Implementation of constitutional values and principles in Cecelia Makiwane Hospital in the Eastern Cape Province

By

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A Dissertation completed in fulfillment of the requirements for the degree of Masters in Administration in the faculty of Management and Commerce at the University of Fort Hare

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Declaration on the previous submission

I, Sigcau Aviwe (201822714), declare that this Dissertation titled "Implementation of constitutional values and principles in Cecelia Makiwane Hospital in the Eastern Cape Province" submitted for the award of the Degree of Master of Administration in the Faculty of Management and Commerce at the University of Fort Hare is my work and has never been submitted for any other degree at this university or any other university.

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Dedication

I dedicate this dissertation to my family and the extended family for all the support and encouragement they have given me throughout the years. To my daughter, Elihle, for being patient when I was busy with this study.

ACKNOWLEDGEMENTS

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ACRONYMS

ACA   : Affordable Care Act

ADM   : Amathole District Municipality

ANC   : African National Congress

BCMM   : Buffalo City Metro Municipality

BEE   : Bureau of Efficiency and Economy

CAF   : Common Assessment Framework

CEO   : Chief Executive Officer

CMH   : Cecilia Makiwane Hospital

CVPs   : Constitutional Values and Principles

DoH   : Department of Health

DPME   : Department of Public Monitoring and Evaluations

EC   : Eastern Cape

ECDoH   : Eastern Cape Department of Health

EEE   : Efficient, Effective, and Economic

GDP   : Gross Domestic Product

HID/AIDS   : human immunodeficiency virus/acquired immunodeficiency syndrome

HRM   : Human Resource Management

LE   : Life Esidimen

NACH   : National Anti-Corruption Hotline

NGO   : Non-Profit Organisation

NHI   : National Health Insurance

NPM   : New Public Management

OHSC   : Office of the Health Standard Compliance

OPD   : Outpatient Department

PSC   : Public Service Commission

PAIA   : Promotion of Access to Information Act

PAJA   : Promotion of Administration Justice Act

PERSAL   : Personal Employment Resource South Africa

PFMA   : Public Financial Management Act

PRC   : Patient Rights Charter

RSA   : Republic of South African

SPEED   : Smart Economic and Empowerment

SA   : South Africa

SAT   : State Administrator of Taxation

SCOPA   : Standing Committee on Public Accounts

TAC   : Treatment Action Plan

US   : United of State

UREC   : University Research Ethics Committee

UHC   : Universal Health Coverage

UN   : United Nations

WHO   : World Health Organisation

WPTPS   : White Paper on Transforming Public Service Delivery

ABSTRACT

This study aims to assess the implementation of the constitutional values and principles at Cecilia Makiwane Hospital: promoting professional ethics, efficient, effective, and economical use of resources, fairness, transparency, response to the people's needs, and good human resources.

The Constitutional values and principles champion democratic service in South Africa. It also encourages good governance through hospital employees implementing the Constitutional values and principles. The literature review reveals that there is a gap in the Implementation of the Constitutional values and principles in the hospitals due to the following challenges: many patients are still experiencing violations of their constitutional rights, shortages of drugs in hospitals, lack of equipment, poor infrastructure, corruption, freezing of posts, understaffing.

The objectives of the study were: to assess the leadership values at Cecilia Makiwane hospital and determine their alignment with section 195 of the Constitution, to determine the implementation of the constitutional values and principles enshrined in chapter 10 of the Constitution, to examine the working conditions of the hospital, to evaluate the service quality at Cecilia Makiwane hospital., and to recommend measures and strategies that can be implemented to promote efficiency, effectiveness and economical use of resources at Cecilia Makiwane hospital. The study found that the implementation of the constitutional values and principles at Cecilia Makiwane hospital is not satisfactory. The findings show unethical leadership practices, and they put their interests first above the public needs. Regarding good human resources practices, the staff lacks career growth development programs, while promotion opportunities are influenced by nepotism and favouritism.

