UNIVERSITEIT VAN PRETORIA
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Faculty of Health Sciences
Department of Nursing Science

PRIMARY HEALTH CARE NURSES' OPINIONS ON NATIONAL HEALTH INSURANCE IMPLEMENTATION IN SOWETO HEALTH CARE FACILITIES

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FULL DISSERTATION

SUBMITTED IN THE FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

MAGISTER CURATIONIS

In Nursing Science

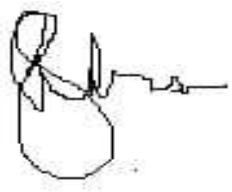
Faculty of Health Sciences
School of Health Care Sciences
Department of Nursing science

Date: 12 August 2021

Supervisor: Prof MD Peu
Co-supervisor: Prof RS Mogale

DECLARATION

I, Khasana Vangile J, declare that **Primary Health Care Nurses' Opinions on Implementation of the National Health Insurance in Soweto Health Care Facilities** is my original work and that it has not been submitted before to any other institution. All sources that have been used or cited have been acknowledged by means of a comprehensive referencing system. I declare that this full dissertation is submitted in partial fulfilment of the requirements for Magister Curationis (full dissertation) in the Department of Nursing Science, Faculty of Health Science, at the University of Pretoria.



Khasana Vangile Jacobeth — 12 August 2021

Name & Signature — **Date**

DEDICATION

This dissertation is dedicated to my husband Nkosinathi Samuel Khasana, my daughter Thandolwethu, my sons Mduduzi and Sabelo, my nephew Ayanda Makhubu and my niece Nokukhanya Makhubu for the encouragement and support they showed me during this study.

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ABSTRACT

Introduction and background: South Africa has two types of health systems**.** One system constitutes a majority of people from the public sector that is benefiting less than the minority from the private sector. To bridge the gap of inequality, the South African Government has embarked on implementing the National Health Insurance (NHI) scheme. The NHI is a planned system aiming to ensure that every South African has access to quality health care. Limited research is available regarding the Primary Health Care (PHC) nurses' opinions on NHI implementation in Soweto health facilities.

Purpose: the researcher sought to explore and describe the PHC nurses' opinions on NHI implementation in Soweto health facilities.

Research design and method: The researcher used snowball non-probability sampling method and collected data through telephonic unstructured in-depth individual interviews and data were analysed using the four steps of Giorgi data analysis method. The target population for this study comprised of PHC nurses working in the Soweto health facilities implicated in the implementation of the NHI. For the sake of the study, the researcher required only twenty (20) PHC nurses out of a pool of 219 PHC nurses who work at the Community Health Centres (CHCs) in Soweto health facilities.

Data collection: The researcher conducted telephonic unstructured in-depth individual interviews using an audio tape and field notes.

Data analysis: The researcher used the verbatim transcription of recordings and the coding scheme to code the data.

Recommendations:

The participants recommended prolonged piloting of the NHI to allow the government enough time to resolve challenges encountered by the health facilities. These participants also recommended the continuation of the process of ideal clinics, to improve the current situation such as staffing, budget and availability of equipment. They also suggested the renovation and building of bigger facilities to match the standard of the private health care facilities. Staff motivation in the form of awards, incentives and salary improvement was also suggested by the same participants.

Conclusion:

The study found that according to the PHC nurses in Soweto facilities, there were more disadvantages than the advantages of the NHI implementation. The disadvantages included lack of resources, poor infrastructure, lack of support and poor communication. There were also other challenges such as the burden of foreigners, corruption, and unequal distribution of funds between the public and private sector and lack of support from management. These challenges have led to PHC nurses feeling overwhelmed, stressed, frustrated and demoralised. All these challenges may hinder the implementation of the NHI. Therefore, this research study concludes that the PHC nurses are not yet ready for implementation of the NHI in Soweto health care facilities.

Key words: Opinion, National Health Insurance, implementation, Primary Health Care nurse.

TABLE OF CONTENTS

LIST OF ACRONYMS USED IN THE STUDY	
ACRONYM	**MEANING**
CHC	Community Health Centres
DoH	Department of Health
HSS	Health System Strengthening
IMCI	Integrated Management of Childhood Illnesses
IT	Information Technology
MOU	Maternal Obstetric Unit
NCS	National Core Standards
NHI	National Health Insurance
NHIS	National Health Insurance Scheme
OHSC	Office of Health Standards Compliance
PPE	Personal Protective Equipment
PHC	Primary Health Care
RPHC	Re-engineering of Primary Health Care
SANC	South African Nursing Council
SDG	Sustainable Development Goals
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
WHO	World Health Organization
WBPHCOTs	Ward-Based Outreach Teams
NEDLAC	National Economic Development and Labour Council
WISN	Workload Indicators of Staffing Needs

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The Universal Health Coverage system for South Africa is termed the National Health Insurance (NHI). On 12 December 2012, the General Assembly of the United Nations member states adopted a resolution urging governments to move towards providing all people with access to affordable, quality healthcare services and to achieve Universal Health Coverage (UHC) by 2030 as part of the Sustainable Development Goals (SDG) (Mackenzie, 2018:1). According to the UHC, all individuals and communities will receive the health services needed without financial pressure and to have decent quality health care. To comply with the UHC, most countries in the world have embarked on implementing the National Health Insurance (Mackenzie, 2018:1).

Mulelu (2019:1) in her thesis states that:
"…The National Department of Health has proposed a long-term goal of establishing a National Health Insurance (NHI) in the country, which would provide equitable and universal coverage for a defined package of healthcare. One of the pillars of the NHI is the re-engineering of Primary Health Care (PHC), which is premised on the development of Ward-Based Outreach Teams (WBPHCOTs) which will be responsible for specific groups of households (NDOH 2011; 2012b).

The White Paper on the NHI (2015:19) noted that countries such as "Brazil, Canada, Finland, Sweden, Thailand, Turkey and the United Kingdom" had successfully implemented the UHC system, making accessibility to health care services better.
Ghana successfully implemented the NHI scheme (Dalinjong and Laar, 2012:12). These authors found that both the insured and the uninsured clients by the NHI scheme were

satisfied with the care they received, although there were challenges such as the increased utilisation of the health care services by insured clients.

South Africa consists of both private and public segments of the health system existing together, this was noted by Ataguba and Akazili (2010:75). The private health care system covers less than 16% of the population and accounts for the largest share of total health care financing of about 45% through the medical aid scheme and cash payments. Dennil and Rendall-Mkosi (2016:3) share the same sentiment that the situation is similar to the period before the Alma-Ata Declaration international conference to address appalling health problems globally. During the conference, the introduction of the Primary Health Care strategy aimed to address the existing problems. Irrespective of several strategies including Primary Health Care as well as re-engineering thereof, South Africa still experiences health care delivery challenges and therefore came up again with the National Health Insurance to assist fighting disparities in health care system. To bridge this gap of inequality and inequity in accessing and utilising health care services, South Africa has embarked on implementing the NHI scheme.

In 2009, the NHI system was proposed under the then Director-General of Health, Dr Olive Shisana, in South Africa. It is a system planned to finance health care in South Africa aiming to ensure that South Africans access health services appropriately and efficiently (Dennil & Rendall-Mkosi, 2016:65). In November 2009, a task team was appointed by the then Minister of Health, Doctor Aaron Motswaledi, to determine an NHI policy led by Dr Shisana. On 12 August 2011, the task team release the Green Paper for NHI (2011:2) for public comment. The Green Paper states the NHI as aiming to address the problem of disease burden such as “HIV/ AIDS, TB, high maternal and child mortality, non-communicable diseases, injuries and trauma”. This paper focuses on quality health care, health care expenditure, financial distribution, human resources and the medical aid scheme industry.

The establishment of the Health System Strengthening (HSS) pilot project in 2012 tested how the structural change in the health system operates and translate at the district level, to improve service delivery. Ten (10) provinces and eleven (11) districts of South Africa

implemented the pilot project: Eastern Cape- OR Tambo, Free State- Thabo Mofutsanyane, Gauteng- Tshwane, Limpopo- Vhembe, KwaZulu-Natal- Amajuba, uMzinyathi and uMgungundlovu, Mpumalanga-Gert Sibande, Northern Cape- Pixley Ka Seme, North West- Kenneth Kaunda, and Western Cape-Eden (Health Department, Status of NHI pilot district, 2016:8).

The implementation of NHI is in progress and divided into three phases for fourteen (14) year period. “Phase 1 was from 2012/2013 to 2016/2017 financial years, phase 2 is from 2017/2018 to 2019/2021 financial years and phase 3 is from 2021/2022 to 2024/2025 financial years” (Health Department, White Paper on National Health Insurance, 2015:83).

The findings on the progress report from the Department of Health on “the status of the NHI pilot districts”, states that 700 Primary Health Care (PHC) facilities have completed assessments. All eleven (11) NHI pilot districts have developed Human Resource staffing structures, and developed plans according to the Workload Indicators of Staffing Needs (WISN) requirements and recruitment plans have commenced (Health Department, Status of NHI pilot district, 2016:15).

The NHI is in line with PHC principles and components (Dennil and Rendall-Mkosi, 2015:4). The authors noted that the NHI is an insurance that should be attainable, available, affordable, accessible and efficient to all. The NHI covers all PHC components aiming to promote health and reduction of poverty rate. In the “NHI booklet for Social Solidarity for Quality HealthCare for all”, the Minister of Health, Doctor Aaron Motswaledi, responded to the questions posed about the progress of the NHI Scheme. Regarding the shortages of doctors and nurses, the minister acknowledged these shortages but stated that this problem will not prevent the implementation of the NHI. The Minister further indicated that the other challenge facing the health care system is the negative attitude of health workers towards patients (Goon, 2019:7).

Passchier (2017:837) noted lack of monitoring and evaluation mechanisms at all levels of the health system. There is a shortage of human resources to provide services for the implementation of the NHI. The NHI booklet (2017:10) indicates that when Health Minister Dr Aaron Motswaledi was asked about the issue of mobilising the society to support the NHI, he responded that doctors were addressed through their professional association, organised labour and National Economic Development and Labour (NEDLAC) (White Paper on NHI, 2015:40). Dr Aaron Motswaledi further stated that the opening of the ideal clinics aimed to strengthen Primary Health Care (PHC). The minister further elaborated the importance of the PHC facilities to be efficient, effective and attractive to the people. The researcher found limited information in literature regarding the PHC nurses' opinions on NHI implementation in Soweto health facilities.

1.2 PROBLEM STATEMENT

The researcher opines that there are different opinions regarding the implementation of the NHI scheme among the PHC nurses in the health facilities. For these reasons, the researcher sought to explore and describe the PHC nurses' opinions on NHI implementation in Soweto health facilities. There is lack of information regarding the National Health Insurance Scheme. Ataguba and Akazili (2010:75) noted improper NHI planning for the improvement of health of South Africans, and this will hinder the achievement of the Sustainable Development Goals by 2030.

The NHI is facing a variety of challenges in South Africa, this was also found by Sekhejane (2013:3), and the author confirms that the people have lost faith in the healthcare system and the service providers. This implies that nurses are not ready for the rollout of NHI. The same author noted that the citizens are dissatisfied with the poor quality of services. Contrary to findings of a study by Sekhejane, these authors Honda, Ryan and van Niekerk (2014:25) feels the communities were less concerned about the poor quality of services when thoroughly examined. The same authors recommend more intervention to improve the staff attitudes towards clients.

Most of the health professionals are aware of the proposed NHI Scheme due to the role played by the media. However, information from professional nurses is lacking as this was also noted by Oladimeji, Alabi and Adeniyi (2017:5) in their research study. According to Molokomme, Seeke and Goon (2018:8), the professional nurses are optimistic about the NHI and its implementations. The authors discovered that there are concerns regarding staffing and resources. The researcher discovered that there is limited information in literature about the PHC nurses' opinions on NHI implementation in the health facilities as this might affect the research results. Therefore, the researcher explored and described the PHC nurses' opinions on NHI implementation in Soweto health facilities.

1.3 SIGNIFICANCE OF THE STUDY

The study assisted the researcher to explore and describe the PHC nurses' opinions on NHI implementation in Soweto health facilities and to present recommendations for its efficient implementation thereof. The study might assist the government in developing plans and quality management tools to prepare the PHC nurses for the implementation of the NHI policy. This might also boost the morale and self-confidence of the PHC nurses and they might change their negative attitude towards the clients and patients, therefore, the quality of patient care might improve.

1.4 THE AIM OF THE STUDY

The aim of the study is to have an in-depth understanding of the opinions of the PHC nurses on NHI implementation in Soweto health care facilities.

1.5 THE OBJECTIVE OF THE STUDY

The objective of the study was to explore and describe the PHC nurses' opinions on NHI implementation in Soweto health care facilities.

1.6 RESEARCH QUESTION

What are the opinions of the PHC nurses on NHI implementation in Soweto health care facilities?

1.7 DEFINITION OF CONCEPTS

Below are brief explanations of the key concepts utilised in this study:

1.7.1 Primary Health Care

Primary health Care, according to the World Health Organisation (WHO), is an "essential health care based on practical, scientifically sound, socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation, at a cost which the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination" (Dennil, 2012:4). In this study, Primary Health Care means the primary/basic level of care where there is primary prevention of diseases through health education, immunisation programmes, treatment of acute illnesses and minor ailments and the management of chronic illnesses within the communities.

1.7.2 Opinion

An opinion is a viewpoint, judgement or mental attitude (Nkomo, 2014:7). In this study, the opinions are the viewpoints or mental attitudes about the phenomenon that influences the behaviour or attitude of an individual.

1.7.3 Primary Health Care nurse

According to SANC, “Primary Care Nurse Specialist is a Professional Nurse with an additional qualification in Primary Care Nursing and is registered as such by the South African Nursing Council. This specialist provides direct care to patients with all types of illnesses and ailments, offering the first level of nursing care that patients receive. She/he is a Registered Nurse who is competent to independently render appropriate and skilled primary care service as first line care. She/he is an independent nurse specialist who focuses on individuals with health problems. This nurse specialist conducts physical assessment, diagnoses illnesses, prescribes treatment, provides direct care to health care consumers and refers for further treatment”.

1.7.4 National Health Insurance (NHI)

National Health Insurance “is a health financing system designed to pool funds to provide universal access to quality, affordable personal health services for all South Africans irrespective of socio-economic status’’ (NHI White Paper, Chapter 2, 2015:1). In this study, the NHI refers to the new medical scheme that the National Department of Health is planning to implement to cover the people of South Africa irrespective of their socio-economic status.

1.8 PARADIGMATIC PERSPECTIVE

1.8.1 Paradigm

Polit and Beck (2017:738) describe a paradigm as a way of looking at natural phenomena and encompasses a set of philosophical assumptions that guide the researcher’s approach to inquiry. In this study, the researcher used the qualitative constructivist paradigm. The framework of this paradigm described and applied the following

philosophical assumptions: ontological assumption, epistemological assumption and methodological assumption.

1.8.2 Ontological assumption

Ontological assumptions are concerned with what is real or the nature of reality (Polit & Beck, 2017:10). Creswell (2013:36) further explains that ontology is a difference between the real world and the way an individual interprets and gives meaning to it. The researcher sought to explore and describe the PHC nurses' opinions on NHI implementation in Soweto health facilities.

1.8.3 Epistemological assumption

Creswell (2013:41) explains epistemology as a way gaining knowledge from pre-knowledge and relates to the best way of acquiring that knowledge about the phenomena. Elshafie (2013:7) assumes that individuals construct knowledge based on experiencing the world around them or the phenomenon. The researcher was independent and did not influence the participants. The participants stated their opinions and shared their knowledge regarding the implementation of National Health Insurance in Soweto health facilities. This assisted the researcher to give results on readiness of the PHC nurses regarding the implementation of the NHI in the PHC facilities and to make recommendations thereof.

1.8.4 Methodological assumption

Methodology is a strategy or a plan of action that lies behind the choices and use of a method (Scotland, 2012:10). Methodology is a research process. Methods are the specific techniques used to collect and analyse data (Creswell, 2013:41). Telephonic unstructured in-depth individual interviews were utilised. Descriptive phenomenology was utilised as a framework and as a design.

1.9.1 Research design

Creswell (2014:43) describes research design as a type of inquiry that provides direction for procedures within the design. Polit and Beck (2017:56) further describe it as the overall plan for obtaining answers for the research question. In this study, the researcher followed a qualitative, descriptive phenomenological research design. The researcher attended to the description of the participants without forcing the meaning of the descriptive units; therefore, the researcher carefully interpreted and described each type of act in unique ways using a tape recorder and field notes. The researcher used four aspects that guide descriptive phenomenology. These include bracketing, intuiting, analysing and describing. A research method is a technique which researchers use to gather information relevant to the research question (Polit & Beck, 2017:11).

1.9.2 Research methods

The research methods constituted the description of the research site, and the population consisted of Primary Health Care Nurses. The sampling method used were snowball non-probability sampling method. The sample size comprised twenty (20) professional nurses. The researcher collected data through telephonic unstructured in-depth individual interviews using the audio recorder and the field notes. Data were analysed using the four steps of the Georgi data analysis method. The context/setting was as follows: the provincial government consists of ten (10) Primary Health Care facilities in Soweto sub-district D. Out of these 10 facilities, five (5) are Community Health Centres (CHCs) and five are clinics. The study focused on the CHCs. The total number of professional nurses in the community health centres is approximately two hundred and nineteen (219) and eighty-five (85) are trained PHC nurses. For more details, see chapter 2.

1.10 DELINEATION

The study focused on the two health care facilities in Soweto. The distance between these facilities is 9.1 kilometres. These facilities render the following services: preventive,

promotive, curative, and Maternal Obstetric Unit (MOU). In these two health care facilities, the Primary Health Care nurses participated in the study. Other categories of nurses were not involved.

1.11 ETHICAL CONSIDERATIONS

Muller and Bester (2017:105) describe ethics as a high field of study dealing with the human behaviour that constitutes what is wrong or right. The researcher obtained permission from the ethics committee of the University of Pretoria and Gauteng Department of Health and Chief Executive Officers of the health facilities. This study was conducted by following three broad ethical principles; beneficence, respect for human dignity, and justice (Polit & Beck, 2017:139).

1.11.1 The principle of beneficence

This principle implies that harm should be minimised and benefits should be maximized (Polit & Beck, 2017:139). The researcher applied the ethical rights of participants, which are, a right to freedom from harm and discomfort, and a right to protection from exploitation. The researcher did not use the collected information against the participants.

1.11.1.1 Right to freedom from harm and discomfort

According to Polit and Beck (2017:139), the participants had a right to withdraw from the study. The researcher did not judge or intimidate the participants when practising their rights. The researcher protected participants from psychological harm by avoiding posing questions about their personal views, weaknesses or fear. The researcher asked probing questions based on the expressed opinions.

1.11.1.2 Right to protection from exploitation

The participants were not disadvantaged or exposed to damage (Polit & Beck, 2017:139). The participants' information was not used against them, the appointments were adhered to and the stipulated times for the interviews were respected and the participants were not kept longer than necessary. The interviews lasted between 45 to 60 minutes each, as stipulated in the informed consent form.

1.11.2 The principle of respect for human dignity

According to Polit and Beck (2017:139), the principle of respect and dignity include the right to self-determination and the right to self-disclosure. The researcher recognized the participants as unique and free individuals. The researcher further respected and took into consideration the opinions of the participants. The researcher also applied the right to self-determination and the right to full disclosure.

1.11.2.1 The right to self-determination

The researcher did not force the participants to participate in this study. The participants signed the informed consent. The researcher informed the participants about the study and clarified the aim and objectives of the study. The researcher did not divulge participants' information to anyone (Polit & Beck, 2017:140). The researcher did not force the participants to answer the questions and they freely expressed their opinions.

1.11.2.2 The right to full disclosure

According to Polit and Beck (2017:140), the participants have a right to full disclosure. The researcher explained the significance, aim and objectives of the study. The researcher did not judge the participants for refusal to participate in the study.

1.11.3 The principle of justice

According to Polit and Beck (2017:141), the participants had the right to fair treatment and the right to privacy. The researcher used the snowball non-probability sampling method and the participants participated voluntarily. The researcher selected the PHC nurses who work in the Soweto health care facilities and they recruited other participants.

