Province of the
EASTERN CAPE
HEALTH

EAST LONDON HOSPITAL COMPLEX
Frere Hospital, Amalinda, Private Bag/Ingxowa Eyodwa X 9047, East London, 5200
South Africa • Tel: (043) 709 2135 • Fax: (043) 709 2443 • Website: www.ecdoh.gov.za

INTERNAL MEMORANDUM

To:	Ms W. Rasi; Masters Student, University of Fort Hare
From:	Dr J. Thomas; Director Clinical Governance, Frere Hospital
CC:	Mrs. J. Scholl; Acting Hospital Manager, Frere Hospital Mrs V. Lujiza; Deputy Director Nursing Services, Frere Hospital Mrs N. Nxelewa; Deputy Director Administration, Frere Hospital Head of Departments, Frere Hospital
Subject:	Research Request: "The implementation of National Core Standards with specific reference to Clinical Leadership."
Date:	27 June 2019

Your correspondence for the above Research Request refers. Your request to access Frere Hospital has been approved.

It is requested that a copy of the completed analysis be submitted to this office for record purposes.

You can liaise with the following persons to coordinate the research:

1. Mrs V. Lujiza, Tel: (043) 709 2781
2. Mrs N. Nxelewa, Tel: (043) 709 2429

Regards,

Dr J. Thomas
Clinical Governance Director: Frere Hospital

ANNEXURE 8: INTERVIEW GUIDE

An interview guide on National Core Standards for participants (Key Respondent) at Frere Hospital

Introduction – I firstly introduce and the study. I tell them the importance of the study and how it will assist the institution in implementing National Core standards and giving quality service to patients.

Risks and Benefits to the participant -I will explain to the participant that there will be no cost for participating in this study.

The interview guide.

Q1. Are you aware of the National Core Standards that the hospital must comply with to improve the quality of service for patients?
Ans.
Q2. Have you ever attended meetings /workshops where National Core Standards was discussed?
Ans.
Q3. Have you ever seen National Core Standards materials such assessment tools and quality improvement guides.?
Ans.
Q4. Are you aware of complaints that are communicated via the quality assurance office?
Ans.
Q.5 How often do you open the complaints boxes in your department?
Ans.
Q 6. Is there one of the complaints you came across that you were able to solve by implementing National Core Standards?
Ans.
Q7. Were assessments on National Core Standards conducted in your department/ clinic by an external Department of Health Official?
Ans.
Q8. Were self assessments on National Core Standards conducted by the institutional Quality Assurance personal/manager?
Ans.
Q9 . Are there Quality Improvement plans in your institutions?
Ans.
Q10. Is the quality of service offered in your hospital similar to that offered in the Private sector?

ANNEXURE 10:

An interview guide on National Core Standards for participants (Hospital Employees) at Frere Hospital

Introduction – I firstly introduce and the study. I tell them the importance of the study and how it will assist the institution in implementing National Core standards and giving quality service to patients.

Risks and Benefits to the participant -I will explain to the participant that there will be no cost for participating in this study.

The interview guide.

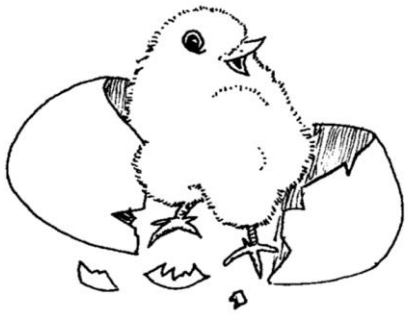
Q1. Are you aware of the National Core Standards that the hospital must comply with to improve the quality of service for patients?
Ans.
Q2. Have you ever attended meetings /workshops where National Core Standards was discussed?
Ans.
Q3. Have you ever seen National Core Standards materials such assessment tools and quality improvement guides.?
Ans.
Q4. Are you aware of complaints that are communicated via the quality assurance office?
Ans.
Q.5 How often do you open the complaints boxes in your department?
Ans.
Q 6. Is there one of the complaints you came across that you were able to solve by implementing National Core Standards?
Ans.
Q7. Were assessments on National Core Standards conducted in your department/ clinic by an external Department of Health Official?
Ans.
Q8. Were self assessments on National Core Standards conducted by the institutional Quality Assurance personal/manager?
Ans.
Q9 . Are there Quality Improvement plans in your institutions?
Ans.
Q10. Is the quality of service offered in your hospital similar to that offered in the Private sector?

ANNEXURE 10: LANGUAGE EDITING CERTIFICATE

EDITOR'S DISCLAIMER

Rebirth Language Solutions (SP) est. 2015
– Language use, Translations and Research assistance

Rebirth Language Solutions



Unleashing potentials

To whom it may concern
Certificate of language editing

This is to certify that I have edited the master's thesis:

'The Implementation of National Core Standards with specific reference to Clinical Leadership: A Case of Frere Hospital' by Miss Wandisa Rasi, in terms of language usage.

I focused primarily on language issues, including syntax, word morphology, tenses, punctuation and other grammatical elements. I also focused on coherence, removing repetition and the use of appropriate South African orthography.

Mzwandile Mangqangala (M.Phil Geography of Development, SU)
Cell number: 0792670877 Email Address: mngmzw005@myuct.ac.za
Rebirth Language Solutions (SP) est. 2015. *Unleashing potentials*