The study recommends that for the hospital to be aligned to the constitutional values and principles, they need to provide training and workshops on the Public Service Code of Conduct, employ social theory for both management and staff, adopt communication strategies and teamwork, improve service impartiality, equity, effective time management performances, collaborative teamwork, accountability, and transparency.

Keywords: Keywords: leadership, values, ethics, effectiveness, and efficiency.

CHAPTER ONE

1.1   INTRODUCTION

In 2007, the Public Service Commission (PSC) identified the need to investigate the level to which the South African (SA) government hospitals have applied the constitutional values and principles in their service delivery. The Constitution of the Republic of South Africa (Act 108 of 1996:99 stipulates in chapter 10) the values and principles each public service should implement. The mentioned section of the Constitution provides as follows:

"a high standard of professional ethics must be promoted and maintained; efficient, economic, and effective use of resources must be promoted; Public Administration must be development orientated; services must be provided impartially, fairly, equitably, and without bias; people's needs must be responded to, and the public administration must be accountable; transparency must be fostered by providing the public with timely, accessible and accurate information, good human resource management and career- development must be cultivated to maximize human potential; Public Administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness, and the need to redress the imbalances of the past to achieve broad representation" (Republic of South Africa. Constitution, 1996:99).

Against this background, public servants should be guided by the values enshrined in the Constitution when delivering services to the public. There is a gap in implementing the constitutional values and principles due to multiple challenges in public hospitals. Many patients are still experiencing violations of their constitutional rights through shortages of drugs in hospitals, lack of equipment, poor infrastructure, corruption, freezing of posts, understaffing, lack of ambulance services, and conflict of interest because of extra remuneration outside the public service (Office of the Health Standard Compliance, 2015/16). According to Ewomazino and Michael (2017:8), the shortage of drugs in hospitals negatively influences patient care and affects healthcare service delivery.

The focus of this research was limited to the assessment of the Implementation of the following constitutional principles:

- The promotion of professional ethics;

- Efficient, economic, and effective use of resources must be promoted;

- Services must be provided impartially, fairly, equitably, and without bias;

- Transparency must be fostered by providing the public with timely, accessible, and accurate information;

- People's needs must be responded to; and

- Good human resources management and career development practices must be cultivated (Republic of South Africa. Constitution, 1996).

Masango and Mfene (2017) assert that Batho Pele principles such as "service delivery standards with consultation, courtesy, and value for money" need to align to the constitutional values and principles that administer service quality. Therefore, in addition to implementing constitutional values and principles, this study evaluates service quality at Cecelia Makiwane hospital.

1.2   BACKGROUND TO THE STUDY

According to the Constitution (Republic of South Africa, Constitution, 1996), the legislative command for the Department of Health (DoH) is derived from the RSA Constitution. It involves the provision of healthcare services to everyone in South Africa. In fulfillment of the abovementioned legal mandate, the Department of Health has established three categories of hospitals in South Africa, which include level one (district hospital), level two (regional hospital), and level three, which is also referred to as the tertiary hospital (Cullinan, 2006:6). The abovementioned hospital levels offer different types of services. For example, a level one hospital offers outpatient and inpatient services; it has thirty to two hundred beds and is open twenty-four hours; level two hospitals provide health care with the assistance of specialists and general practitioners. Level two hospitals withstand the worst of many inadequacies in the district hospitals (level one) because district hospitals hardly have specialists (the Republic of South Africa. National Health Act, 2003). The tertiary hospitals (level three) provide a higher level of healthcare than regional hospitals, and they provide intensive healthcare to referrals from the regional hospitals (Eastern Cape Health Annual report, 2019).