1.11.3.1 The right to fair treatment

In this study, the researcher fairly selected the participants. The researcher did not judge the participants who refused to participate. The researcher treated all participants equally and asked the same question to all the participants and all the participants had an equal opportunity to express their opinions.

1.11.3.2 The right to privacy

In this study, the researcher kept the data collected from the participants and the records strictly confidential (Polit & Beck, 2017:141). The researcher kept the data collected anonymously by means of codes instead of names, for example, participant 1 or participant 2. The researcher collected the data telephonically in compliance with the Covid-19 lockdown regulations of social distancing. The researcher explained the usage of audio tape recorder, the field notes and safekeeping of information.

1.12 THE ORGANISATION OF THE CHAPTERS

The research study comprises four chapters:

Chapter one: Overview of the study
The chapter covered the following content:

Introduction, background and rationale of the study, problem statement, significance, aim and objectives of the study, the research question, definition of concepts, paradigm perspectives, the brief description of the research design and method, the delineation, ethical considerations and summary of chapter one.

Chapter two: Research design and methodology.

The chapter covered the following content:

Introduction, research design, research methodology, data collection, data analysis, measures to ensure trustworthiness and summary of chapter 2.

Chapter three: Description of findings in literature control

The chapter covered the following content:

Introduction, presentation and description of findings, formulation of themes and sub-themes and summary of chapter three.

Chapter four: Conclusion, recommendations, and of the study limitations

The chapter included the following content:

Introduction, recommendations regarding Primary Health Care nurses' opinions on the implementation of NHI, evaluation of the research, limitations, recommendations for nursing practice, nursing education and future research, conclusion, reflection and summary of chapter four.

1.13 CONCLUSION

In chapter one, which is the overview of the study, the researcher introduced the topic on the PHC nurses' opinions on NHI implementation in Soweto health care facilities and presented the background of the study. The researcher described the rationale, problem statement, significance of the study and aim and objectives of the study. The researcher presented the question, defined the key concepts and briefly described the paradigm perspective, research design and methods. The researcher outlined and applied ethical considerations and the organisation of the chapters was illustrated.

CHAPTER TWO

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In chapter one the researcher described the rationale, problem statement, significance of the study, and aim and objectives of the study were outlined. The research question was presented and the key concepts were defined. The researcher briefly described the paradigm perspective, research design and methods. Ethical considerations were applied.

Chapter two entails an overview of the research design and methods used in the study. A detailed description of the research design and method provides direction on how the researcher conducted the research. In this chapter, the researcher described and followed a qualitative, descriptive phenomenological research design. The researcher described and applied measures to ensure trustworthiness.

2.2 RESEARCH DESIGN

Qualitative descriptive phenomenology was utilised. Creswell (2014:43) describes research design as a type of inquiry that provides direction for procedures within the design. Polit and Beck (2017:56) further describe research design as the overall plan for obtaining answers for the research question.

Brink, van der Walt and van Rensburg (2018:104) describe the qualitative method as a method used to study human experience, meaning and understanding in the context in which action takes place. In this study, the researcher explored and described the Primary Health Care nurses' opinions on the implementation of National Health Insurance in the Soweto health facilities. Tapen (2016:54) describes descriptive phenomenology as the

study of the immediate life world of an individual. Polit and Beck (2017:471) also describe descriptive phenomenology as a careful description of the lived experience of individuals or the description of things as they experience them. The researcher attended to the description of the participants without forcing the meaning of the descriptive units; therefore, the researcher carefully described and interpreted each type of act in unique ways using the tape recorder and field notes. The researcher used four aspects that guided descriptive phenomenology. These include bracketing, intuiting, analysing and describing.

2.2.1 Bracketing

Polit and Beck (2017: 471) describe bracketing as a process of identifying and temporarily holding predetermined ideas and opinions about the phenomenon. The researcher maintained this through the reflective journal. In this study, the researcher clarified personal values and the areas of bias to ensure the validity of the data. The researcher previously worked at the PHC facilities and is currently a PHC lecturer, therefore the researcher suspended own judgement and focused on the PHC nurses' opinions on implementation of the NHI in Soweto health facilities.

Burns and Grove (2017:66), in addition to Polit and Beck (2017), describe bracketing as setting aside one's beliefs and allowing the meaning of the participants' experience to emerge. The researcher observed any preconceived ideas or beliefs that may affect the research. The reflective journal was utilised to note interests, personal values, possible role conflict and new surprising values. The researcher set aside the assumption of data and revised the data repeatedly to gain more understanding of the phenomenon under study.

2.2.2 Intuiting

Polit and Beck (2017:472) describe intuiting as when the researcher remains open to the meaning attributed to the phenomenon by those experiencing it. Burns and Grove (2017:5) further explain intuiting as an insight into an event as a whole or understanding

of a situation that usually not logically explained. The researcher allowed the participants to describe their opinions on NHI implementation in Soweto health care facilities. The researcher did not impose her values on the study.

2.2.3 Analysing

Polit and Beck (2017:530) describe data analysis as an active and interactive process that requires the researcher to carefully scrutinise the data and read it repeatedly to find meaning and understanding. In this study, the researcher extracted the significant statements in the transcripts followed by grouping the information and making the meanings of the phenomena under study. The researcher formulated the themes and sub-themes of the study.

2.2.4 Describing

According to Burns and Grove (2017:12), describing is the identification and understanding of the nature of phenomena and the relationship among them. Through the description of the phenomena, the researcher was able to explore, describe, and discover new information and meaning of the phenomena. In this study, the researcher described and explored opinions of the PHC nurses on implementation of the NHI in Soweto health care facilities.

2.2.5 Qualitative design

Qualitative research is a systematic approach used to describe the participants' situations from their perspective (Burns, Grove and Gray, 2015:67). The researcher chose a qualitative design to seek the opinions of the PHC nurses on implementation of the NHI in Health care facilities. This design relies on interaction that is being studied under real world conditions. The comprehensive, holistic, and individual aspects of human life are captured in their entirety, within the context of those who are experiencing them. Through

qualitative design the researcher described and explored the opinions of the PHC nurses on implementation of the NHI in Soweto health care facilities.

2.2.6 Contextual design

Creswell, 2013:45 describes a contextual study as focusing on specific events in the natural or specific settings that are not controlled and are real life situations. This study is contextual as it is happening in the natural settings of primary health care facilities in Soweto where the implementation of the NHI will take place.There is an interaction between the PHC nurses who are participating in this study and the health care facilities in Soweto where the implementation of NHI will take place.

2.3 RESEARCH METHODS

According to Polit and Beck (2017:11), research method is a technique which researchers use to gather information relevant to the research question. Creswell (2014:7) further explains that the research methods constituted the description of the research site, population and sampling method, sample size, data collection, data analysis, ethical considerations, and measures to ensure trustworthiness.

2.3.1 Context/Setting

The provincial government consists of ten (10) PHC facilities in Soweto sub-district D. Out of these 10 facilities, five (5) are Community Health Centres (CHCs) and five are clinics. The study focused on the CHCs. Services rendered in the CHCs are preventive, promotive, curative, rehabilitation and Maternal Obstetric Unit (MOU). These services include mother and child services comprising of family planning, immunisation, and Integrated Management of Childhood Illnesses (IMCI). The CHCs also manages acute illnesses and chronic illnesses such as diabetes mellitus, epilepsy, asthma, rheumatoid arthritis, TB, hypertension and psychiatry. The CHCs further manages the trauma and emergency cases and refer according to the referral system of each facility. The MOU

includes the antenatal clinic, labour ward and postnatal clinic. The available support services are the dental services, X-ray department, pharmacy, social work services and dietician. The physical layout of these community health centres includes the waiting area, the triage area, the consultation rooms; each room consists of an examination bed, emergency room that consists of two beds, injection room, dressing room and blood collection room. There are about fourteen (14) to twenty (20) beds in the MOUs.

According to statsa.gov.za, in 2018 the population of Soweto was approximately 1.5472 million (SEE FIGURE 1 OF THE SOWETO MAP). The monthly statistics of patients and clients visiting each health facility in Soweto range from 15 000 to 18 000. Each community health centre serves about four (4) to five (5) catchment areas. Each catchment area has a population ranging between 40 000 to 50 000. The total number of professional nurses in the community health centres is approximately two hundred and nineteen (219) and eighty-five (85) are trained PHC nurses.

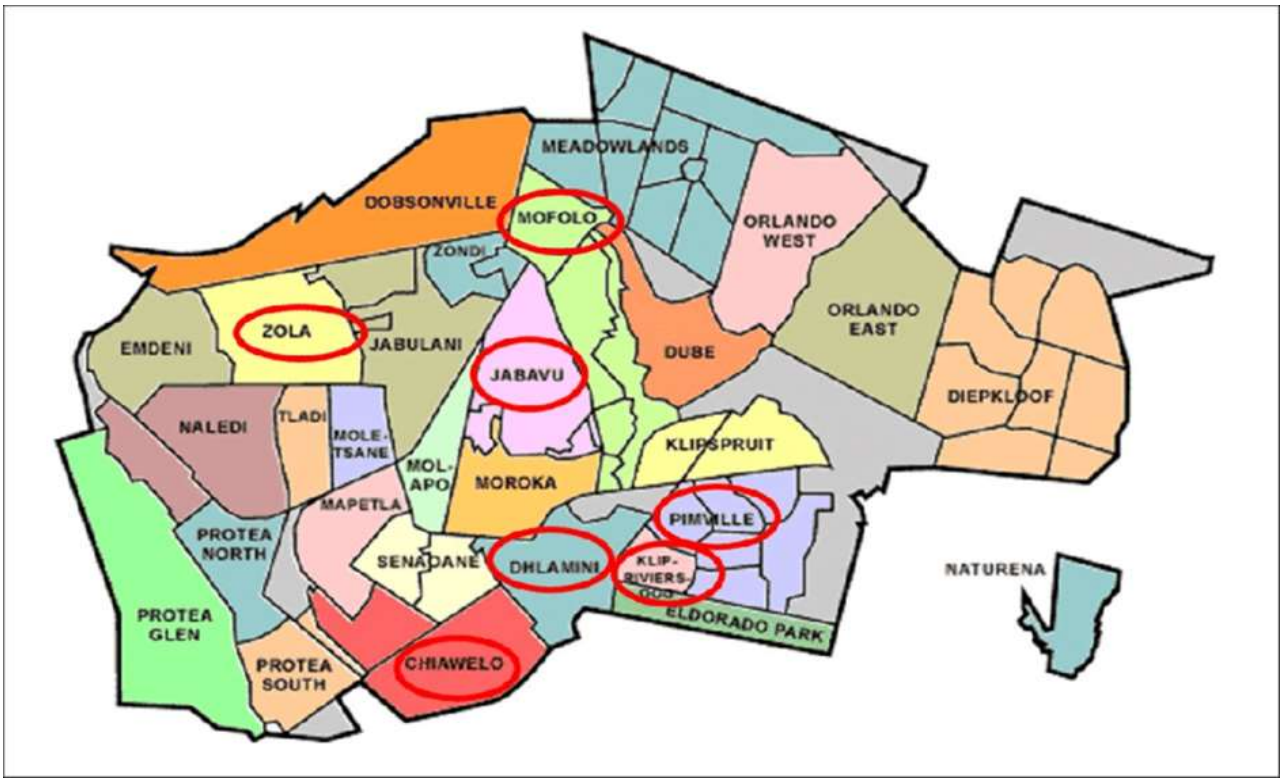

FIGURE 2.1: Map of Soweto townships. Source. Matamela Makongoza: 2017.

https://www.google.co.za/search?q=soweto+map&biw=1093&bih=520&source.

2.3.2 Population

Polit and Beck (2017:739) refer to population as a complete group of individuals that share a characteristic of a defined group of interest to the study. Holloway and Galvin (2017:143) describe the accessible population as members of the population that the researcher will access. The target population for this study comprised of PHC nurses working in Soweto health facilities. The implementation of the NHI implicate the PHC nurses.

2.3.3 Sample size

Polit and Beck (2017:743) describe sample size as the number of people that included in a study. For the sake of the study, the researcher required only twenty (20) Primary Health Care nurses out of a pool of 219 PHC nurses working at the Community Health Centres (CHCs) in Soweto health care facilities, to achieve the objectives of the study.

2.3.4 Sampling method

Snowball non-probability sampling method was utilised. According to Polit and Beck, (2017: 492, 736) snowball sampling is asking early participants to refer the researcher to other participants they feel may help answer the study's research questions. The authors also describe non-probability sampling as selecting participants from a population using non-random procedures. The researcher applied the snowball non-probability sampling method by asking early participants to refer other PHC nurses to the study. The PHC nurses works in teams and shifts. The researcher recruited the participants by making an appointment with an operational manager of each health facility to come and address the PHC nurses about the research study. Each team was addressed during their on duty time. The first three participants of the first group agreed to be interviewed. After signing an informed consent, appointment dates were set with each of them. Because of the shift work, not all the PHC nurses were available, therefore the researcher asked early

participants who were the first three to be interviewed to refer others. The study included both male and female PHC nurses. The researcher required only twenty (20) Primary Health Care nurses out of a pool of 219 Primary Health Care nurses who work at the Community Health Centres (CHCs) in Soweto health facilities. Two community health centres were selected and ten (10) Primary Health Care nurses from each facility were interviewed telephonically.

- **Inclusion criteria**

The PHC trained nurses working in consultation rooms for assessing, diagnosing and prescribing medication for the patients were included. All the participants were females, professional nurses, with speciality in Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.

- **Exclusion criteria**

The population excluded from the study were all the midwives working in the MOU, enrolled nursing auxiliaries and enrolled staff nurses.

2.4 PREPARATION FOR DATA COLLECTION

- **Access and information to the participants**

The researcher prepared the participants 30 days before conducting the interviews. The researcher informed the participants about the nature, aim and objectives of the study. The participants signed the informed consent during the access period. A date was set for the interviews and the researcher reminded the participants telephonically and through whatsup messages two days before conducting interviews. They were notified that the interviews would last between 45 and 60 minutes and were reminded of their rights to discontinue the interviews if needs be.

- **Recruitment of participants**

The PHC nurses works in teams and shifts. The researcher recruited the participants by making an appointment with an operational manager of the primary health care facility to come and address the PHC nurses about the research study. Each team was addressed during their on duty time. The first three participants of the first group agreed to be interviewed. After signing an informed consent, appointment dates were set with each of them. Because of the shift work, not all the PHC nurses were available, therefore the researcher asked early participants who were the first three to be interviewed to refer others.

- **Pilot testing**

Pilot study is a trial run of a study to prepare for the main study. (Polit and Beck, 2016: 739). The aim of the pilot study was test the feasibility of the study. The piloting of the questions took place before conducting the initial interviews to compare the answers to the same question posed. The objective of the study was to explore and describe the PHC nurses opinions' on implementation of the NHI in Soweto health care facilities. The preferred language was English. The researcher interviewed three participants for the pilot test. The researcher analysed the results of the pilot study and they yielded the required results for the study. The outcome of the pilot study was that data saturation was reached.

2.5 DATA COLLECTION

According to Gray, Groove and Sutherland (2017:675), data collection is the process of gathering information required for the study. The researcher obtained the consent from the participants before commencing with data collection, and they chose the time that suited their availability for the telephonic interviews. The researcher collected data through telephonic unstructured in-depth individual interviews using an audiotape

recorder. Field notes such as methodological notes, personal notes and observational notes were also used for gathering information.

The question posed was:

What are the Primary Health Care nurses' opinions on NHI implementation in Soweto health facilities?

The probing questions followed after asking the research questions (see Annexure C). The researcher used clarification, probing, paraphrasing and listening skills such as active listening to illicit more information (Burns, Grove & Gray, 2015:508).

Probing, according to Burns, Grove and Sutherland (2017:261), is the use of nonthreatening questions. The researcher used probing questions to encourage the participants to express themselves more and to elaborate on what they know.

Paraphrasing, according to Burns, Grove and Sutherland (2017:134), is the clear expression of ideas using own words. The researcher paraphrased what the participants said to ensure clarity and to confirm the communicated message.

Active listening, according to Lloyd and Bor (2009:17-18); Kneisl and Trigoboff (2009:154) involves gathering information accurately, retaining and understanding the implications of what is said and the way to respond to the verbal and non-verbal signals by demonstrating attention and understanding. The researcher, therefore, minimised her verbal responses by occasionally verbalising the vocalist gesture such as "Hmmm" instead of nodding her head and maintaining eye contact because of the telephonic interviews. The researcher collected data between 45 and 60 minutes and data saturation was reached after interviewing the 15th participant, although 20 of them were interviewed. Saturation is when there is no new information elicited. After the interviews, the researcher thanked the participants for being a part of the study.

2.6 DATA ANALYSIS

Polit and Beck (2017:725) describe data analysis as the systemic organisation of data and the synthesis of research data to reveal the meaning. The researcher systematically searches, arranges the interview transcripts and field notes to increase the understanding of the phenomenon. The four steps of the Giorgi data analysis method were utilised (Polit & Beck, 2017:540).

Step 1

The researcher read the entire set of protocols and repeatedly listened the audio tape and noted each word. The researcher took the tone of the voices into consideration and studied the field notes carefully including the non-verbal communication noticed during the interviews to get a sense of the whole.

Step 2

The researcher studied and discriminated each unit of the phenomenon to formulate the themes and the sub-themes of the described phenomenon by the participants.

Step 3

Psychological insight was articulated. The researcher allowed the participants to express thoughts and feelings about the phenomenon studied to give meaning to each unit. The researcher did this by repeating what the participants had expressed to get clarity and meaning of the expression.

Step 4

The researcher synthesized all the modified data into a consistent statement regarding the participants' experiences. The researcher combined all the expressed meanings and formulated a statement regarding the participants' opinions. Thus, the researcher drew a conclusion and formulated recommendations.

2.7 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is the confidence of the researcher in the data collected and analysed (Polit & Beck, 2017:747). The researcher used the following criteria of trustworthiness: reflexivity, bracketing, credibility, dependability, confirmability and transferability**.**

2.7.1 Reflexivity

According to Polit and Beck (2017:164), reflexivity is the process of reflecting critically on self and of analysing and making note of personal values that could affect data. The researcher made an introspection on self by reflecting on the reflective journal. The researcher took into consideration the ethical treatment of the participants and the researcher's wellbeing and personal growth.

2.7.2 Bracketing

Polit and Beck (2017: 471) describe bracketing as a process of identifying and temporarily holding predetermined ideas and opinions about the phenomenon. The researcher maintained this through the reflective journal. In this study, the researcher clarified personal values and the areas of bias to ensure the validity of the data**.** The researcher previously worked at the Primary Health Care facilities and is currently a Primary Health

Care lecturer, therefore the researcher suspended own judgement and focused on the PHC nurses' opinions on implementation of the NHI in Soweto health care facilities.

2.7.3 Credibility

Polit and Beck (2017:559) describe credibility as the confidence in the truth of the data and the researcher's interpretation of that data. The researcher linked the study findings with reality to demonstrate the truth of the research findings. Credibility was established through member checks, triangulation and prolonged engagement.

- **Member checks**

Tapen (2016:175) describes member checks as an approach to establish the credibility of the research results. The researcher ensured member checks by sharing the preliminary findings with participants and incorporating their feedback into the conclusion drawn. The researcher returned the results to the participants to check for accuracy and resonance with their experience.

- **Triangulation**

Polit and Beck (2017:161) describe triangulation as the use of multiple sources to conclude what constitutes the truth. The researcher also ensured triangulation by using multiple sources to validate data and to draw the conclusion.

- **Prolonged engagement**

Polit and Beck (2017:740) describe prolonged engagement as sufficient investment of time during data collection to have an in-depth understanding of the participants under study, thereby enhancing credibility. Tapen (2016:174) explains prolonged engagement as the time and opportunity given to the participants to test possible explanations and develop emerging explanations. The researcher maintained prolonged engagement by

allowing enough time between 45 to 60 minutes for the participants to express themselves and to develop confidence during the engagement, and to state their opinions on the implementation of the NHI in Soweto health care facilities without interruptions.

2.7.4 Dependability

Polit and Beck (2017:559) describe dependability as the stability of data over time and conditions. Dependability is a strategy for evaluating data quality in a study. The researcher ensured dependability by keeping a thick description of data. In this study, the researcher achieved dependability through rich detailed description of the methods that show how certain actions and options are rooted in and developed out of contextual interactions.

2.7.5 Confirmability

According to Polit and Beck (2017: 559), confirmability refers to the objectivity, meaning, and the potential for congruence between two or more independent people about the data's accuracy and relevance. The researcher remained objective in all the activities of data collection and interpretation. The researcher did not base the findings on personal values and beliefs but the expressed opinions of the participants.

2.7.6 Transferability

Creswell (2013:252) describes transferability as the extent of transferring the findings to other settings or groups. The researcher ensured transferability by a thick description of research data and design, research strategy and method, literature control, transcribed interviews and field notes. The study was not generalized, therefore, the researcher would

provide other researchers an opportunity to view the researcher's study findings to further their research studies in different context and population.

2.8. CONCLUSION

In this chapter, the researcher outlined the research design and method in detail. The researcher followed qualitative, descriptive phenomenological research design to obtain in-depth information from the participants. The researcher described the research method; it entails the population, sampling method, sampling size, data collection method, data analysis and measures to ensure trustworthiness. The researcher described four aspects that guided the descriptive phenomenology and they are bracketing, intuiting, analysing and describing. The researcher collected data through telephonic unstructured in-depth individual interviews. Data was analysed in accordance with the four (4) steps of the Georgio data analysis method. The researcher described the measures to ensure trustworthiness; these measures included reflexivity, bracketing, credibility, transferability, dependability and confirmability. The researcher avoided a generalisation of the findings; the researcher described the method in detail to allow other prospective researchers to conduct a similar study.

CHAPTER THREE

PRESENTATION OF RESULTS AND JUSTIFICATION WITH LITERATURE

3.1 INTRODUCTION

Chapter two outlined the research design and method in detail. The four aspects that guided the descriptive phenomenology were described and they are bracketing, intuiting, analysing and describing. Data was analysed in accordance with the four (4) steps of the Georgio data analysis method. The researcher described the measures to ensure trustworthiness. In this chapter, the researcher presented the results of the study. The researcher discussed, confirmed and supported the study results with literature. The researcher formulated themes and categories and came up with summaries of quotes using the independent coder. The researcher conducted the literature control to confirm the similarities and differences concerning other literature. The researcher combined the findings to reflect the Primary Health Care (PHC) nurses' opinions on National Health Insurance (NHI) implementation in Soweto health facilities.

3.2 SUMMARY OF THE PROCESS OF DATA COLLECTION AND ANALYSIS

The researcher collected data from twenty participants. All the twenty participants were willing to participate except for one male participant who terminated participation because of an emergency. The researcher conducted the in-depth individual interviews telephonically at different times and dates. Telephonic appointments were set prior the interview and the researcher asked participants this question: *What is your opinion on National Health Insurance implementation in Soweto health facilities?*

The researcher took field notes during and after each interview session to enrich the collected data. Data from the interviews, field notes and transcription were analysed using the Georgio data analysis method as described by Polit and Beck (2017:540). The independent coder transcribed and analysed data were transcribed and analysed. The researcher formulated the themes and categories and described the findings in accordance with the themes and categories that emerged. The researcher typed participants' quotations in Italics and used codes instead of participants' names. For example, participant 1 to participant 20. The researcher listed the themes and categories in Table 3.1.

3.3 PARTICIPANTS' CHARACTERISTICS

The researcher took sample from two Soweto health facilities. The total number of participants of this study was twenty (20); all the participants were females, professional nurses, with speciality in Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care. The researcher used codes instead of participants' names, for example, participant 1 to participant 20 were utilised for anonymity and confidentiality. The age of participants ranged from 30 to 60 years and their experience ranged from seven to 34 years; this assisted in gleaning a variety of information for the study. See Table 3.1.

Table 3.1: Demographic profile of participants

CODES	GENDER	AGE	EXPERIENCE	QUALIFICATIONS
Participant 1	Female	60 years	34 years	Diploma in General Nursing and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.

Participant 2	Female	60 years	35 years	Diploma in General Nursing and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care. B.Cur Nursing Management. Post-graduate Diploma in Nursing Education.
Participant 3	Female	54 years	26 years	Diploma in General Nursing and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.
Participant 4	Female	50 years	23 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.
Participant 5	Female	50 years	23 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.
Participant 6	Female	35 years	15 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.

Participant 7	Female	63 years	26 years	Diploma in General Nursing and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.
Participant 8	Female	33 years	19 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.
Participant 9	Female	42 years	15 years	Diploma in General Nursing and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.
Participant 10	Female	52 years	25 years	Diploma in General Nursing and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care. B.Cur Nursing Administration and Education.
Participant 11	Female	55 years	26 years	Diploma in General Nursing, community, psychiatry and midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care. B.Cur Nursing Administration and Education.

Participant 12	Female	39 years	11 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care. B.Cur Nursing Administration and Education.
Participant 13	Female	33 years	12 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care. B.Cur Nursing Administration and Education.
Participant 14	Female	43 years	16 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.
Participant 15	Female	30 years	8 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.
Participant 16	Female	33 years	11 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.

Participant 17	Female	56 years	14 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.
Participant 18	Female	37 years	7 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care. B.Cur Nursing Administration and Education.
Participant 19	Female	33 years	11 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care. Diploma in Ophthalmic Nursing Science.
Participant 20	Female	44 years	13 years	Diploma in General Nursing, Community, Psychiatry and Midwifery. Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.

3.4 DISCUSSION OF RESULTS AND APPLICATION OF LITERATURE CONTROL

The PHC nurses described their opinions on the implementation of the NHI in Soweto facilities and found both the advantages and disadvantages of the NHI. From the

interviews, five (5) themes and twenty-one (21) categories emerged as shown in Table 3.2. The researcher presented the detailed themes and categories supported by verbatim quotes from the participants. Information from the field notes is included to enrich data and to add credibility to the findings. The researcher presented the collected data below and used the literature to support the results. The participants formulated the recommendations.

Table 3.2: Themes and categories for PHC nurses' opinions on NHI implementation in Soweto health facilities

THEMES	CATEGORIES
3.4.1 NHI advantages	3.4.1.1. Advantages for health care providers
	3.4.1.2. Advantages for health care system (equal costs and services)
	3.4.1.3. Advantages for health care users (equality/affordability/accessibility)
3.4.2 NHI disadvantages	3.4.2.1. Disadvantages for health care providers (stagnation)
3.4.3 NHI barriers	3.4.3.1. Health care facilities' barriers (infrastructure/ capacity)
	3.4.3.2. Health care providers' barriers
	3.4.3.3. Health care resources' barriers
	3.4.3.4. Health care services' barriers
	3.4.3.5. Health care users' barriers
	3.4.3.6. Managerial barriers
3.4.4 NHI facilitators	3.4.4.1. Gradual health care resources and infrastructure improvements
	3.4.4.2. Gradual health care service improvements

3.4.5 Recommendations for NHI	3.4.5.1.	Adequate and safe health care facilities
	3.4.5.2.	Effective health care management
	3.4.5.3.	Effective, consistent health care service delivery (ideal clinic)
	3.4.5.4.	Adequate health care resources
	3.4.5.5.	Motivation for health care providers
	3.4.5.6.	NHI implementation plan and piloting
	3.4.5.7.	NHI information dissemination
	3.4.5.8.	NHI stakeholder inclusion

3.4.1 Theme 1: NHI advantages

Oxford Advanced Learners Dictionary (2010:21) describes an advantage as something that help a situation or a person to be better or benefit. The researcher reflected the NHI advantage that would benefit the health care providers, health care system and health care users. Three categories were identified: advantages for the health care providers, advantages for the health care system and advantages for the health care users.

3.4.1.1 Category 1: Advantages for health care providers

The health care providers in this study are the PHC nurses. This category described how the PHC nurses would benefit from NHI implementation in the Soweto health care facilities. The participants expressed their opinions on the advantages of the NHI and the ways that would benefit them. The participants expressed that the NHI may address the current challenges that the health facilities are facing, such as the shortage of staff, lack of equipment, shortage of medication and poor infrastructure. The participants further indicated that the nurse-patient ratio would improve and the negative attitude towards the patients will change. They also noted that the NHI would close the gap between the private and the public health sectors. The researcher is of the opinion that the participants acknowledge the advantages of the NHI.

The participants echoed that:

"I also feel like it will improve the working conditions for people like us. I feel like we will have more equipment, more medication only if the NHI has to pass". (P 15)

Another participant added that:

"Yeah. And then the other thing that I think it's going to benefit us and the patients, it's going to give us more staff." (P 20)

Another participant agreed that:

"So for me in the facility, we will have treatment even us as nurses we will know that when you're working, if you want to do a test, you don't have to worry borrowing. You will do what you need to do for the patient and at the end of the day, I will be happy, the patient will be happy. Everything that was set to be done will be done." (P 3)

"So I'm thinking, because people are going to be registered, so there's going to be maybe eh lesser patient a ratio eh nurse. Like maybe one nurse will be able as it was said initially to say uh, uh, a nurse will be able to see thirty patients." (P 9)

Other participants echoed that:
*"I think it's something nice I think we can have everything. I think us, our attitude and you know everything will change." (*P 5)

"I thought it will remind us that we are employees first and then patients are our number one people. So I welcome it." (P 3)

"The employees will know that everybody is equal whether you're at private or public." (P 1)

"But with this thing, (meaning the NHI) *if everything is there and you treat the patient like a she's in private hospital, I think it's something nice. You know it's so nice to work in a private or hospital where there's everything."* (P 5)

In supporting the opinions of participants on NHI advantages, an outcome of the study by Daramola, Maduka, Adeniran et al. (2017:15) affirms that there is a high level of satisfaction with services accessed under the National Health Insurance Scheme. Furthermore, the same authors indicate that it is also essential for healthcare facilities to improve the provision of services, particularly addressing areas of dissatisfaction. Most participants of this study felt that the implementation of the NHI would address the issues of staff shortages. The National Department of Health booklet stipulates the most government urgent task as it prepares for NHI, one of the task is to increase the numbers of health professionals. The South African NHI policy further elaborates that the Department of Health is finalising its human resources for health strategies to address the shortages of human resources. Smith, Ranchod and Strugnell (2010: 25) assert this.

Van den Heever (2016:158) supports the notion of other participants that view the implementation of NHI as a process of solving the issue of medication shortages in the health facilities. The same author suggested for private pharmacies contracts to provide increased access to medicines. The participants of this study believe that the quality of care rendered in the private sector is better than that of the public sector. Therefore, with the implementation of NHI, the quality of service in the public sector would improve. Young (2016:15) who indicates that the government claims that NHI will ensure equity and address the inequalities presented by the current private and public health system support these sentiments. The same author further notes that NHI would present an ambitious plan to change the face of the South African healthcare system. In support of this view, Alhassan, Amponsah and Arhinful (2016:10) indicate that other NHI interventions to reduce workloads in health facilities is improvement of geographical accessibility of accredited health facilities through expansion of infrastructure, and improvement of material and human resource capacity. The participants further indicated that the implementation of NHI would solve the problem of nurse-patient ratio as

stipulated in the National Health policy when comparing recent estimates showing the ratio of patients to health professionals as being lower in the private sector than in the public sector. The NHI policy further states that there are more professionals per patient in the private sector than in the public sector. A study by Shekelle (2013:2) found that increasing the ratio of registered nurses to patients lead to decreased illness or mortality rates.

3.4.1.2 Category 2: Advantages for health care system (equal costs and service provision)

The health care system in South Africa comprises of the public and the private sector. There are discrepancies between these two sectors regarding the cost and service provision. In this category the participants view the NHI implementation as benefiting to the health care system for the people of South Africa, because there will be equality regarding the cost and the provision of health care services.

As evidenced by the following quotes:

"I think it will work because of, in a way neh, National Health Insurance will, will (repeated words) *close the gap between the private and the public. Remember there are some things that I said about water, I used to work in private and we never ran out of water."* (P 14)

Other participants added that:

"I understand the advantage of opening eh this NHI to private sector; it will reduce the burden of the clinics." (P 17)

"So what they want to do is, they want to upgrade actually our facilities to the standard of private clinics." (P 20)

Another participant echoed that:

"Yes because on paper it's, it's… (repeated words) *it is a good idea and it looks like it will put some sort of relieve to the health system,"* (P 19)

Another participant verbalised that:

"*So I think when they put that in place* (meaning NHI implementation), *maybe everybody is going to be reminded what are their responsibilities. For example, the employer will know that you need suppliers. We need consistent supply of materials and human resources."* (P 1)

Another participant expressed that:

"My conclusion is the National Health Insurance will benefit eh the facilities in Soweto in a way that the infrastructure itself, has to be improved. It has to be, where things are broken it have to be fixed to accommodate the number of people that will be coming to the facility." (P 3)

Another participant echoed that:

"That I'm thinking in my opinion, it's going to give eh, eh… maybe a clear picture of how many patients will be on maybe a particular service, so that eh medication and resources are, like maybe they are there for that particular number of people because now it will be known that okay, so many people have registered for the NHI and maybe so many people are on this particular service. That's what I'm thinking; I'm thinking it's going to improve the quality." (P 10)

Another participant verbalised:

"We know that doctors are charging their own money in private hospitals, they charge the way they want to. Sometimes they charge to a point where your medical aid cannot even cover you and there is no one to fight for you. But you've been paying medical aid but still, it's not enough." (P 15)

The participants are of the opinion that the NHI implementation will close the gap between the private and public health sectors. The participants further noted that access to health care services would improve and the health facilities upgraded matching the standard of the private clinics. The participants believed in the burden reduction of the public facilities once the implementation NHI took place. The participants also expressed that the private doctors charge a lot of money on medical aid. These exorbitant fees exhaust all funds on the medical aid.

The findings in a study by Young (2016:19) indicates the reason for NHI introduction in the country that addresses the issue of inequality between the private and public healthcare sectors. The author further reiterated that over the next fourteen years, the South African healthcare system would undergo many changes and close gap between private and public health care. Dalinjong and Laar (2012:2) assert that NHI population coverage would improve and minimize the burden carried by individuals of paying directly out of their pockets for health care services. The NHI policy of South Africa stipulated the same viewpoint supporting the latter authors. The NHI policy elaborates further that the NHI will ensure equity, address the inequalities and present an ambitious plan to change the current situation of the South African healthcare system.

The participants also expressed improvement of client registration with the implementation of the NHI. Dalinjong and Laar (2012:7) illustrate that the NHI will make health care services accessible to the insured client without any payment. The authors further indicate that the NHI is one of the best social interventions that enables clients to have access to health care services when needed.

Gobah and Liang (2011:94), in their study of National Health Insurance Scheme in Ghana, support the view that there has been notable improvement in the use of health services in both the public and private sectors. Both authors believe that this sentiment attributes to the eradication of financial barriers to accessing health through the NHIS. Based on the above viewpoint, Gobah and Liang (ibid) conclude that the NHIS has improved access to healthcare services to a different category of people.

The participants believe in upgrading of health facilities infrastructure once the implementation of NHI starts to match the standard of the private clinics. This participant's notion is in accordance with the National Department of Health NHI booklet, which states that the public hospitals and clinics would upgrade their facilities in preparation for the implementation of the NHI. The Department of Health further explains that healthcare facilities would partake in NHI system provided they meet standards of care and are accredited by an Office of Health Standards Compliance (OHSC) (Molokomme, Seeke & Goon. 2018: 289).

3.4.1.3 Category 3: Advantages for health care users (equality / affordability / accessibility)

According to Dennill and Rendall (2016:10) services must be available to all people in the country. There should be geographical accessibility where health services should be located within a 10km distance. The level of care should be aligned with what the people and the community can afford. The participants believe that the introduction of NHI would benefit the health care users by enabling them the affordability and accessibility to health care services. The participants further alluded that the NHI promotes equality for all the citizens of South Africa and reduce the waiting time in health facilities.

As evidenced by the following quotes:

"Mm. The only advantage though about it is that uhm right now, as it is people who have medical aid. They get better care in their facilities and whatsoever with whereas we know that our provincial institutions or government institutions is still waiting the long queues, people still wait forever for operations to be done to them, stuff like that. Uhm it will be nice if everybody was treated equally." (P 12)

Another participant echoed that:

"It would really, really work in an ideal population. In almost-perfect population it would really work. I feel that there are a lot of advantages with NHI that everyone now will receive health care, I mean everyone deserves healthcare in South Africa. People who cannot afford private owned medical aid cannot get access to proper quality healthcare and I also feel like the pricing will be a bit positive." (P 15)

Another participant expressed that:

"It is a good document and also it's promising to give good results for everyone within the country and I believe that it can benefit people the way it states that we are going to be addressing inequalities with the NHI, so the NHI as a document it's brilliant to me it sounds brilliant." (P 16)

Other participants added that:

"The advantages is that it will provide access to qualify, affordable personal health uh in-service for everybody, for all people, for everybody in South Africa irrespective of their socio-economic status, whether you're black or white, rich or poor." (P 17)

"Eh... we actually, mm... Okay for our patients to get good quality care we need this NHI to be implemented as soon as possible." (P 20)

Another participant verbalised that:

"For all the people. For all the areas and they will be quick because eh… staff is available. There is no more waiting, calling the ambulance for and waiting for four hours. The… eh… medication is available, the quality of care, the quality of care is now, because people will be more staff, the quality care is improved, it's much better for everyone." (P 3)

Another participant added that:

"There's a BP machine for my patient and I would like to work in an environment that is you know, the smarter you work, the more you change your attitude. You will be having this welcoming attitude to the patient." (P 5)

The participants were of the opinion that the NHI would provide affordability for all including those who do not have medical aid. They further believe that health care users with medical aid are getting quality care as compared to those without. The participants further noted that the services would be accessible to all people irrespective of social status. They further attested that the health facilities would provide the same quality and standard of care for the citizens of South Africa. Furthermore, the nurses' attitudes would be positive and the waiting time would improve in the health facilities.

Booysen and Hongoro (2018:3) statistically noted differences regarding access to health care between healthcare users. These authors further elaborated that three times public sector users without medical aid reported having to postpone receiving healthcare in the past year (8.5% versus 23.9%, $p < 0.001$) compared to private sector users with medical aid. Eleven percent private sector users with medical aid lived within 10km radius of a healthcare facility. In the study by Alhassan, Amponsah & Arhinful (2016:10) on "Perspectives of Frontline Health Workers on Ghana's National Health Insurance Scheme", the authors found that through infrastructural expansion, the geographical accessibility of accredited NHIS health facilities has improved. Daramola, Maduka and

Adeniran (2017:15) support this view that the average overall satisfaction level of NHIS enrolees with the services accessed under the NHIS is 63.1%.

The participants are of the opinion that the implementation of NHI would address the inequalities between the rich and the poor. The National Department of Health state in the NHI booklet that the National Health Insurance Fund will pay public and private healthcare providers on the same basis and expect the same standard of care from both. Gobah and Liang (2011:29) agree with this statement.

The participants further expressed that the NHI would provide access to quality and affordable health care for all the citizens irrespective of their socio-economic status. This is in accordance with the National Health Act aiming to provide for the setting up of the OHSC (Molokomme, Seeke & Goon. 2018:289). The OHSC aims to ensure that the health care users get good quality care from the healthcare providers. Concerning affordability, Booysen and Hongoro (2018:3) note the differences statistically between the two groups of health care users. The authors found that almost three-quarters of users were of the opinion that the NHI is affordable.

The participants further alluded that NHI implementation would reduce the waiting period as indicated in the study by Young (2016:9) that the advantages of private healthcare are improved waiting times and quality care.

3.4.2 Theme 2: NHI disadvantages

The Oxford Dictionary (2005:413) described disadvantage as an unfavourable circumstance that tends to stop something from succeeding or making progress. As much as there were advantages for the implementation of NHI in the health facilities, the participants also expressed the disadvantages of the NHI for health care providers. One category emerged from this theme. This categories was, disadvantages for health care providers.