Cecilia Makiwane hospital is at level two and is a regional hospital located in the Township of Mdantsane in East London. It falls under Buffalo City Metro Municipality within the Eastern Cape (Nanca, 2010:3). According to Steensma, Shampo, & Kyle (2005:8), the hospital was named after the first African woman to become a professional nurse in South Africa, Cecilia Makiwane. The services offered include treatment of psychiatric patients, antiretroviral treatment services, emergency services, gynecology services, maternity services, medical services, out-patients services, operating theatre services, trauma and counseling services, and X-ray services" among others (Eastern Cape Department of Health, 2018). The abovementioned services must be provided according to the Constitution's values and principles enshrined in chapter 10. The responsibility to successfully implement the constitutional values and principles lies with the PSC. The PSC was established in chapter 10 of the Constitution to ensure public institutions such as public hospitals are free from corruption, fraud, maladministration, etc. The PSC has the following powers and functions (Public Service Commission, 2018):

- "To promote the principles and values enshrined in section 195 of the Constitution;
- To recommend measures to improve performance within the public service;
- To provide directions to ensure that recruitment processes are aligned and comply with section 195 of the Constitution;
- To investigate grievances of employees in the public service;
- To investigate and evaluate the application of personnel and public administration practices within the public service" (Republic of South Africa. Constitution,1996).

According to Modesto and Pilati (2020:17), corruption is an unethical and dishonest action that public administrators show in authority positions with personal benefits. Igboke and Kulo (2018:17) state that this is regarded as untrustworthy behaviour and a reversal of professional ethics by an official to serve the public fairly. Apart from the legal obligations and controls, the annual report for the Eastern Cape Department of Health for 2019/20 revealed the following challenges: Financial statements show a fruitless and uneconomical expenditure of R34 7 million; officials who have private business interests did not declare these as required by Treasury Regulation, 2005) and consequently, their businesses were awarded business contracts, and this

resulted in a conflict of interest; the department has repetitive audit findings because they do not implement resolutions and recommendations from the PSC; the department is not complying with legislation and has inadequate financial management and performance management systems. The lack of leadership commitment in addressing the matters raised by the audit report remains a challenge; hence, the department ends up having the same audit findings every year (Eastern Cape Department of Health, 2020).

Against this background, the focus of this study assesses the leadership and management of the Implementation of constitutional values and principles at Cecilia Makiwane hospital. Gandolfi and Stone (2018:14) maintain that when leadership is ineffective, absent, inefficient, and toxic, it leads to a devastating state of productivity. Everyone becomes affected by leadership influences starting from an organisation, community, and society. Gilson and Agyepong (2018:1-3) state that poor leadership is not just a specific nation's challenge but a global problem that we are all faced with. In 1939, a psychologist called Kurt Lewin and his team argued against the traditional understanding of the leadership phenomenon principle "Leaders are born, not made" (Gandofi and Stone, 2018:262). They contended that leaders could be made and not only born. Effective leadership recognises the fluidity of time and accommodates flexibility to lead the followers to their needs and desires. It requires a person to understand the main role of people to lead them to achieve set goals. In 2005 a study by Rook and Torbet (2005) viewed leadership as an important context that requires one to be self-aware, emotionally intelligent, and aware of the environment both inside and outside an organisation. That allows a leader to interpret all the surroundings and influence situations accordingly (Gondofi and Stone, 2018:263). In 2016, Samirah (2016:10) and Jodar (2016:9) found that the health sector was dominated by transformational leadership, a laissez-fair approach, transactional leadership, and corrective avoidance leadership.

Effective leadership requires a leader who influences the values of an organisation. Therefore, a leader needs to understand the organisational values of the organisation. Organisations can operate satisfactorily when leaders reflect the set values. There are many values that human beings have and grow up with, such as spiritual, social, traditional, and personal. Cashman (2017:77) writes that values are the guiding principles in the lives of human beings. Walter, Ruiz, Tourse, Kress, Morningstar,

MacArthur, and Daniels (2017:218) state that a leader should have personal values aligned with organisational values and further contend that there should be no discrimination on backgrounds and religion. The leader's responsibility is to select the values that will inform and guide their character. An organisation must hire people who show care for an organisation's purpose. In any organisation, the importance of understanding, contributing to the values, and living the values set is not only up to the leaders, as employees should follow. According to Healthfield (2018:6), a leader should be personally characterised by values such as respect, making a difference, integrity, authenticity, courage, service, humility, wisdom, self-discipline, personal development, respect for teamwork, belief in human potential, power of positive psychology and acceptance of complexity. Once the leader has identified their values, the organisational values must be aligned with these personal values considering the constitutional values and principles. A leader who understands organisational values and makes them a living experience can easily create a trust (Janques, 2017:155).