3.4.2.1 Category 1: Disadvantages for health care providers (stagnation)

The participants are of the opinion that there would be no personal growth with the implementation of the NHI. They also felt demoralized and demotivated. Other participants expressed that the older generation of nurses lack technology skills especially the use of computers to record patients' information.

The participant stated that:

"I also feel like now, the National Health Insurance, you won't have growth as a person you know as uhm eh person that has a career. Uhm if the government is saying okay we are going to uhm put the policy in place that is going to effect the price and everything is going to be at the same price. I mean other people now are going, it doesn't, it doesn't matter how much you work, we just going to be the same". (P *15)*

The same participant added that:

"Where is the growth there? We all know that, there are people who are more driven and when their drive comes with success you. It's not fair that the hard workers now are going to also work for the lazy ones who are just going to get paid for lazing around". (P 15)

Another participant echoed that:

"So uhm if it's demoralising and demotivating, what is the reaction of the staff, what do they do? That's why they tend to have a negative attitude." (P 10)

Another participant expressed that:

"I also agree that maybe some of the nurses are not technologically uhm, what can I say? Literate to be able to use computers, however I think a lot of nurses or older generation." (P 18)

"Like eh like eh information systems, your clients should be recorded in those computers when they come in, you know that okay this persons file is there and what, what, what…" (P15)

The participants are of the opinion that there would be no personal growth with the implementation of the NHI. This study's participants further expressed that the hard-working nurses would pay for lazy nurses and that makes the participants feel demoralized and demotivated. Other participants felt the older generation of nurses lack technology skills especially the use of computers while other participants felt that patients' files should be recorded on the computer.

With the implementation of the NHI, the participants expressed lack of personal growth as Lloyd, Sanders and Lehmann (2010:176) mention the disadvantage of proposing private sector professionals working part time in the public health facilities shows that it may be difficult to attract significant participation. Other participants of this study alluded that they feel demotivated and demoralised and they tend to develop a negative attitude towards the NHI. Gabel (2013:118) defines demoralization as a state of discouragement, hopelessness, and a sense of personal incompetence linked to a loss of one's values. Chipeta (2014:231,234) asserts that nurses often resign due to various demoralising factors such as lack of resources, equipment and lack of management appreciation. In support of the above view, Passchier (2017:837) found the disadvantages common to health facilities to be low staff motivation due to poor work environment, lack of equipment, short supplies and unfilled posts.

Other participants of this study further expressed the lack of computer skills by older generation nurses in recording patients' information. Matthew and Mash (2019:10) assert that an Information Technology (IT) platform allowing public and private sector practitioners to access integrated patient records is important. The same authors further allude that improved communication between the two sectors would result in improved patient care and cost-effective use of resources. A study by Passchier (2017:5) supported the consideration of capacity building to improve data collection and making use of new

digital technology to improve the implementation of the NHI. The author further recommends utilization of quality management tools to create working environments that improve morale and job satisfaction that enable staff to achieve their personal and professional goals.

3.4.3 Theme 3: NHI barriers

According to Oxford Advanced Learners Dictionary (2010:106) a barrier is something that prevents people from moving forward or achieving. This theme is supported by the following barriers that would hinder the implementation of the NHI in the health facilities: health care facilities, health care providers, health care resources, health care service, health care users, managerial and NHI barriers.

3.4.3.1 Category 1: Health care facilities' barriers (infrastructure/ capacity)

An infrastructure is basic system and services for running a country or an organisation smoothly, for example, a building, water and power supply. One of the problems that faced the health care facilities in Soweto was poor infrastructure. The participants are of the opinion that there is a lack of privacy due to limited space, the clinics are small to accommodate all the patients, and the infrastructure of the clinics is in a bad state.

The participants verbalised that:

"Uh our facilities eish, sometimes that proper privacy to the client. According to their health. Others you find that when you are triaging then now you have to do the triaging everywhere they are and their privacy is humiliated". (P 11)
Other participants alluded that:

"The clinic is so small ma'am. It is so small where, today it's raining. Normally under favourable weathers, the patients sit outside and then maintain one meter apart distance

and stuff like that. But today is raining, it means the patients cannot sit outside, they have to go into the clinic. So I can imagine the chaos it's at the clinic right now ma'am."(P 12)

Another participant echoed that:

"So that all the clinics are ideally capable of taking care of everybody. The facilities ma'am to date we still have a problem where a facility is going to be inspected before the ideal clinic. We still borrowing things from other facilities. You find that you do not have a Jojo tank in the clinic. You are going to borrow from other facility for the sake of those assessments." (P 12)

Other participants echoed that:

"Clinics are not being upgraded at all, and as far as I know, these clinics have been like this ever since they were opened. So uh, the new ones that have been built, I mean it's only a few of them. " (P 15)

Most participants expressed a lack of privacy due to limited space, while other participants were of the opinion that the clinics are old and the infrastructure of the clinics is in a bad state.

Mathew and Mash (2019: 5) found that most practitioners perceived the public sector as lacking sufficient infrastructure, staff and pharmaceutical stock shortages. The same authors found out in their research study that private general practitioners at the Chris Hani district preferred patients' consultation in their accredited private practices rather than using poorly equipped government clinics. Furthermore, the participants expressed that the infrastructure of the clinics is in a bad state. Puteh, Aizuddin and Al Salem (2020:242) found that one of the main barriers in both the public and private sectors is the lack of infrastructure.

The participants were of the opinion that there is a limited space to accommodate all the patients in the clinics. Puteh, Aizuddin and Al Salem (2020:242) are of the viewpoint of

health service expansion, and if not, it could be a risk to the health insurance plan. The participants further expressed that there are no improvements and upgrades in the clinics in preparation for the NHI implementation. In their viewpoint, Molokomme, Seeke and Goon (2018:239) found an opposite view than that of the participants that renovations in some public health care institutions and some are still in a bad state. Therefore, these authors support the view that the NHI still has a long way to go prior to its full implementation throughout the country.

3.4.3.2 Category 2: Health care providers' barriers

In this study the health care providers are the primary health care nurses. The health care providers might be a barrier for the implementation if the NHI in the Soweto facilities, because of overwork and unpleasant working environment. This study's participants were of the opinion that they become negligent, feel angry and frustrated, thus they lash out at patients. Other participants feel burnt-out because of a high turnover and staff shortages. Due to the shortage of staff, there are long queues and the waiting period becomes longer. Other participants expressed lack of training and they do not know the new guidelines.

Other participants verbalised that:

"We just, we just there to do the job but they are not doing it to totality. Eei, I can say maybe is it negligence of the staff or they are overworked." (P 11)

Another participant echoed that:

"And then the workplace is unpleasant, what is your reaction to that? How do you react to that unpleasant workplace? It leads to stress." (P 12)

Other participants felt that:

"I think the staff are feeling angry. Staff are angry and frustrated; they end up shouting the patients." (P 13)

"High turnover in the years that I, I mean even the years I've been in the healthcare sector, I've only been here for five years but I've seen a high turnover, nurses often move around because they want something better. Shortage of nurses is also a burden for nurses and they are burn out." (P 15)

Another participant alluded that:

"And then nurses just work and then you see a lot of nurses being tired overworked and exhausted and then they start seeing a lot of absenteeism." (P 18)

Another participant asserted that:

"Okay if there's a shortage of staff, then the queues are going to be longer. So it's the shortage of staff, uhm the waiting time obviously is going to be longer. And you know we are human beings and we become impatient." (P 13)

The participant echoed that:

"They are avoiding short staff, they don't take their personnel for training, and we don't know anything about new guidelines. And then I've also experienced that were managers that don't want you to go for training, they don't want you to go for updates." (P 15)

The participants were of the opinion that they become negligent because of overwork and an unpleasant working environment. Other participants feel angry and frustrated and they lash out at patients. Other participants feel burnt-out because of high turnover and staff shortages. Due to shortage of staff, there are long queues and the waiting period becomes longer. Other participants expressed lack of training and poor knowledge of the new guidelines.

Contrary to what the participants expressed in neglecting patients due to overwork and unpleasant working environment, Molokomme, Seeke and Goon (2018:239) perceive

staff negative attitudes as discouraging to patients accessing health care services and violation of clients' dignity. The participants echoed that they feel angry and frustrated and this has led to them lashing out at patients. The latter authors are of the viewpoint that the health care professionals with negative attitudes do not have personal and professional dignity.

The participants believed that staff shortages have led to long queues and waiting times. In the literature discussion by Alhassan, Amponsah and Arhinful (2016:9), the authors highlighted that longer waiting periods, poor staff attitudes and lack of adequate complaint structures discourage clients. In agreement with what the participants expressed, a study by Daramola, Maduka and Adeniran (2017:14) found that patients' perception of the waiting time showed a high level of dissatisfaction when subjectively and qualitatively assessed.

The participants further expressed a feeling of burnout due to staff shortages and high staff turnover. Khamisa (2013:2215) describes burnout as characterised by diminution, depersonalization and lack of personal accomplishment. Khamisa (ibid) is of the view that burnout is an individual's response to prolonged work-related stress that affects job satisfaction, productivity, turnover and wellbeing among health care professionals. The same author concluded that nurses providing direct care while working in poor environments report higher burnout and lower job satisfaction.

This study's participants expressed being untrained and not working according to the new guidelines. Puteh, Aizuddin and Al Salem (2020:240) assert that poor quality of care leads to poor adherence to evidence-based guidelines, poor prescribing practices and inappropriate referral patterns. The same authors are of the opinion that poor quality of care leads to poor professional development strategies and by not having access to the internet or periodical journals.

3.4.3.3 Category 3: Health care resources' barriers

The health care resources are as follows: human, material and financial resources. In category study the health care resources were a barrier for the implementation of the NHI in Soweto health facilities. The participants expressed that the working equipment was old, broken and there was no proper structure for maintenance, the instruments bought are of low quality and there is no consistency in the availability of resources. Some participants felt overwhelmed because of Covid-19, coupled with a shortage of oxygen and Personal Protective Equipment (PPE). Other participants further expressed that there are shortages of medications as compared to private facilities.

One participant verbalised that:

"Yes because somewhere you find that we have eh... poor instruments or whatever, we don't have proper facilities for that." (P 11)

Other participants echoed that:

"Not even, there's not even enough hand wash, not even enough (08:13 inaudible) not even enough uh protective clothing." (P 13)

"The equipment is old and some is broken, so if you ask for maintenance of equipment, the maintenance guy will come after a long time, the equipment are not serviced regularly you know." (P 15)

The other participant asserted that:
"We don't have eh working equipment's like the BP machines and all, we are not ready to accommodate the population that will come." (P 17)

Another participant echoed that:

"Yeah like I feel right now, we are overwhelmed, especially now because there's this Covid. We are overworking because of Covid. And uh patients that are coming in. we don't have enough oxygen, we don't have enough staff, we don't have even these PPE." (P 17)

Another participant verbalised that:

"They are always eh… not having enough medication. Much medication is also not available. Yes, and in the private uhm I don't think I've ever heard in the private somebody saying there is no medication you know." (P 13)

Some participants expressed that the working equipment is old, broken and there is no proper structure for maintenance. Some participants expressed that the instruments bought are of low quality. They also felt that there is no consistency in the availability of resources because of discrepancies. Some participants felt overwhelmed because of the Covid-19 pandemic and that there is a shortage of oxygen and Personal Protective Equipment (PPE). Other participants further expressed that there are shortages of medications as compared to private facilities.

The participants expressed the lack of equipment, unavailability of resources and shortage of medication. A study by Surender; van Niekerk and Alfers (2014:1093) on the perspectives of general practitioners in one pilot site found that poor infrastructure, lack of basic equipment and medication were the biggest frustrations for doctors who ended bringing in their equipment to overcome shortages. Molokomme, Seeke and Goon (2018:239) are of the view that challenges experienced in the public health care sector such as shortage of human resources and inadequate equipment and health care resources led to others doubting the feasibility of the successful implementation of the NHI. Daramola, Maduka, Adeniran et al. (2017:15) noticed unavailability of prescribed drugs from the hospital's pharmacy. Zuo, Cheng, Zhou and Jiang (2020:5) found that similar studies conducted in Ethiopia reveals high levels of dissatisfaction with prescribed drugs.

The participants of this study expressed being overwhelmed by the Covid-19 pandemic and that there is a shortage of oxygen and Personal Protective Equipment (PPE). Zuo, Cheng, Zhou and Jiang (2020:5) found that many nurses put forward suggestions for nursing care under Covid-19. The participants emphasized the importance of personal protection equipment, public education, and quality assurance.

3.4.3.4 Category 4: Health care services' barriers

The researcher is of the opinion that the PHC nurses lack tools of trade to render the quality health service to the patients. The participants expressed that the furniture is old, photocopy machines do not work, there are no cleaning materials and the clinics are dirty. Most participants expressed that the services are not yet ready for the implementation of the NHI.

This is evident by the following quotes:

"…and also the furniture. We are seating on those uh... chairs that are actually breaking every time. So they will also have to supply us with the new furniture's that we can be comfortable when we are actually uhm, eh... consulting with patients." (P 20)

Other participants echoed that:

"And there is this, we can start implementing things for example, screening of all patients who comes here, will screen patients but as we go on copy machine dies, and the monitoring tool uh… - get finished and then we will stop." (P 1)

"Then with other things, in an ideal clinic, in preparation for the NHI, we need to have cleaning material. We stay months and months and months without even having a toilet paper. Sometimes we have to tell the nurses to buy the toilet paper for their own facilities." (P 2)

"And those are the glitches that make you feel fail in an inspection. The grass is long, or the clinic is just dirty." (P 3)

"Right now we're struggling to offer quality healthcare just basic, quality health care. We are not able to meet those standards. How are we going to implement NHI?" (P12)

"So to me I, I don't think the staff is ready for that. I think our readiness is not hundred percent." (P 11)

"You understand, so me going forward, I would say our facilities are not ready. Uhm my opinion ma'am is of we are not ready. South Africans facilities are not yet ready for the NHI. So our facilities are not ready ma'am. The readiness truly speaking our facilities are not ready." (P 12)

The participants expressed that the furniture is old, photocopy machines do not work, there are no cleaning materials and there is no working equipment. This study's participants further expressed that the clinics are dirty. Most participants alluded that the services are not yet ready for the implementation of the NHI. This notion was observed by Moyimane (2017:2) who asserts that the shortage of equipment impacts negatively on nursing care. The same author recommends that the nurses should be provided with medical equipment that is functional to provide quality nursing care. The same author further recommends that procurement and maintenance plans for medical equipment should be developed by management and governance. Surender (2016:1) agrees with the viewpoint of the latter author, Moyimane, that there is a problem of lack of appropriate infrastructure and equipment in the NHI pilot facilities. The author concluded that with the current pilot, it will take much longer for the government to reach the vision of a single integrated health system.

Most participants of this study expressed that the health facilities are not ready for the implementation of the NHI. Mndzebele and Matsi (2016:128) found, statistically that the Health Care Workers (HCWs) when asked about their readiness for the implementation of NHI, others responded as being ready which is less than 40% while 60% were either not ready or unsure. These authors found that the majority of the participants felt that they and the facility are not ready for the implementation of the NHI. The same authors came with recommendations that call for modified interventions to prepare those who are not ready. The same authors further recommended resource improvement for the facilities and adequate infrastructure to ensure that the NHI implementation succeed.

3.4.3.5 Category 5: Health care users' barriers

The health care users are the patients or clients that access the health care facilities for consultation. The participants expressed that there is a challenge of undocumented foreign nationals. The participants also felt that the issue of foreigners is a burden to the health system. The clinic statistics have increased because of illegal immigrants. Other participants believe that the patient defaulting of medication may be due to a change of suppliers that lead to a change of medicine names. Participants also expressed that the patients arrive at any time in the facilities even if it is late, simply because the services are free.

One participant quoted that:

"Okay uhm I speak the truth. Oh to be honest, I'm a bit worried about eh the implementation of the NHI. Reason being, we have so many people in our country that are foreigners that are documented and undocumented." (Participant 12)

Another participant echoed that:

"There's an influx of foreigners in this country you know. There is no system as to how uhm foreigners, especially the undocumented ones you know. It's already burdening the healthcare system you know." (P 15)

Another participant agreed that:

"So now if we gonna be having migrants or immigrants who are gonna be coming and accessing the services, now it increases the stat from five hundred to now a thousand." (P 8)

Another participant verbalised that:

"We have patience defaulting because the name of the medication changes because of different companies and it looks different all the time." (P 15)

Another participant asserted that:

"Right now we are overwhelmed with all patients that just come to the clinic at any time and even we say, we need uhm to serve the people for emergency needs only but everybody just come at any time, then if we say, no you are not an emergency, people get angry because it's free of charge." (P 17)

The participants expressed that there is a challenge of foreigners not documented in the system. The participants asserted that the issue of foreigners is a burden to the health system. They further indicated that the clinic statistics have increased because of illegal immigrants. Other participants further alluded that the patients arrive at any time in the facilities even if it is late, merely because the services are free.

The participants expressed an overburden of the health system by illegal and undocumented immigrants as evidenced by the increased clinic statistics. In a study on "Understanding Divergence between Intention and Implementation of Health Policy for Undocumented Migrants in Thailand" by Suphanchaimat, Pudpong, Prakongsai and Mills (2019:39), the authors observe the implementation challenges in migrant policies in Thailand and other countries. The same authors alluded that in Kenya, despite the existence of national treaties that assert rights to healthcare for all persons, migrants face obstacles to care including cost differentials and administrative delays.

This study's participants further expressed the abuse of free services by patients. Dalinjong and Laar (2012:7) assert that high attendance and perceived service abuse by the insured has led to an increased workload for providers. The authors further allude that the health providers experience long working hours with little or no break times. In support of the latter view, Puteh, Aizuddin and Al Salem (2020:239) assert that free healthcare has led to overutilization and abuse of services. The same authors further allude that the patients can demand services and referrals even if they are unnecessary. Alhassan, Amponsah and Arhinful (2015:14) recommend that routine community engagement sessions involving staff and clients on the components of healthcare quality could help improve the staff-client perception differences. The latter authors further recommend that the clients should also be educated on the dynamics of healthcare delivery and the need for realistic expectations and awareness of the available human and material resource capacity of health facilities.

3.4.3.6 Category 6: Managerial barriers

The participants expressed the loss of trust in the government due to corruption. There is a lack of funds and clinic managers are unable to fix the clinic problems. The participants experienced lack of explanation and transparency on budget usage. The participants further expressed lack of management support.

The participants echoed that:

"And I also just feel like, our government is too corrupt, undeniably so because eating of funds in the government it's like eating bread do you know? We cannot, if something looks good on paper, you know it looks good and you know you can see that it's viable but in actual fact, how many times has things been implemented in South Africa and they failed solely because of corruption you know uhm, I think the, the... what was I gonna say? Oh uhm this also causes a lack of trust in people you know." (P 15)

"So I don't know what's the plan to address the corruption to address those kinds of small problems that affect service delivery I'm not sure NHI will be the cure for all those problems so with the implementation it will be affected because we are not doing the right things we are not achieving the goal for health delivery as it is we are having a lot of challenges so I don't see NHI being the cure for all of them." (P 16)

This participant echoed that:

"I think many managers are struggling to get the clinics up to an ideal clinic state because of Uhm lack of funds." (P 13)

Another participant asserted that:

"You know with the budget, you end up seeing your budget in the piece of paper. You don't know the, after six months you don't have any budge. Uh there's no support from management, instead there's victimisation from the management." (P 5)

The participant verbalised that:

"We know that if, you escalate the problem to your manager, and nothing is being done for a certain period of time." (P 12)

Another participant asserted that:

"Nobody is doing the monitoring but monitoring is being done by coordinators. Where there is less equipment the coordinator will bring for that clinic." (P 1)

The participants expressed a loss of trust in the government due to corruption. Other participants did not perceive the NHI solving the issue of corruption because the health system faces many challenges. Other participants alluded that there is a lack of funds and that clinic managers are unable to fix the clinic problems. The participants expressed lack of explanation and transparency on budget usage. The same participants of the study further expressed lack of management support regarding shortage of resources, instead, they are victimised. In support of the participants' view Passchier (2017:836) alludes that lack of governance, accountability and corruption, has led to several provinces going into chronic budget deficit as the participants of this study expressed this; verbalising the lack of trust in the government due to corruption.

Amado, Christofides, Pieters and Ruch (2012:7) are in agreement with the latter view that the proposed NHI is an idealistic proposition that has many challenges to overcome that are specific to the South African situation. The authors further allude that the first of these issues is corruption. According to the estimations made by the authors, corruption account for the waste of 10% of all healthcare expenditure in the country, and accounts for an estimated R5 - 15 billion within the private sector alone. In conclusion, the same authors believe that corruption and corrupt officials may interfere with implementation and working of the proposed NHI. The same authors recommend addressing the issue of corruption and strict supervision prior to implementation.

This study's participants echoed unexplained use of the budget and that there is no transparency when it comes to budgeting. The study by Puteh, Aizuddin and Al Salem (2020:240) identified a lack of effective leadership in primary care. These authors found that sixty-five per cent of technical supervisors, who are responsible for overseeing the activities of health centres, had not received managerial training and 85% had no

postgraduate qualification. The authors further discovered that managers also had limited roles and unclear expectations.

Fryatt, Hunter and Matsoso (2013:42) allude that the launch of OHSC provides an environment in which monitoring and improving quality standards in both the public and private sectors should stimulate more innovative approaches to overcoming local challenges. The same authors recommend that to achieve this, sufficient management capacity and more efficient support systems, for example around procurement, medicines and supplies, and information systems are required.

3.4.4 Theme 4: NHI facilitators

In preparation for the implementation of the NHI, the process of an ideal clinic was introduced to facilitate the preparation of the health care facilities for the implementation of the NHI in Soweto. Through this facilitation, there were some improvements with regard to the implementation of the NHI in the health facilities. From this theme, two categories emerged: they were gradual improvements in health care resources, infrastructure and health care services.

3.4.4.1 Category 1: Gradual health care resources and infrastructure improvements

The participants expressed that if there is a shortage of medication, they do emergency orders. Other participants expressed few bigger clinics were built in preparation for the NHI yet most of the old facilities are falling apart. The participants further expressed that since 2014, they have seen some developments in the facilities such as fixing broken tiles, painting the roofs and repairing broken toilets.

The participant verbalised that:

"Ya there is availability of medication. If we have shortage of medication uh… we'd emergency orders." (P 14)

Another participant echoed that:

"I know that there are quiet a couple of clinics that have been built you know because I know the National Health Insurance it focuses a lot on primary healthcare and I must say the clinics are very big, very nice but what about the other clinics you know that are already existing and they are falling apart." (P 15)

One participant asserted that:

"No, uhm well I will say two thousand and sixteen, before I started the PHC course, two thousand and sixteen, uh fifteen, fourteen. I used to see because this National Health Insurance has been spoken, there were, they have been talking about it for long time. So within that period, I was seeing some developments that was taking place in the clinic like tiling the floor, uhm repairing the broken tiles, uhm repairing the toilets and everything and doing some painting. That was those minor uhm services that I've been seeing. Those minor repairing of building that I see, that I saw at that time." (P17)

Another participant echoed that:

"But like in my facility, even if it's small, we didn't have taps in the consulting rooms because of this ideal clinic thing, we are… installed the taps." (P 9)

The participants were of the opinion that there are few changes in the facilities. They expressed that if there is a shortage of medication, they do emergency orders. Other participants expressed few bigger clinics were built in preparation for the NHI yet most of the old facilities are falling apart. The participants further expressed that since 2014, they have seen some developments in the facilities such as the fixing of broken tiles, painting the roofs and repairing broken toilets.

The participants expressed that even if the old facilities are falling apart, there are other new bigger clinics built. In the study by Puteh, Aizuddin and Al Salem (2020: 238), the

authors allude that the Saudi Government realizes the challenges that they face and are all working on improving their health system to meet future needs. The authors allude that Saudi Arabia has announced a plan to expand its healthcare infrastructure. The same authors further indicate that several international players entered the kingdom's health market with advanced facilities and technologies and play various roles operating individually in partnerships with the government or as managers of facilities. In the study by Alhassan, Amponsah and Arhinful (2016:10), the authors discovered that through infrastructural expansion, the geographical accessibility of accredited NHIS health facilities has improved. The findings from the study by Cortje (2012:100), reveal that 84.9% of the respondents with a mean score of 4.3 consider the improvement and re-engineering of public hospitals to be pertinent to NHI success which supports the need for infrastructure improvements.

3.4.4.2 Category 2: Gradual health care service improvements

The participants expressed that there is improvement in the health care services because patients who are suffering from chronic yet controlled conditions, collect their medications from private pharmacists such as Clicks. Most participants felt that the introduction of the ideal clinics has assisted them in treating the patients holistically because there are documents that guide them on how to work. These are the standard operating procedures, the essential drugs' list and the legislations. Other participants expressed that the booking system has improved to avoid overcrowding. The participants further expressed that teaching takes place on the usage computer and the patients' registration take place through the computer system. Other participants were of the opinion that there is a gradual change in management, because they are getting positive feedback when they raise their complaints.

The participant asserted that:

"We have to be, we, we having there is, for the chronic. Like we've been trying to, Eh…eh… like we having, we having for the chronic patients who are controlled. We

transfer them to the machines at the…. They go fetch the medication at the pharmacist, your clicks and your (02:30 inaudible) you clinic facility and so on." (P 14)

Another participant echoed that:

"Yes that one you find that we have a lot of documents guiding us we need to work standard operation procedure and we have essential drug list all sorts of legislation that guides us on how we function in the clinic, have ideal clinic models that are telling us for us to ideally assist the patients holistically this is what the facility must have from A to Z. So we seem to be good trusting all these policies and guidelines." (P 16)

Another participant verbalised that:

"So we book patients, on average we book one twenty patients in our facility for chronic conditions. So that we don't end up having too many people that may end up having to turn back because there wasn't enough bookings to place them." (P 18)

Another participant asserted that:

*"I'm working there, no it's still the same like I was there. It's only that some, they've added some services like, with friendly services." (*P 4)

Another participant verbalised:

"I think they are gonna help at the long run because now the system is still new, people are being taught how to use the computers, how to register patients in the system."(P 4)

Another participant echoed that:

"We complain, we complain to our facility manager. She is doing something because you can see the positive feedback, you can see that there are changes here and there but it's just that there are coming at a very slow pace." (P 6)

The participants expressed improvement in the health care services because the collection of treatment from private pharmacists has improved. Most participants felt that the introduction of the ideal clinics has assisted them in treating the patients holistically because there are documents that guide them on how to work such as the standard operating procedures, the essential drugs' list and the legislations and the development of booking systems to avoid overcrowding. The participants further expressed that teaching is taking place on the usage of computer and the patients' registration takes place through the computer system. Other participants are of the opinion that there is a gradual change in management because they are getting positive feedback when they raise their complaints.

The participants echoed that there is improvement in the collection of medication by patients suffering from chronic conditions. A study by Ward, Sanders, Leng et al. (2014:484) found that in 2012 during the benchmark in two provinces, there were large variations in the density of public clinics and community pharmacies between provinces. The authors further found that, all community pharmacies could offer a defined package of Primary Health Care services.

Most participants felt that the introduction of the ideal clinics has assisted them in treating the patients holistically because there are documents that guide them on how to work. Daramola, Maduka, Adeniran et al. (2017:15) allude that the management of the NHIS should ensure compliance to the provision of quality health services as contained in the NHIS operational guideline. The authors further assert that it is essential for healthcare facilities to improve the provision of services, particularly addressing areas of dissatisfaction. Other participants expressed that there is a gradual change in management because they are getting positive feedback when they raise their complaints. Madede, McAuliffe, Patricio et al. (2017:11) agree that the health workers

perceived an improvement in their performance and allotted this to the supportive supervision they had received from their supervisors following the intervention.

3.4.5 Theme 5: Recommendations for NHI

The Oxford Dictionary (2005:1228) describes recommendation as official suggestion about the thing to do. The participants made some recommendations regarding the implementation of the NHI on health facilities. Eight categories emerged from this them. The categories are as follows: adequate and safe health care facilities; effective health care management; effective, consistent health care service (ideal clinic); adequate health care resources; motivation for health care providers and NHI information dissemination.

3.4.5.1 Category 1: Adequate and safe health care facilities

Most participants recommended the putting on hold of the implementation of the NHI until the facilities and the people are ready. Other participants recommended that the government should fix the problems first such as shortage of staff, shortage of medication and infrastructure problems.

This is evident with the following quotes:

"You understand. Therefore, my recommendation, for now, will be, it should just be halted until eh like what should I say. Facilities are ready, people are ready." (P 12)

"I think that unless the government can uhm improve the facilities uhm and for the facilities to become uhm ideal clinics approved, uhm and for all the problems like the infrastructure, the staff, the patient ratios, medication shortage, uhm I think if they can't solve those problems, I don't see the national insurance will work until those problems are first solved." (P 13)

Another participant echoed that:

"So they need to change the structure. Expand the, the rooms and eh the places for allocating the people, there, there… also the clerking departments." (P 17)

Another participant verbalised that:

"Yeah they need to do something about it because of if we are saying, we are bridging the gap between private sector and public sector, than it means that the structures from the public sectors, they need to look like the structures from the public sectors." (P 6)

Another participant echoed that:

"Do away with NHI. Take that money and spend it to renovate the clinics." (P 10)

The participants recommended that the government should fix the problems first, such as shortage of staff, shortage of medication and infrastructure problems. Other participants recommended the change of the clerical structure while other participants recommended the halt of the NHI until the facilities are ready.

Alhassan, Amponsah and Arhinful (2016:10), in agreement of the viewpoint made by the participants that the government should fix the problems first like shortage of staff, shortage of medication and infrastructure problems, recommend other proposed interventions. These would be to ensure operational sustainability of the NHIS to improve the geographical accessibility of accredited health facilities through infrastructural expansion and the improvement of material and human resource capacity to reduce workloads in health facilities. Fryatt, Hunter and Matsoso (2013:42) recommend that to achieve this, sufficient management capacity and more efficient support systems around procurement, medicines and supplies, and information systems are required.

Other participants recommended that the government should halt the NHI until the facilities are duly equipped. In the study by Surender, van Niekerk, and Alfers (2016:1095) on "Is South Africa Advancing towards National Health Insurance", the authors are of the view that the current pilots are far from the vision of a single, integrated health system. The findings of these authors suggest that it would take longer to establish the timelines prescribed by the government.

3.4.5.2 Category 2: Effective health care management

The participants recommended strengthening of management support to the health care workers and a weekly departmental meeting to discuss their challenges.

This is evident with the following quotes:

"I would say also dealing with management issues because a lot of health care workers where I work are unhappy because they are not getting the necessary support and opportunities things are not done fairly in the clinic so if we can strengthen management support to the health care workers I think that can also move us in a positive direction." (P 16)

Another participant echoed that:

"Uhm I think we should have a departmental meeting, like in PHC we should say every time like Monday, meet all of us uh even the opposite shift and all of us to talk about the problem." (P 17)

Another participant verbalised that:

"It will only work if eh...the department of health, management, and our managers become real and help the department of health on the implementation." (P 1)

Another participant asserted that:

"Uhm I also think that, the National Health Insurance shouldn't be scratched as an idea, maybe postponed so that we can be able to fix the major challenges uhm that we are having. Like the influx of foreigners." (P 15)

Another participant alluded that:

"So I feel like uhm the government can also uhm I don't know how but put measures uhm in the private sector because uhm the funds that are used in the private sector are too much and can be used uhm in the, in the public sector as well. So I think the National Health Insurance can work." (P 15)

The participants recommended support from management; they further suggested weekly departmental meetings to address the encountered challenges. Other participants further recommended diversion and a reduction of funds from the private to the public sector.

The participants recommended strengthening of management support to the health care workers. Mahmoudi, Mohammadi and Ebad (2012:9) allude that management should formulate a structured supportive culture. Muthathi, Levin and Rispel (2010:311) assume that the PHC is the central core of NHI reforms in South Africa. These authors believe that the success of PHC reforms as an essential part of the planned NHI depends on the active involvement and participation of PHC facility managers, ongoing training and resource availability. Some participants recommended the weekly departmental meetings to discuss their challenges. Dawson, Stasa, Roche et al. (2014:4) recommend conduction of management meeting with departments to discuss challenges and work on finding solutions to the challenges highlighted.

Other participants in this study suggested the reduction of funds from the private sector and be re-distributed equally between the private and the public sectors. The study by

Matthew and Mash (2019:7), on "Exploring the Beliefs and Attitudes of Private General Practitioners towards National Health Insurance in Cape Town", found that the general practitioners support the introduction of an NHI system that addresses the inequities and inefficiencies of the current health system and reduces costs of private health care. These authors are of the view that proper implementation of NHI has an opportunity to bridge the gap between the public and private health sectors.

3.4.5.3 Category 3: Effective, consistent health care service delivery (ideal clinic)

The participants felt that the process of ideal clinics would work and would help to improve the current situation such as staffing, budget and availability of equipment. Other participants expressed that the booking system would work to reduce the number of patients in the health facilities.

The participant echoed that:

"So there's a whole lot of uhm questions that is asked uhm when it comes to ideal clinics." (P 13)

Another participant verbalised that:

"I think the process of ideal clinics would work. Would help us to see where we are going wrong, would help us to improve in what we are doing currently." (P1)

Another participant asserted that:

"Uhm… I will say booking systems even when you book, the number of patients, because having more than hundred patients a day, in a facility is too much because sometimes we may have a booking system, we can book but there will be other people adding on the number. But I think if we have a strict booking, this thing of having a number of patients, especially with chronics." (P 3)

Another participant alluded that:

"But to me I think it's a good thing, if only we will have the staff, the budget, and equipment will be available, it's going to work." (P 5)

The participants were of the opinion that the ideal clinic process would improve the current situation at the clinics. Other participants expressed that the issues of staffing, budget and equipment would be resolved while other participants felt that the booking system would work to reduce the number of patients in the health facilities.

The participants felt that the process of ideal clinics would work and help to improve the current situation such as staffing, budget and availability of equipment. Fryatt, Hunter and Matsoso (2013: 36) assert that the usage of the ideal clinic process help with the development of quality improvement plans, clarifying the changes brought about from within the clinic, and requires action at higher levels of management. The same authors are of the view that the Ideal Clinic initiative is a central vehicle for delivering quality Primary Health Care services. The same authors are of the viewpoint that the designed ideal clinic process allow the South African health system to gain the required knowledge to test responses and to outline the necessary modifications to existing systems and processes to arrive at and maintain the desired clinic status.

Other participants expressed that the booking system would work to reduce the number of patients in the health facilities. Egbujie, Grimwood, Wabafor et al. (2018:318) recommend an urgent intensifying system of clinic appointments in all PHC facilities as it will significantly reduce the patient waiting times. The authors further suggest that a clinic appointment booking register needs to be revised, standardised and properly implemented.

3.4.5.4 Category 4: Adequate health care resources

The participants recommended that for the NHI to work there should be equipment, staffing and medication.

One participant alluded that:

"I think they have to equip our facilities. With the equipment's I think there has to be a time period for equipment's to be serviced." (P 11)

Another participant asserted that:

"And then also the other thing is uhm they will have to supply us with like tools of trade. Yes with the tools of trade, meaning will have to give us like your BP machines, your stethoscope, your resuscitation machine in the emergency department because like right now we are using the old ones that are not even working properly." (P 20)

One participant verbalised that:

"I think we should eh… uhm especially in the Primary Health Care nurses, there should be equipment but when the patient comes in and you feel like there's a, especially with the blood pressure, you will be able to do it in the room and not stand the patients outside or somewhere to go and have the blood pressure test again." (P 3)

Another participant echoed that:

"Let them implement it, but they must start with our problems, the staffing, equipment, the medication." (P 5)

One participant asserted that:

"Yes and then, also they'll have to move with the times. Like in private hospitals nowadays they are using computers." (P 20)

The participants were of the opinion that for the NHI to work there should be equipment, staffing and medication. They further recommended the use of computers such as in private clinics. Cherry and Jacobs (2014:18) recommend that staffing should be planned according to busy periods by replacing those that are absent or those that are on leave. Toyana and Auriacombe (2014: 81) also recommend that the short and long-term measures can help to address the problem of staffing. The authors allude that various and creative methods need to be considered in training, deploying and paying health workers to pave the way for the successful implementation of the NHI. Mwanza and Mbohwa (2015:308) recommend the establishment of a standard operating procedure for maintenance, servicing and reviewing regularly. The authors further recommend for the creation of an equipment checklist or book to control and identify faulty equipment and planning the periods for servicing of equipment. The participants further recommend the use of computers just like in private clinics. The National Department of Health in South Africa identified the need to implement EHRs (Electronic Health Record system) as stated in the NHI White Paper. The National Department of Health states that for the NHI to be implemented successfully there is a need to register and track patients as they move from one health care provider to another (Katurura & Cilliers, 2018:7).

3.4.5.5 Category 5: Motivation for health care providers

The participants recommended staff motivation in the form of awards, incentives and salary improvements. Other participants recommended short breaks in between work.

One participant echoed that:

"Mm, the way forward I think eh... the staff has to be motivated. And then mm..., sorry if possible maybe they must be awarded some incentives. For those who are doing well and then those who are not doing well, they have to be encouraged in a way." (P 11)

Another participant verbalised that:

"Uhm… for the staff, I think the best way is to, I don't know. It has to do with the number of patients that we are seeing per day so that we can have breaks in between, not long breaks. Fifteen minutes break just to rest your mind and come back."
(P 3)

The participant alluded that:

"Uhm to motivate the staff members that are working in this institution. Improve people's salaries. It is a motivation in a way." (P 10)

The participants were of the opinion that staff ought to be motivated in the form of awards, incentives and salary improvement. Other participants suggested short breaks in between work. The participants recommended staff motivation in the form of awards, incentives and salary improvements. In a study by Alhassan, Amponsah and Arhinful (2018:10), some of the reviewed papers recommended improvement of staff motivation levels; early reimbursement of health providers and human resource capacity development at NHIA district offices as means to sustain operations of the NHIS.

Cortje (2012: 106) suggests an incentive-based approach to attract healthcare providers from the private sector as a viable option to alleviating the burden of human resource shortages. Passchier (2017:3) also suggests that the public sector needs to utilise, support and motivate the available health workers by effective human resource management and quality management tools, to create working environments that improve

morale and job satisfaction. In agreement with the latter author, Bonenberger, Aikins and Akweongo (2014:10) recommend that to increase motivation and job satisfaction of health workers, district managers should emphasize an enabling environment that is open to listening and acting on staff problems and team building. These authors also suggest that management should engage in assisting the career planning and paths of their subordinates and conducting in-service training focused on the expressed needs of health workers.

3.4.5.6 Category 6: NHI implementation plan and piloting

The participants recommended implementation of minor changes at a time. Some participants recommended later implementation of the NHI. Others recommended starting with two or three facilities at a time.

One participant asserted that:
"I think wait, wait is the most important thing to me because I don't see why it must be rushed. It doesn't give me a sense, that they must start implementing like next year or two years to come." (P 17)

Another participant verbalised that:

"So I think they should uhm pilot it either longer time so that they can see where maybe the, the staff or the people that are heading, or are heading the piloting, or lack of them as the… the government is lacking. It wouldn't provide the best healthcare services to the people." (P 19)

The participant echoed that:

"I think that maybe, before we implement it they should have uhm maybe try two or three facilities where they actually try out in the reality rather than paper, so that uhm they will

be able to iron out even the smallest mistakes that they will encounter in all the facility." (P 19)

Another participant alluded that:

"Eh we would like to have this National Health Insurance. You know we will like to work in a clean, safe environment you know. we would like, it's a nice thing to be implemented but now the government must just come down to us, let's talk, lets come with a way forward, let's not talk about there's a national insurance, lets implement." (Participant 5)

"Maybe they can start with casualty you know eh staffing, put equipment there, one department at a time. Then will get there." (P 5)

The participants recommended minor changes at a time. Some participants recommended the NHI implementation at a later stage. Other participants advocated for elongation of the NHI period while some participants suggested the prioritising the issue of staffing and fixing of equipment.