Clarke (2018:44) and Drucker and Maciariello (2018:16) define effective leadership as ensuring the correct activities are completed. An institution should set values that enable effectiveness. A values-based leader easily achieves goals that are placed in an organisation. According to Kinick and Fugate (2018:17), values-based leadership incorporates goal-setting, problem-solving, communication, and value-developing interactions. It aims to implement organisational values and high service standards. A values-based leadership ensures absolute values that an organisation seeks to achieve, has a sense of responsibility, and is helpful to other leaders and staff in implementing what is being set. Warrick (2017:398) refers to values-based leadership as leadership that has an integral role in leading an organisation, emphasizing values and not beliefs to reach the defined objectives. According to Czabanowska and Rethmeier (2016), values-based leadership can be applied in all workplaces once values are classified. The mission statement is articulated, and the leader can examine the spread of subjective, objective, and political processes, thereby creating a meaningful organisational vision (Corte, Del Daudio, Sepe, and Zamperelli 2017:1-13). Value-based leadership is one of the critical leadership styles that separates great leaders from others. It is within an organisation that the institutional ethos is manifested.

Institutional ethos articulates values and culture (Javanparast, Maddern, Baum, Freeman, Lawless, Labonte, and Sanders, 2018:76-88). Everything that the employees and management does is guided by the institutional ethos. It shows the organisation in decision-making, recruitment and selection, and training and development of its members. The values-based leadership style should seriously consider providing an oversight framework to enhance their team members' ability to execute an accountability system and ensure evaluations are not an afterthought, as stated by Gleeson (2017:1-3). Voronov and Weber (2017:49) explain values-based leadership as leadership that creates fellowship when dealing with employees and what they do concerning their leaders and employees' actions. This form of leadership must focus on leadership that affects employees' attitude towards the leader, how employees assume responsibility, face challenges, share common goals, believe in what organisations seek to achieve, and ensure they want the leader's success.

Furthermore, there are spiritual values as well. According to Spears and Lawrence (2016:9), the spiritual values in leadership, guided by emotional intelligence, facilitate an understanding and better management of emotions. In health care service delivery, spiritual values and leadership are two crucial constructs for patients, employees, managers, and leaders. The healthcare service serves and heals people from inside their bodies to the outside through quality service, treatment, and hope. It touches the spirit of believing and hoping to be free from the pain felt at the time. Pirkola, Rantakokko, and Suhonen (2016:861) explain that in terms of spiritual values, organisational performance is affected through qualities of the human spirit, the vision of service, feeling of the person, and interconnectedness with the world, and these form specific attributes and behavioural aspects of employees.

Therefore, the workplace is affected by the spiritual values through the culture that promotes employees' experience of transcendence through the work process, facilitating their sense of being connected to provide feelings of compassion and joy. Canda, Furnman, and Canda (2019:83) affirm that when the employees have the same spiritual value of understanding, it encourages a more dedicated, moral, and efficient workforce which positively improves organisational performance. However, the authors further state that if people have different spiritual understandings, problems occur, leading to manipulation and exploitation of employees to further the materialistic objectives of some members of management. A leader should be

characterised by professionalism, ethical legitimacy, and moral and ethical leadership. Spiritual value-based leadership displays integrity and respect and gives rise to a charismatic communicator who looks after employees (Anderson, Lee, Byars-Winston, Baldwin, Cameron, and Chang, 2016:182-196). A leader devoid of spiritual values-based leadership is characterised by individualism, uses hierarchical power to manage the work of an organisation, and forgets the organisational values (Corte, 2018: 1-13). The patients and health consumers need service that is not focused on individualism but on set organisational values aligned to the Constitutional values and principles. An individual in an organisation is expected to have personal, ethical leadership aligned to organisational values and principles.