According to the National Department of Health (NHI booklet: 4), public hospitals and clinics would be made to upgrade their facilities. The Department of Health further explains that the healthcare facilities will only be part of the NHI system if they meet certain standards of care and accredited by an independent body called the Office of Health Standards Compliance (OHSC). Puteh, Aizuddin and Al Salem (2020: 244) recommend that the expansion of healthcare infrastructure by building new hospitals and clinics will increase job opportunities for health professionals. This study's participants expressed that the NHI should not be rushed but be piloted for longer periods. In the study on "Is South Africa Advancing towards National Health Insurance" by Surender, van Niekerk and Alfers (2016:1095), the authors suggest that the current pilots are still a long way from the vision of a single, integrated health system. In addition, this study presents that the pilots are not themselves the completed NHI programme. Findings by Surender,

van Niekerk and Alfers (2016:1095) support the opinion of the participants that it will take much longer to establish than the timeline envisaged by the government.

3.4.5.7 Category 7: NHI information dissemination

The participants recommended that the staff should be equipped with NHI information through workshops and in-service trainings. Other participants recommended that the individuals and families should understand what the NHI means.

One participant verbalised that:

"Is in it that they have to equip staff. To know what is their expectations towards the national insurance." (P 11)

Another participant echoed that:

"Okay, besides improving the problems that we have with the patients and the management. I would say also we would need to have a way whereby we introduce the NHI not as a document that one can read but also have like a formation session eh... preventing the NHI in what it could mean in a real situation that can also improve the understanding of it for each individual what it means for me and my family and then what it means for me and my colleagues and so forth I think we need a better understanding as the health workers of the National Health Insurance." (P 16)

One participant alluded that:

"I think the way forward is to call everybody in the facility and implement it eh, tell us what is expected of us and tell them what is expected. They must, it must be implemented and everybody must be involved, they must each know what is, what it eh entails, what it is all about." (P 3)

Another participant alluded that:

"I think we need more workshops. People must sell the product to us, so that we can accept it." (P 4)

Another participant echoed that:

"Health in-service training so that we know what is required from us and we are good people we are all about patience health and needs so we will implement when the time comes for us to implement but we also need to be taken care of and to be given what we need." (P 6)

The participants were of the opinion that the staff should be equipped with NHI information through workshops and in-service trainings. Other participants recommended the giving of NHI information to individuals and families.

Molokomme, Seeke and Goon (2018:239) are of the view that communication is the main key to increasing awareness on any developing policy process and its implementation. The authors recommend that advancements in technology and social media awareness, through communication and the dissemination of information is achievable.

Other participants recommended that the individuals and families should understand what NHI means. In addition to the recommendations by the latter authors, Baffour, Oppong and Boateng (2013:6) recommend that the most cited source of information was the mass media, highlighting the usefulness of media in providing information on healthcare to clients. Abuya, Maina, Chuma et al. (2015:10) suggest active NHI sensitization and engagement of key players through well-organised leadership. The same authors further recommend that public engagement and encouraging public dialogue on NHI issues from the early design stage are key to success.

3.4.5.8 Category 8: NHI stakeholder inclusion

The participants recommended that the Department of Health and the managers should listen to their challenges.

One participant echoed:

"Mm, listen to the people that are directly dealing with the patient. What do you need? What are you short of? How can we correct this? For as long as decisions are still taken by our managers up there without involving us, it's difficult to do anything." (P 12)

Another participant asserted that:

"So it's really a challenge, NHI will work if really the department of Health and its managers come to the eh... front runners and ask about the challenges." (P 1)

The participant alluded that:

"I think from the province, people must come down and see what is happening on the ground level." (P 4)

Another participant verbalised that:

"But only if they can involve us down there. Yeah but the NHI is a good thing but if only the politicians can come down to us." (P 5)

The participants recommended that the Department of Health and managers should listen to their challenges. Other participants suggested that the politicians should also involve them in the NHI deliberations.

Passchier (2017:2) recommends that although the political will is essential, it is necessary to involve all stakeholders when attempting any reform. Puteh, Aizuddin and Al Salem (2020:244) suggest that as the health insurance scheme expands, there will be an extra demand for trained health managers and administrators.

A study by Abuya, Maina and Chuma (2015:11) on the "Historical Account of the NHI formulation in Kenya", suggests that the NHI scheme should not only focus on the design of a feasible NHI package, but should also involve stakeholder engagements, intensify transparency and develop adequate governance structures to institutions mandated to provide leadership in the reform process.

3.5 FIELD NOTES

According to Gray, Groove and Sutherland (2017:257), field notes are notes taken by the researcher during and immediately following observation. The researcher collected data telephonically through unstructured in-depth individual interviews. It was impossible to make direct observation but during data collection, the researcher took notes and listened attentively to the tones of voices. The tones of the participants' voices determined how the participants felt during the interviews as some of the participants expressed demotivation and demoralisation. The researcher sensed the participant's feelings by listening to the tone of their voices. The researcher responded verbally by saying *"hmm"* to demonstrate understanding of the feelings.

3.5.1 Methodological notes

Polit and Beck (2017:522) describe methodological notes as reflections about observational strategies. The researcher, as a reminder, used methodological notes during the planning of the individual in-depth interviews and follow up from the central question, which was, *what is the opinion of the PHS nurses on implementation of NHI in Soweto health facilities?*The researcher posed probing questions arising after the centr

al question. The researcher paraphrased what the participants had said to ensure clarity and to confirm the communicated message. The researcher through setting aside one's belief and allowing the meaning of the experience to emerge followed the process of bracketing. Therefore, the researcher set aside the assumption of data and revised the data repeatedly to gain more understanding. Through intuition, the researcher allowed the participants to describe their opinions on National Health Insurance implementation in Soweto health care facilities. The researcher did not impose her values onto the study. The researcher adhered to ethical principles.

3.5.2 Personal notes

Polit and Beck (2017:522) describe personal notes as the comments made by the researcher to express own feelings in the field. The researcher was anxious as to whether she would get participants for the study because some participants felt anxious about the topic and they were not sure if they would be able to answer the research question. The researcher had to go to the facilities early in the morning during the assembly of the PHC nurses to explain the purpose, aim and objectives of the study. In that way, it became easy for the participants to agree to participate and to recruit others for participation. Regarding the appointments for the interviews, the researcher interviewed some participants at night due to family matters. The researcher was also anxious of the possibility of the airtime depletion while in the middle of an interview. One participant received a call in the middle of the interview and she had to attend to the call for a period of about ten to fifteen minutes. The researcher had to wait for the participant to finish the call to avoid the interruption of the recording. The researcher needed to have patience and understanding. One male participant withdrew from the study two hours before the interview because of a death in the family. Another participant was two hours late for an interview because he was stuck in traffic. The researcher was anxious thinking that other participants might as well withdraw from the study due to other reasons. Interviewing the last participant was fulfilling and the researcher felt fulfilled.

3.5.3 Observational notes

After the telephonic in-depth individual interviews, the researcher took note from the participant's responses. The researcher could not observe reactions from the participants such as gestures and other non-verbal cues due to the telephonic interviews. The researcher, therefore, used her sense of hearing to determine the feelings of the participants through their tone of voice. Ensuing statements supported this. The researcher sensed anger and frustration when a participant raised a question with a loud voice asking what the reaction of the researcher would be on their unpleasant working environment. Some participants' tones were down, which made the researcher sense a feeling of helplessness that could explain why some participants resort to a negative attitude due to lack of motivation and demoralisation and lack of support from management.

3.6 CONCLUSION

In Chapter 3, the researcher presented and justified the findings of the individual in-depth interviews and utilising the literature. The researcher also identified and discussed five themes and related categories. The findings from the study revealed the advantages of the NHI and that if it is successfully implemented the issue of inequality between the public and private sectors may be resolved. The findings also revealed that currently, there are problems that the PHC nurses experience in the health facilities. These problems will delay the implementation of the NHI. The findings from the study were a shortage of staff, lack of resources, poor infrastructure and shortage of medication and the burden of undocumented immigrants.

The study also revealed the PHC nurses stress, demotivation and demoralization and staff also experience burnout and lack of management support. The researcher supported the findings by national and international literature. In Chapter 4, the researcher presents recommendations based on the findings of the collected data, limitations and the study's conclusion.

CHAPTER FOUR

CONCLUSIONS, RECOMMENDATIONS, LIMITATIONS AND CONTRIBUTION OF THE STUDY

4.1 INTRODUCTION

Chapter three presented and justified the findings of the individual in-depth interviews and utilising the literature. The researcher also identified and discussed five themes and twenty related categories that emerged. Chapter four presents conclusions, recommendations and limitations based on the research findings and literature presented in Chapter three on PHC nurses' opinions on the implementation of the NHI in Soweto health care facilities. The researcher outlines the limitations of the study and the possibilities for further research and evaluation of the research, and achieved the aim and objectives of the study, therefore the overall conclusion was drawn.

4.2 RESEARCH OBJECTIVE

The objective of the study was to explore and describe the PHC nurses' opinions on NHI implementation in Soweto health facilities. The researcher achieved the objective of the study by exploring and describing the PHC nurses' opinions on NHI implementation in Soweto health facilities. The researcher duly described the emerged themes and categories.

4.3 CONCLUSIONS OF THE STUDY

The researcher explored, described, and concluded according to the five themes that emerged from the PHC nurses' opinions on NHI implementation in Soweto health

facilities, these themes were as follows: NHI advantages, NHI disadvantages, NHI barriers, NHI facilitators and NHI recommendations.

- **NHI advantages**

The study revealed that some participants were confident that the NHI would benefit the health care providers. Although these participants were concerned about the staff shortages, long queues and longer waiting times in the health facilities, the results showed that the participants believed that some of the advantages of the NHI will be the improvement of staff and medication shortages, the improvement of quality of care rendered in the public sector and the nurse-patient ratio improvement. The study by Molokomme, Seeke and Goon (2018:289) supports the suggestions of the participants by noting the improvement of the booking system to reduce the number of patients in the health facilities.

The study also revealed that the other advantage of the NHI is the improvement of the health care system. The results show that the participants believe that the NHI implementation will close the gap of inequality between the private and the public health sectors, and the improvement of clients' registration under the NHI to render the services according to the number registered. The findings of the study also showed that the participants of this study believed that the NHI would provide access to quality and affordable health care for all the citizens of South Africa irrespective of their socio-economic status.

- **NHI disadvantages**

The study results revealed that the participants felt demoralised and demotivated due to poor work environment, lack of and broken equipment, short supplies and medication, high vacancy rates and increasing workloads. This has led to PHC nurses rendering poor quality of care to the patients. The study showed that most participants believe that older nurses lack computer skills in recording patients' information. The participants wanted to move with the times such as utilising computers as in private hospitals. The participants

suggested the use of computers to register and track patients as they moved from one health care provider to another.

- **NHI barriers**

The research results showed that there were barriers that will hinder the implementation of the NHI in the health facilities. The participants were concerned about the poor infrastructure and lack of privacy due to limited space, wherein some patients had to wait outside even in bad weather conditions. The results of this study also showed that the participants were worried about the shortage of equipment and using old equipment that does not work properly and rarely serviced. This has led to participants finding it difficult to make proper diagnoses of patients' conditions.

The other barriers to NHI were staff shortages and high staff turnover. This has resulted in one PHC nurse having to see more than seventy to eighty patients per day. These shortages made it impossible for the participants to attend training for new information and updates for new guidelines. The findings of this study revealed that the participants were burnt-out due to these situations. Bonenberger, Aikins and Akweongo (2014:10), who note that management should conduct in-service training focusing on the expressed needs of health workers, share the same sentiment.

The study results showed a sense of overwhelm experienced by the participants due to the Covid-19 pandemic and that there was a shortage of oxygen and Personal Protective Equipment (PPE), The participants were also worried about the corruption that was taking place in the Health Department. The participants emphasized the importance of PPE and public education. The research findings also revealed that illegal and undocumented immigrants from Africa overburdened the participants, as shown by increased clinic statistics and the abuse of free services by patients.

- **NHI facilitators**

The study demonstrated that the participants noted few changes that are happening in the facilities, such as, the building of bigger clinics in some areas in Soweto. The findings of the study revealed that most participants supported the introduction of the ideal clinic

process. The participants felt that the introduction of the ideal clinics has assisted them in treating patients holistically because there are documents that are guiding them on correct procedure. The ideal clinic process has assisted the nurses in dealing with some of the challenges that they had in the facilities.

- **NHI recommendations**

The findings of this study revealed that though the participants were satisfied and supported the process of the ideal clinics, they were also dissatisfied about several issues that may adversely affect the implementation of the NHI in Soweto health facilities. These issues included among others: inadequacy and unsafe health care facilities, ineffective health care management, inadequate health care resources, lack of staff motivation, lack of NHI information and lack of stakeholder inclusion.

The results of the study revealed the NHI recommendations cited by the participants. These participants suggested the renovation and building of bigger facilities to match the standard of the private health care facilities. These participants also noted that there should be fixing and buying of new equipment and adequate support from management through departmental meetings to discuss the challenges of the health care workers. The study also revealed that the participants preferred to be motivated in the form of incentives and awards. The participants further suggested more NHI information through in-service training and workshops. They also suggested community awareness of the NHI through different social media platforms. Based on the challenges encountered in the health facilities, the research study revealed that the participants favoured the longer period of NHI piloting until the facilities become ready.

4.4 EVALUATION OF THE RESEARCH

The aim and objectives of the study were to describe and explore the PHC nurses' opinions on the implementation of the NHI in Soweto health facilities. Consequently, the researcher met the aim and objectives of the study. The researcher collected data and

reached data saturation to provide a database for prospective researchers. The researcher experienced a mind shift when changing from one on one in-depth individual interviews to a telephonic interviews due to the Covid-19 pandemic and the lockdown regulations. There was also a challenge experienced by the researcher due to the delay of ethical clearance from the Department of Health. The researcher noticed that the participants used in-depth telephonic interviews to voice their dissatisfaction relating to the challenges that they encounter daily. Little research regarding the PHC nurses' opinions on the implementation of NHI has been conducted in the townships and rural areas. There was also little literature relating to illegal immigrants on the issue of NHI implementation.

4.5 RECOMMENDATIONS FOR NURSING PRACTICE, NURSING EDUCATION AND RESEARCH

The researcher identified and described various recommendations. These recommendations include among others: nursing practice, nursing education and future research.

4.5.1 Recommendations for nursing practice

Nursing practice will benefit from this study from the derived recommendations.

- Fixing of problems such as shortage of staff, shortage of medication and infrastructure problems first before the NHI implementation. Planning of staffing according to busy periods by replacing those that are absent or those that are on leave and expansion of healthcare infrastructure by building new hospitals and clinics.
- Supporting the process of ideal clinics to improve the current situation such as staffing, budget and availability of equipment.
- Holding of weekly departmental meeting to discuss staff challenges.

- Strengthening of management support to the health care workers and managers should emphasize an enabling environment that is open to listening and acting on staff problems, as well as team building.
- Management support and motivation for the available health workers by effective human resource management and quality management tools to create working environments that improve morale and job satisfaction.
- Staff motivation in the form of awards, incentives and salary improvement.
- Improvement of the booking system to reduce the number of patients in the health facilities. Appointment booking register needs to be revised and standardised and usage computers to register and track patients as they moved from one health care provider to another.

4.5.2 Recommendations for nursing education

The following are recommendations regarding nursing education.

- Nursing education, together with management, should engage in assisting the career planning and paths of their subordinates and conducting in-service training focusing on the expressed needs of health workers.
- The content on NHI should be included in the nursing curriculum to promote knowledge and understanding of the NHI.

4.5.3. Recommendations for further research

The following are recommendations regarding further research.

- The researcher conducted the research study in two community health centres only; the researcher recommends conduction of similar study on the residence of Soweto in different settings to identify if the study will yield similar results.
- The issue of ideal clinics kept on emerging; therefore, the researcher recommends conducting further studies on ideal clinics.

4.6 LIMITATIONS

The research was conducted in two community health centres in Soweto. The findings may not be generalised, so they are not representative of all PHC nurses in Soweto health facilities. It was not predictable if the findings would be the same if the researcher extended the study to other health facilities in Soweto. The study is, therefore, contextual in nature.

4.7 CONTRIBUTION TO THE BODY OF KNOWLEDGE

The researcher is of the opinion for the conduction of further research studies on the topic. Comparison and alignment of the National Health system with global communities, and how they overcome the NHI challenges is vital. The content on NHI might be included in the health professionals' curricula to promote knowledge and understanding of the NHI. Conduction of Health awareness drives to inform the public about the purpose and impact of NHI on Public Health. NHI information sharing at the Africa Health Conferences on NHI strategies. There may be a noticeable improvement in the public and private health relations and the information-sharing rate.

4.8 CONCLUSION

The objective of the study was to describe and explore the PHC nurses' opinions on NHI implementation in Soweto health facilities. The researcher met the purpose and objectives of the study with various benefits. In this chapter, the researcher briefly discussed and concluded the recommendations, limitations, evaluation and conclusion of the research. The study found that the PHC nurses in Soweto facilities have challenges such as staff shortages, lack of equipment, poor infrastructure, the burden of foreigners, corruption, unequal distribution of funds between the public and private sector and lack of support from management. These challenges have led to PHC nurses feeling overwhelmed, stressed, frustrated and demoralised. All these challenges may hinder the implementation

of the NHI. Therefore, this research study concludes that the PHC nurses are not yet ready for implementation of the NHI in Soweto facilities.

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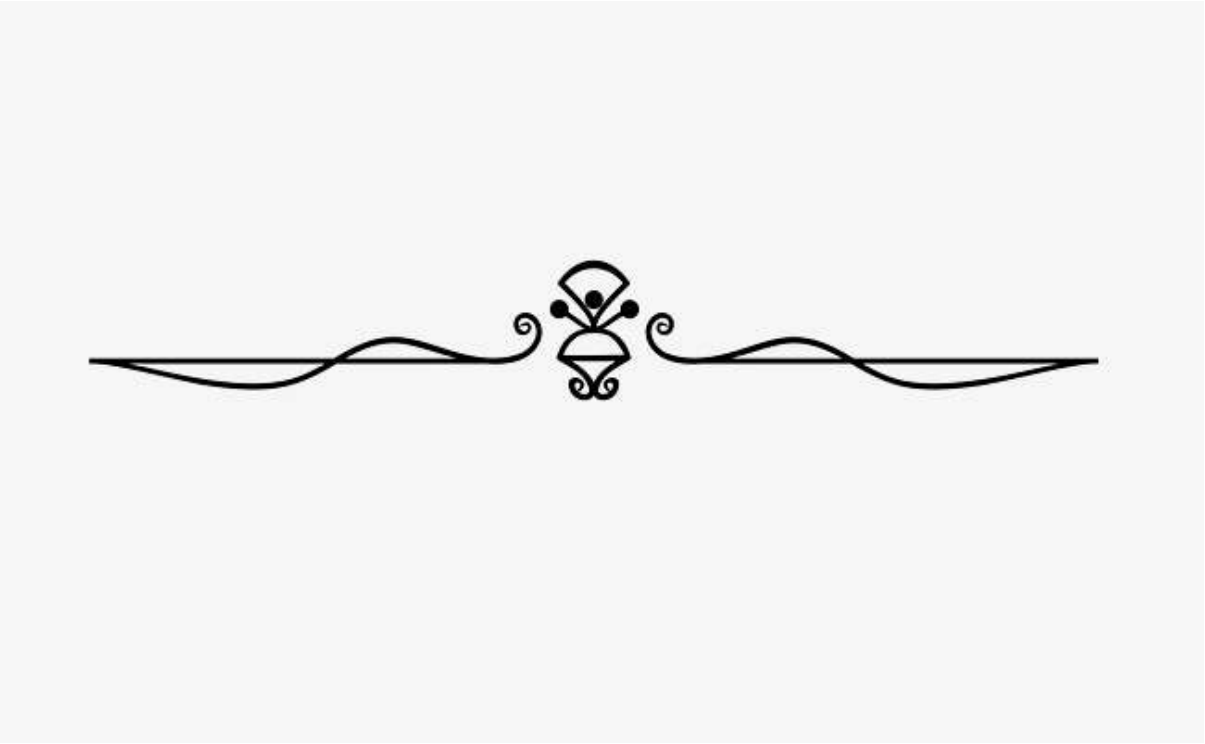
ANNEXURE A

DECLARATION OF ORIGINALITY – UNIVERSITY OF PRETORIA



DECLARATION OF ORIGINALITY- UNIVERSITY OF PRETORIA

The Department of Health Sciences places great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation.

While academic staff teach you about referencing techniques and how to avoid plagiarism, you too have a responsibility in this regard. If you are at any stage uncertain as to what is required, you should speak to your lecturer before any written work is submitted.

You are guilty of plagiarism if you copy something from another author's work (e.g. a book, an article or a website) without acknowledging the source and pass it off as your own. In effect you are stealing something that belongs to someone else. This is not only the case when you copy work word-for-word (verbatim), but also when you submit someone else's work in a slightly altered form (paraphrase) or use a line of argument without acknowledging it. You are not allowed to use work previously produced by another student. You are also not allowed to let anybody copy your work with the intention of passing if off as his/her work.

Students who commit plagiarism will not be given any credit for plagiarised work. The matter may also be referred to the Disciplinary Committee (Students) for a ruling.

Plagiarism is regarded as a serious contravention of the University's rules and can lead to expulsion from the University.

The declaration which follows must accompany all written work submitted while you are a student of the Department of Health Sciences. No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Vangile Jacobeth Khasana

Student number: 19378506

Khasana Vangile Jacobeth

Topic of work: Primary health care nurses' opinions on National Health Insurance implementation in Soweto health facilities.

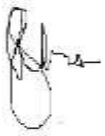
Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.

2. I declare that this is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.

3. I have not used work previously produced by another student or any other person to hand in as my own.

4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

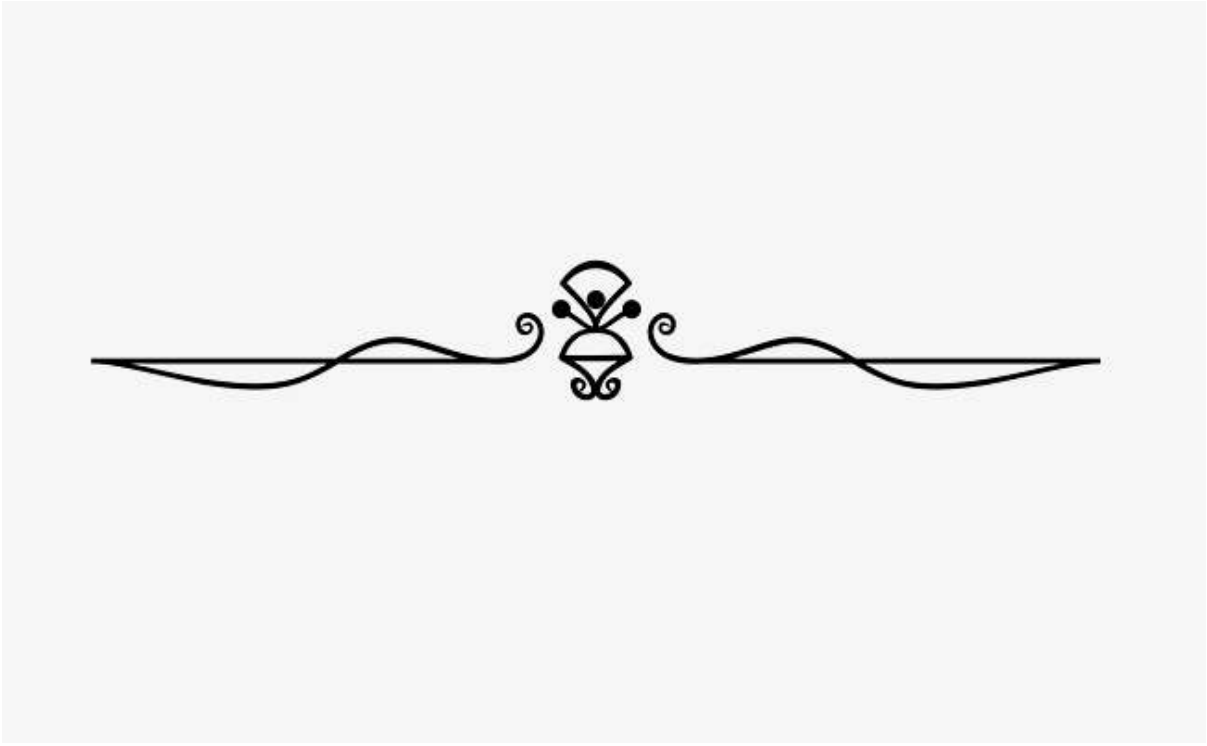
SIGNATURE: 

DATE: 21 July 2021

Khasana Vangile Jacobeth

ANNEXURE B

DATA COLLECTION INSTRUMENT(S) / INTERVIEW GUIDE



DATA COLLECTION INSTUMENT(S) / INTERVIEW GUIDE

DATA COLLECTION INSTRUMENT (S)

1. Audio tape recorder
2. Field notes

Main question

What are the Primary Health Care nurses' opinions on National Health Insurance implementation in Soweto health facilities?

Probing questions

The researcher asked probing questions using open-ended questions

Interviewer:	Okay are you not asleep, you are still awake?
Respondent:	Yes, yes.
Interviewer:	okay, thank you so much Musa thank you very, very much for your participation in my study, so ya eh... the language of communication will be English neh.
Respondent:	Okay.
Interviewer:	And yeah, thank you so much for your time, I know you still have other things to do but I really appreciate your time. So remember the question is what is your on implementation of the National Health Insurance in SOWETO facilities, so your opinion is your opinion so it is never wrong or right so don't be anxious just relax and give me the information your opinion as you know them so just relax and give me everything that you know. So what is your opinion regarding the implementation of the National Health Insurance in the facilities?

Respondent:	Okay I believe that uhm... for our facilities in Soweto we are not ready for the implementation of NHI because the way the clinics are run at the moment and that makes me not to have confidence in the new NHI service delivery structure in terms of the corruption that exists, the availability of consumables and all other materials we use in the clinics, so that makes me not have confidence because what is happening currently I'm picturing it as a measure for the new coming NHI, how does something that is not well managed all of a sudden get to be perfect with a new strategy. I don't see it happening.
Interviewer:	Mmm
Respondent:	Yes
Interviewer:	elaborate on that, you spoke about corruption you say because of corruption please you elaborate more on that
Respondent:	ya, we usually hear in the media that there would be programs that are expected to be run for- certain members of the community to benefit like even if it's through our clinics through our facilities but when we start to offer this programs then we start having shortages of material or maybe staff members not being trained properly, like for example the will be a lot of training going on in the clinics maybe trainings to improve the academics each of the staff members, you find that some people are trained some people are not trained so the people that are not trained for certain programs like Niemaart for example when they have to help a client now they can't because now we have resources in place but there isn't any fairness in terms of training, there's no fairness in having things available equally in all the facilities and some of the facilities are run by Municipalities and some by Provincial government. So you find there are discrepancies where that side they have certain resources available and on this side you have them and all of a sudden they are gone and then they are back again so basically there is no consistency in the availability of things like consumables that we need to use in the clinics and the training as well like the opportunity is not afforded to all the staff members so you get

	those small inconsistencies make one to believe they may be some kind of corruption involved.
Interviewer:	Mmm, let's talk about the material. You spoke about material not being there so when you talk about materials and consumables what exactly are you talking about?
Respondent:	like for example you'd want to prescribe a certain drug it's out of stock and when you follow up there isn't really a reason why you'd have it out of stock in the region and in another region is available it makes you think what happened in this procurement chain of this product for this region while you'll have it at another region so it's just those things that make you wonder what happens in kitchen moving the product because we should all be having the necessary basic things because the clinic is a primary health facility so we should have all necessary things that we need so now if I'm going to run out of a certain drug or of a certain material that i need to check people for example for maybe a certain condition health condition you can't do it.. So a client will come in and I won't be able to offer a service because we having a short stuff or certain material or drug then when you start to phone and find out other regions have it, why are we not getting it, then we going to borrow from the other places that is a waste of time at the same time it shows there must be a problem, then you'll be told we did distribute such things but they don't reach the facility sometimes. So at times we get such problems that arise, they are temporary sometimes you get the stuff sometimes you don't. So I don't think we are ready for NHI because we seem to have deep footed problems that are simple when you think of them, you order, you receive, you disperse but then it's not happening in that order so I don't know what's the plan to address the corruption to address those kinds of small problems that affect service delivery I'm not sure NHI will be the cure for all those problems so with the implementation it will be affected because we are not doing the right things we

	are not achieving the goal for health delivery as it is we are having a lot of challenges so I don't see NHI being the cure for all of them
Interviewer:	Mmm, so when you say you are not achieving the goals you are not doing what you supposed to do what do you mean by that?
Respondent:	okay if you look at certain uhm... we use disease occurrences or incidents in the community those we can use as a measure for example we have programs like your usage services and we are screening patients for chronic diseases and offering preventive information but we will still get people who fall pregnant or have lot of STI's although we are running the program, so it means- there's some kind of disconnect somewhere so I feel that we are not reaching our goal as a primary health institution in Soweto, maybe there's disconnect between us and the program we are running and the community out there. So we not only looking at the relationship with other facilities and the community but also looking at the challenges we have within our facility. So I think couple weeks all the sectors that lead to incidents of diseases not becoming controlled for example you'll get high number of teenage pregnancy yet we are available to prevent it, so I think that disconnect it makes us not achieve our goal.
Interviewer:	Mmm.
Respondent:	Our primary goal, because as a primary institution we are there to prevent and it seems like we are not doing that because a teenage pregnancies are alarming we having a lot of people getting STI's at a high rate it's as if we are not doing anything at all.
Interviewer:	What is it that you are not doing? Specify that, what causes that? What is it that you are not doing in the facilities?
Respondent:	I think we are not consistent enough in-service delivery, we are not consistent enough we might be doing a great job having great programs and excellent structures within the clinic to provide preventive measures but we are not consistent in terms of delivery.
Interviewer:	How?

Respondent:	For example we might have challenges within that delivery structure because if you look at the programs that we plan, the thing is we are planning to run them smoothly and to have them uhm... what is it... have them appealing to the user we want people to understand what we mean when they come to the clinic we want them to not get ill but then when you have someone on this day who is providing the service then tomorrow the patient comes and they are told no this person is on leave so they need to come next week or they encounter someone with a bad attitude and that makes it not to achieve the goals we are meaning to do. So that thing you'll get from patients in terms of when you interview them or ask them or as they verbalise what is coursing them not to uhm...be helped by the clinic then they'll bring us those things to say no sometimes the nurses are not available or sometimes there isn't that service or the person was rude to the patient so I feel like as a Primary Health Care representative like institution we are not achieving our goals because of those small challenges and things that come up when we try to find out what is it we are doing wrong.
Interviewer:	Mmm... so you spoke about nurses not being available, so why are they not available what is happening with the nurses in your facilities, why are they not available?
Respondent:	okay it would be sometimes because of absenteeism that would be the main course with absenteeism and also the one I mentioned earlier remember we have a program run but not everyone is trained even if the people are available on a certain day and the person who is well trained in that department is not available due to absenteeism or whatever other reasons and then you get told that the person is sick come on different day or I cannot help you fully I can only give you this for now maybe come back when so and so is back. So I think those things are happening and they cause disturbance in the service delivery it may be minor because you find that it doesn't happen all the time but that's where we lose a lot of people, some of the people may be affected negatively

Interviewer:	Eh you also spoke about bad attitude, when you talk about bad attitude what do you mean, what- -is happening.
Respondent:	yes, you find that there are certain people might not treat patient's uhm...the way patients need to be treated maybe a patient comes with a certain problem that I would react personally towards it and impose one's own personal believes on what the patient is preventing with and that can be done in a subtle manner whereby I impose my own thoughts or feelings towards the situation of the patient it can derange anything from being subtle to being rude to the patient so the attitude of the health workers sometimes it is so bad the patient won't get the service they came for because we will be imposing our own believes maybe shouting at the patient and that just gets everything wrong at the end of the day.
Interviewer:	So what do you think is the cause for this, what causes the attitude on nurse?
Respondent:	Respondent: eh...I think there can be a number of things because it can be a person's own personal problems that they are experiencing and then they snap at a patient and it can also be frustration of work base related like with maybe burnout or someone not getting the necessary support from management that is needed for us to assist the patients as they come in, so I think that is what led to bad attitude
Interviewer:	Mmm... so when you talk about maybe it can be due to management support what do you mean by that?
Respondent:	Oh I mean that management may be harsh towards the workers, like in terms of you trying to negotiate something with your manager but they do not understand how you feel or you also bringing problems, workplace problems to the manager and they don't assist with that instead they'll say go back and see your department how you work out this problem, because I cannot help you I have other problems. So I think it's those workplace problems where we are not properly supported on some instances or you go and seek help from the managers and they cannot help you the way you need to be helped and that

	will create frustrations because now you have to improvise and come up with plans that you have to see to finish to assist patients so I think that can cause a certain level of stress to build up and frustration that will come out sometimes when you are helping patients.
Interviewer:	Mmm...and then uhm... tell me about the, you also mentioned the issue of corruption what did you mean by that, because you started by mentioning the corruption what did you mean by that?
Respondent:	Yes, that one you find that we have a lot of documents guiding us in how we need to work standard operation procedure and we have essential drug list all sorts of legislation that guides us on how we function in the clinic, have ideal clinic models that are telling us for us to ideally assist the patients holistically this is what the facility must have from A to Z. So we seem to be good trusting all these policies and guidelines but when it comes to the actuality of delivering services why should we then have a budget to meet the needs of the community but on certain days when you need certain products to assist the patients it is not available, so I believe the problem is not budget related I believe because we have a budget set aside to help the people at Primary Health Care level. I believe that since we have a budget and we have these guidelines the shortages that occur and that we experience are due to certain people being corrupt and with corruption I mean there will be certain uhm...misuse of funds for example the high level wouldn't be aware of it but I believe that there is a misuse of funds somewhere somehow or a misuse of available resources that people may be stealing and selling things on the side and usually we hear stories of people selling things to private sector so you can never prove it because it's just there and it's available, it's an assumption you come up with because when you are working at the clinic you are like the end user of the products that are supposed to get to you to help patients it leaves you to assume that someone in the chain delivery was corrupt hence we don't today we don't have certain things.

Interviewer:	Mmm...so regarding this implementation of National Health Insurance in the facilities so what's new what is it that you see the government is trying to do you know with preparation to the implementation of the NHI, what's new that is happening in your facilities?
Respondent:	Mmm... I don't see much that I can say is linked to the NHI because with the NHI document itself I believe that strategically it is a good document and also it's promising to give good results for everyone within the country and I believe that it can benefit people the way it states that we are going to be addressing inequalities with the NHI, so the NHI as a document it's brilliant to me it sounds brilliant the problem with the implementation at the moment I don't see anything that my facility is doing towards being in line with the NHI I'd be lying if I'm saying I'm seeing something eh... sort of like a piloting the NHI they usually speak about it in the meetings and say no we need to start doing things this way in line with the NHI but it's all talk if you see how we do things there's no... There is nothing in line with the NHI that I have noticed.
Interviewer:	Mmm
Respondent:	Yes
Interviewer:	okay, so what can you say about the National Health Insurance being implemented in the health facilities, what do you think about it?
Respondent:	I think we are not ready most definitely, I think we are not ready for the NHI we are not ready at all.
Interviewer:	Mmm...
Respondent:	we are not ready even myself I would say I'm not...I can read documents and understand it what is it all about but in terms of understanding it in the context of my own facility and what is expected of me I don't that kind of communication coming from my employer say to me I can read the document I know about it, I can understand it but in terms of what it means to me or how it's going to affect me and service delivery directly. I'm not getting a feel that we are ready for the NHI it's like business as usual at the moment.

Interviewer:	Mmm... so if you can have a way forward what can you say, what is a way forward?
Respondent:	I would say a way forward is addressing existing problems if we can have a time frame which we can set and say in the next year we want to note down what are the challenges that are existing in our Primary Health Care facilities, note them down discuss with other facilities and come to an agreement to say for example these are the ten major problems that are making us not to deliver quality services to our patients, then let us address them within a year and see with the current health care system what can we address them within a year for example try improve here and there and if I can see that we are able to do minor changes and that we have major impact currently if I can see that happening that we improve our current health care system somehow i would have a lot of confidence for the NHI, that would then for me be a perfect paving for the NHI
Interviewer:	Mmm... let's talk about the minor changes, when you speak about minor changes you'd want them to happen what are those minor changes?
Respondent:	uhm... the improvement that would need to be discussed, like for example if we are have a lot of teenage pregnancies we need to sit down because we are all affected as a region in fact all the clinics and note what is the problem because we have prevention measures, we have clinics open every day, we have school nurses who went to the school so where are we losing the message we need to note that because those are the factors leading people to not eh...benefiting from preventing services if we can address those factors then I can say they are minor problems because we'll be having an excellent services available and we have means of delivery and we have this friendly services of ours to accommodate young people if we have to deal with why is it they are not coming and what factors are leading to those things if those are the minor things coming in that are affecting patients negatively they need to be deal with.

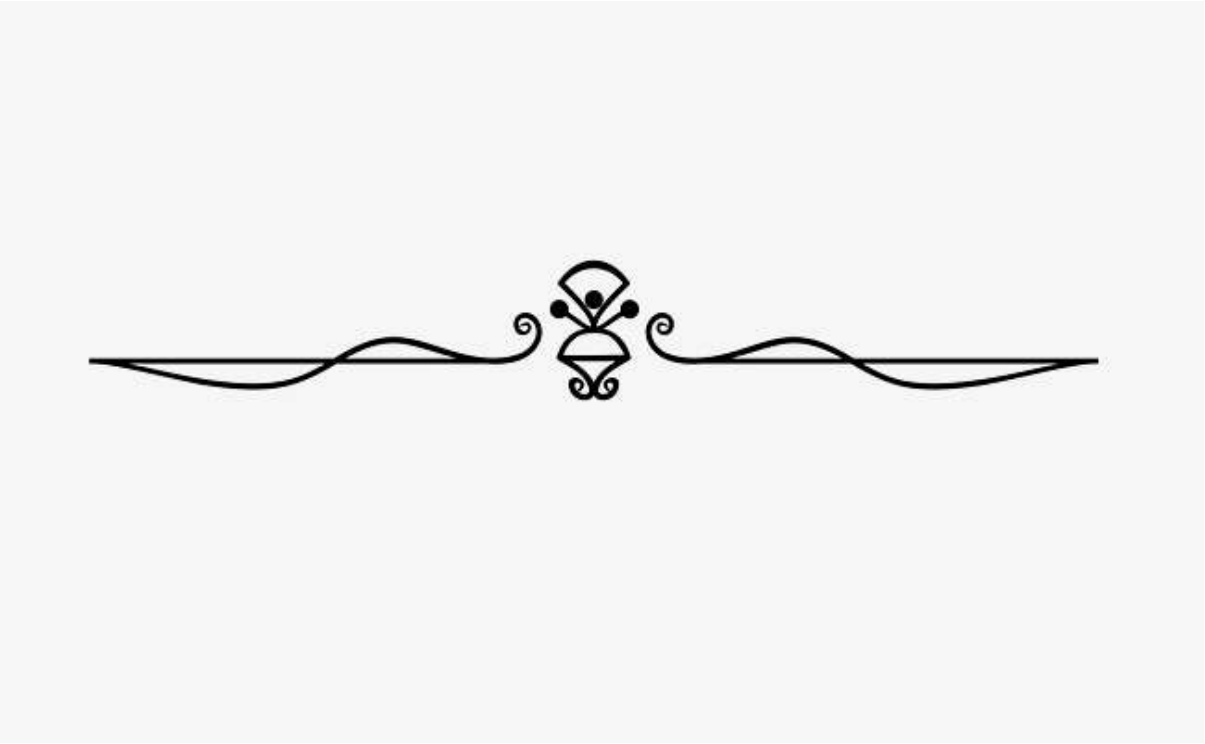
Interviewer:	Okay, what are the minor challenges, besides the teenage pregnancy what are the minor changes, your way forward in your health facilities?
Respondent:	I would say also dealing with management issues because a lot of health care workers where I work are unhappy because they are not getting the necessary support and opportunities things are not done fairly in the clinic so if we can strengthen management support to the health care workers I think that can also move us in a positive direction.
Interviewer:	Mmm...
Respondent:	yes, because the stuff moral is very low it links to them not having management support like management is just existing on its own putting down rules and not supporting the problems on the ground for us who are working.
Interviewer:	yes, what else...
Respondent:	eh... okay, besides improving the problems that we have with the patients and the management I would say also we would need to have a way whereby we introduce the NHI not as a document that one can read but also have like a formation session eh... preventing the NHI in what it could mean in a real situation that can also improve the understanding of it for each individual what it means for me and my family and then what it means for me and my colleagues and so forth I think we need a better understanding as the health workers of the National Health Insurance
Interviewer:	Mmm...so you think at the moment you don't have any information at the facility, don't you have information session like you mentioned, at the moment what is happening?
Respondent:	You know at the moment the NHI is mentioned in passing it is as if I'm not talking at the point of no one has heard of NHI people have heard of NHI we have an idea of what it is we have an understanding of what it is, why it is coming and what it is going to address. I think we should engage more it and talk more on it and also talk about what is happening currently and what it is w can benefit from the NHI, I think that slowly it can prepare us mentally for what

	we are supposed to be doing and also it can bring that sort of confidence in us to say oh okay now i understand fully what NHI is about and i understand what it means for me and what kind of work I must do to be in line with the NHI that is what will help as well.
Interviewer:	Mmm...so you also spoke about discrepancy with the municipal clinic what did you mean by that?
Respondent:	oh yes, sometimes you'd find that they have certain things that we don't have or they work in different ways always not only regarding the guidelines of how we treat patients because we have standard guidelines of how we treat patients but the way they are operating is not the same way we are operating and that can create a certain challenge because patients have a right to use any facility but when they get to that facility they are told different things and when they come to our facility which is a provincial one it would be a different story sort of like we are not in line with each other in terms of Provincial and Municipal clinics it's like we are not in line with each other and sometimes they have certain medications that we don't have at all so that can also create like confusion because when a patient is referred to us all of a sudden we can't give that instead we have to refer to a higher level of management like your district hospitals for example to get something a patient was getting at primary level at a municipal clinic so i think we can just fix it by being more in line with each other more of discussing what we are doing so we have uniformity.
Interviewer:	mmm...
Respondent:	Yes
Interviewer:	okay Musa is there anything maybe that you forgot or want to mention as your opinion?
Respondent:	Mmm... I would say maybe i think the NHI is a good thing and I want it to happen and in my opinion I would say we should just pave the way for it that's what I wanted to re-stress that I'll think it's a brilliant document that is gonna benefit the most of our communities because people are suffering because of

	inequalities but I just believe we need to pave way for it then we are good to go with the NHI but paving the way would mean doing a lot of work to fix the current health care system everyday
Interviewer:	Mmm
Respondent:	Yes
Interviewer:	okay thank you very much but I would also like for you to summarise and conclude before i can end the interview, in conclusion what can you conclude?
Respondent:	Uhm in conclusion I would say eh... in my opinion if we can have more understanding of the NHI and what it means for us as health care workers and working in the primary health section i think that can be brilliant for service delivery and also switching from the current health care system to the NHI.
Interviewer:	Mmm
Respondent:	yes, to know NHI system of delivering care.
Interviewer:	Okay Musa thank you very much for your participation, the information that you gave me is very, very valuable thank you so much it will help in my study in I did find the gaps you know in NHI in the process of implementing it, so thank you so much for the information that you gave me, thank you so much for your time i know its late, its night and you said to me you are an early sleeper but you know you also agreed to sacrifice your time I appreciate that...
Respondent:	It's a pleasure.
Interviewer:	Thank you very much for the information ne?
Respondent:	Okay, it is a pleasure to participate, thank you.
Interviewer:	okay, good night
Respondent:	Good night
TIME:31:30	**AUDIO FILE ENDS.**

ANNEXURE C

PARTICIPANT LEAFLET AND INFORMED CONSENT DOCUMENT



PARTICIPANT LEAFLET AND INFORMED CONSENT DOCUMENT

STUDY TITLE: PRIMARY HEALTH CARE NURSES' OPINIONS ON NATIONAL HEALTH INSURANCE IMPLEMENTATION IN SOWETO HEALTH FACILITIES.

Sponsor: N/A

Principal Investigators: Mrs. Vangile Jacobeth Khasana

Institution: University of Pretoria

DAYTIME AND AFTER HOURS TELEPHONE NUMBER(S):

Daytime number/s: 011 247 3300 or 082 303 6449

After hour's number: 082 303 6449

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

			:	
Date	**month**	**year**	**Time**	

Dear Mr. / Mrs.....

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing research for a clinical masters' degree purpose at the University of Pretoria. This information in this document is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy about all the procedures involved.

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim and purpose of the study is to describe and explore the Primary Health Care nurses' opinions on the implementation of the National Health Insurance in the Soweto health facilities. This will assist in finding the extent of readiness of the Primary Health Care nurses regarding the implementation of the National Health Insurance in the Soweto facilities.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPEXTED FROM PARTICIPANTS.

The study involves unstructured interviews, which will last for at least **45 minutes to 1 hour**. The researcher will ask for your opinion regarding the implementation of the National Health Insurance in the Soweto health facilities. May you permit me to use the audio recorder during the interview? This will assist me to capture all the information that I might miss during the interview. Notes will also be taken down. Participation is voluntary. You may refuse to participate or withdraw from the study at any time and you will not be penalised.

4) POSSIBLE RISKS AND DISCOMFORTS INVOLVED

There are no risks associated with the study. The risk of discomfort and anxiety will be there as you will be interviewed by the researcher whom you are not familiar with.

5) POSSIBLE BENEFITS OF THIS STUDY

The results may benefit you and the community as it might enable the stakeholders to identify the gaps or the progress made during the implementation of National Health Insurance and to act accordingly.

6) COMPENSATION

You will not be paid to take part in the study. There are no costs involved for you to be part of the study.

7) YOUR RIGHTS AS A RESEARCH PARTICIPANT

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without stating any reason and you will not be penalized.

8) ETHICS APPROVAL

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013), which deals with the recommendations guiding doctors in biomedical research involving human/subjects. A copy of the Declaration may be obtained from the investigator should you wish to review it.

9) INFORMATION

If I have any questions concerning this study, I should contact:

Prof MD Peu - Tel (012) 356 3177 Or Cell 082 534 4245

10) CONFIDENTIALITY

All information obtained during the course of this study will be regarded as confidential. Each participant that is taking part will be provided with an alphanumeric coded number e.g. VJ001. This will ensure confidentiality of information so collected. Only the researcher will be able to identify you as participant. All information that you give will be kept strictly confidential. Once we have analyzed the information no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your clinic.

11) CONSENT TO PARTICIPATE IN THIS STUDY

- I confirm that the person requesting my consent to take part in this study has told me about the nature and purpose of this study, possible risks or discomforts involved, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalized in any way should I wish to discontinue with the study and that withdrawal will not affect my further treatments.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

Khasana Vangile Jacobeth

_____ _____

Participant's name (Please print) Date

_____ _____

Participant's signature Date

_____ _____

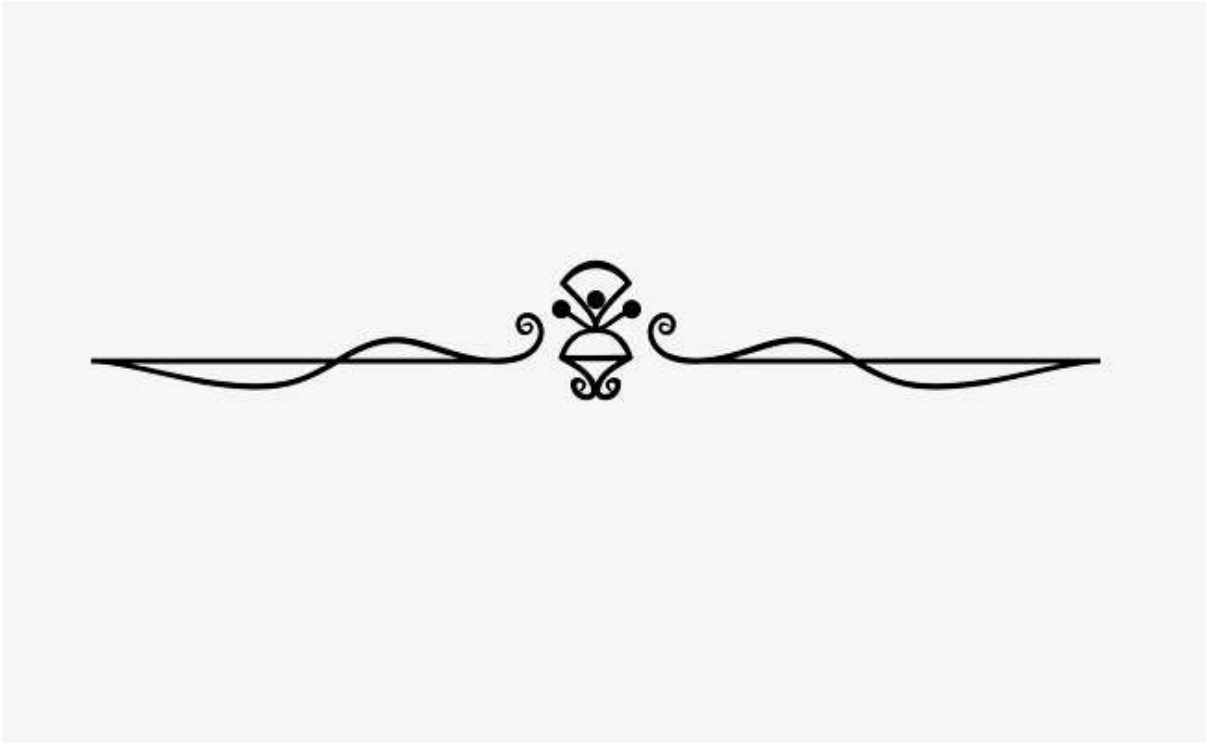
Researcher's name (Please print) Date

_____ _____

Researcher's signature Date

ANNEXURE D

LETTERS OF APPROVAL



GAUTENG PROVINCE
REPUBLIC OF SOUTH AFRICA

Research Committee of Johannesburg Health District

Joburg
a world class African city

29th September 2020

1023
Chiawelo Ext 3 Mongalo street
SOWETO

Email: vjkhasana65@gmail.com

Enquiries: Ms. Busisiwe Sikhosana
Tel: 011 694 3909
Email :Busisiwe.Sikhosana@gauteng.gov.za
Hillbrow CHC: Administration Building,
Cnr Smith Str. & Klein Street
Private Bag X21, Johannesburg,
South Africa, 2017

Dear: Mrs Vangile Khasana

TITLE: ***PRIMARY HEALTH CARE NURSES' OPINIONS ON NATIONAL HEALTH INSURANCE IMPLEMENTATION IN SOWETO HEALTH FACILITIES.***

DRC Ref: 2020-08-010

NHRD Ref no: GP_202008_072

OFFICIAL APPROVAL

The Johannesburg Health District Research Committee (DRC) has reviewed your application. This letter serves as approval to access the Districts Health facilities (mentioned below) for the above research.

The following conditions must be observed:

- The facilities in which the research will be conducted are: CHIAWELO CHC, LILLIAN NGOYI CHC
- These facilities will be visited from: 29/09/2020 to 29/09/2021
- Participants' rights and confidentiality will be maintained all the time.
- No resources (Financial, material and human resources) from the above facilities will be used for the study. Neither the District nor the facility will incur any additional cost for this study.
- The study will comply with Publicly Financed Research and Development Act, 2008 (Act 51 of 2008) and its related Regulations.
- You will submit a copy (electronic and hard copy) of your final report. In addition, you will submit an annual progress report to the District Research Committee.
- Your supervisor and the University of Pretoria will ensure that these reports are being submitted timeously to the District Research Committee.
- The District must be acknowledged in all the reports/publications generated from the research and a copy of these reports/publications must be submitted to the District Research Committee.

- You will liaise with the manager/s before initiating the study.

Contact	Sub District	Sub District Manager/ Area Manager	Contact No.	Cell phone
	ABCEF	Ms Lombuso Matlala	011 440 1259	082 307 0267
X	D	Ms Maria Mazibuko	011 674 1200	082 781 9919
	G	Mr Peter Mathole	011 213 9603	072 483 6839
	CoJ A	Ms Nelly Shongwe	011 237 8010	082 467 9276
	CoJ B	Ms Zanozuko Mbane	011 718 9656	082 551 5804
	CoJ C	Mr Tebogo Motsepe	011 761 0200	084 655 5420
	CoJ D	Ms Busi Phiri	011 986 0164	082 467 9316
	CoJ E	Mr Vusi Mazibuko	011 582 1504	082 464 9547
	CoJ F	Mr M Monyamane	011 681 8130	082 467 9423
	CoJ G	Ms Olga Kruger	011 211 8936	083 286 0388
	Southrand	Dr N Maleka	011 681 2002	071 872 6649

We reserve our right to withdraw our approval, if you breach any of the conditions mentioned above. Please feel free to contact us, if you have any further queries.

On behalf of the District Research Committee, we would like to thank you for choosing our District to conduct such an important study.

Regards,

Prof S. Moosa
Chairperson: District Research Committee
Johannesburg Health District
Date: 29th September 2020

Mrs M.L Morewane
Chief Director
Johannesburg Health District
Date: 02/10/2020.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

Approval Certificate

New Application

Ethics Reference No.: 238/2020

Title: PRIMARY HEALTH CARE NURSES' OPINIONS ON NATIONAL HEALTH INSURANCE IMPLEMENTATION IN SOWETO HEALTH FACILITIES

Dear Mrs VJ Khasana

The **New Application** as supported by documents received between 2020-04-28 and 2020-07-29 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2020-07-29 as resolved by its quorate meeting.

Please note the following about your ethics approval:

· Ethics Approval is valid for 1 year and needs to be renewed annually by 2021-07-30.
· Please remember to use your protocol number (238/2020) on any documents or correspondence with the Research

Ethics Committee regarding your research.
· Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.
We wish you the best with your research.

Yours sincerely [electronic signature]

Dr R Sommers

MBChB MMed (Int) MPharmMed PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria
The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

ANNEXURE E

REQUEST FOR TIME OFF OF THE PRIMARY HEALTH CARE NURSES TO PARTICIPATE IN THE STUDY

Request for time off of the Primary Health Care nurses to participate in the study

Request for time off of the primary health care nurses to participate in the study

TO: The nurses' manager

Re: Request for time off of the primary health care nurses to participate in the study

TITLE OF STUDY: **THE PRIMARY HEALTH CARE NURSES' OPINIONS ON NATIONAL HEALTH INSURANCE IMPLEMENTATION IN SOWETO HEALTH FACILITIES.**

I am Vangile Jacobeth Khasana a researcher / student at the Department of Health Sciences at the University of Pretoria.
I herewith request permission for time off of the primary health care nurses to participate in the interview of the study regarding the above topic. The interview may last from 45 minutes to 1 hour.

I will appreciate if this request will be taken into consideration.

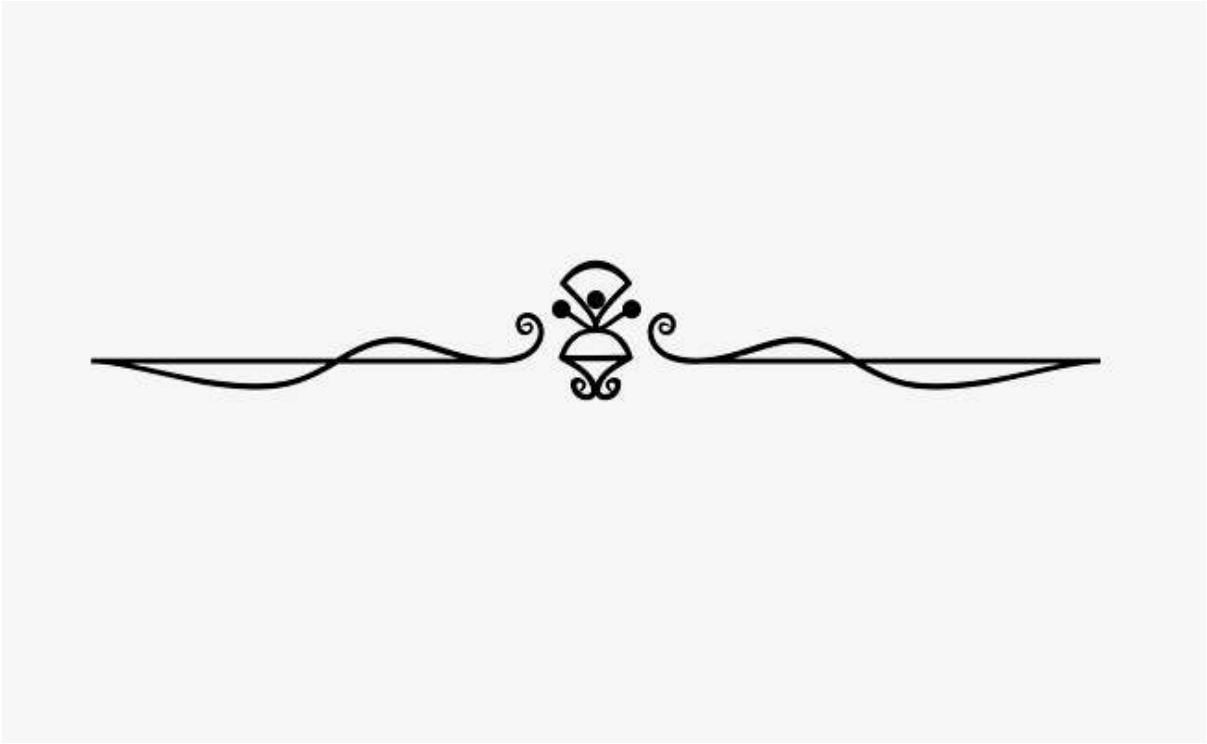
Yours sincerely

VANGILE KHASANA Researcher's name (Please print)	02. 12. 2020 Date
Researcher's signature	Date
THETHIWE WOLEFI Nurses' manager's name (Please print)	02/12/2020 Date
Nurses' manager's signature	02/12/2020 Date

34

ANNEXURE F

EDITING DECLARATION



Khasana Vangile Jacobeth

EDITING DECLARATION

09 July 2021

DECLARATION OF PROFESSIONAL EDIT

I declare that I have edited and proofread the Masters in Magister Curationis Dissertation entitled: **PRIMARY HEALTH CARE NURSES' OPINIONS ON NATIONAL HEALTH INSURANCE IMPLEMENTATION IN SOWETO HEALTH FACILITIES by Ms. VJ Khasana.**

My involvement was restricted to language editing: contextual spelling, grammar, punctuation, unclear antecedent, wordiness, vocabulary enhancement, sentence structure and style, proofreading, sentence completeness, sentence rewriting, consistency, referencing style, editing of headings and captions. I did not do structural re-writing of the content. Kindly note that the manuscript was formatted as per agreement with the client.

No responsibility is taken for any occurrences of plagiarism, which may not be obvious to the editor. The client is responsible for ensuring that all sources are listed in the reference list/bibliography. The editor is not accountable for any changes made to this document by the author or any other party subsequent to my edit. The client is responsible for the quality and accuracy of the final submission/publication.

Sincerely,

PZENGELE

Professional EDITORS Guild

Pholile Zengele
Associate Member

Membership number: ZEN001
Membership year: March 2020 to February 2021

076 103 4817
info@zenedit.co.za

www.editors.org.za

Khasana Vangile Jacobeth