Trevo (2003) and Brown (2005) state that personal and management level morals define ethical leadership. A moral person is characterised by honesty, fairness, and trustworthiness towards the people they lead. A person capable of moral management leadership uses a strategy of ethical conduct, ethical behaviour, clear ethical standards, and rewards and punishment to lead, transform and influence an organisation towards the set goals in an acceptable manner. The subordinates should perceive ethical leadership by listening to their views and discussing organisational values (Chughtai, 2015:94).

According to Okpoza, Gong, Ennis, and Adenuga (2016:1131), ethical leadership is one of the critical factors for the success of an organisation. It has a direct influence on human resource input. Ethical leadership influences the success of an organisation through employees' perception of their work environment.

The employees' motivation, job satisfaction, and organisational commitment determine if the employees see the leader as ethical. They are perceived as ethical when they can reduce work-related stress. Leaders should support their employees, create a well-structured pleasant work environment, open communication, and clear job expectations and responsibilities for each employee. To maintain ethical conduct, leaders should be attractive and credible by role modeling moral values in decision-making and showing subordinates how their efforts and tasks contribute to implementing organisational values. Ozden, Arslan, Ertugrul, and Karakaya (2017:1214) maintain that the characteristics of ethical leadership are very important in hospitals as they face corruption, maladministration, safety, the attitude of

employees, and poor infrastructure. The hospital employees are responsible for saving lives and people from death and pain. When nurses negatively perceive the leadership structures, they may lose interest and fail to serve the hospital consumers and patients.

The employees become demotivated, decrease their performance, and experience increased job dissatisfaction. When the employees are uninvolved in decision-making and leadership does not consider their views, they lack trust and unworthiness. The other problems that may lead to negative perceptions towards leadership are inadequate promotions, lack of proper and certain management, inequalities in job definitions, and unclear values and goals of an organisation. In the hospital context, leadership addresses respect, patient autonomy, prioritising patient interests, and fair and equal provision of health care. Hospitals should provide high-quality, effective, patient-centred, efficient, safe, and timely medical services. This study adopts the definition of ethics as a principle from the Constitution (Republic of South Africa. Constitution, 1996) which states that professional ethics should be promoted in all hospitals in South Africa. It is the responsibility of leadership to ensure that ethical standards are promoted at all times. A leader could have leadership qualities that prevail over ethical leadership but align with organisational values such as the servant leadership style.

Neubert, Hunter, and Tolentino (2016:998) define a servant leader as a person characterised by a rational, inclusive, ethical, and balanced focus on the growth and success of others. A servant leader is a leader with humility, love, empathy, spirituality, and being a servant before being a leader. A servant leader has a significant influence on subordinates. This type of leader influences employees through stimulating collaborative and creative attitudes and inculcating a thirst for quality service to customers within an organisation.

The contribution of servant leadership in an organisation is the positive influence on job satisfaction, creativity, engagement, employee performance enhancement, and commitment. When the employees see that their leader is seriously considering their views and listening to them, they trust him, and that leader can easily influence them to embrace organisational values. In the context of hospital service, the nurses and administrative staff need to work together and put the interests of people needing

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health care services first and display a willingness to help. In hospitals, leaders should engage their subordinates and instill a helpful attitude. Gong (2017:880) adds that servant leaders try very hard to understand the working environment, identify problems, and understand the expectations and needs of employees and consumers to understand what should be done to achieve the organisation's goals. These leaders compromise their interests and attempt to understand the emotional injuries, traumas, and sadness experienced by their teams.

Moreover, the public servant leader quickly scans the environment to understand and learn about what is happening. In this way, they can foster continuous learning in their subordinates, assist them in understanding their environment, and appreciate ethical values. Thus, hospital leaders should concentrate on shaping the psychological well-being of their subordinates and on promoting organisational values for quality service in hospitals. The three prominent roles of servant leadership in hospitals are strengthening a sense of trust within employees, improving their performance levels, and teaching a sense of responsibility and accountability. In a hospital, the leader needs to appreciate employees' different roles and responsibilities at different levels in rank and professions and ensure that they work towards a common objective of providing quality service and understanding that they need each other. Therefore, the leader should serve all of them according to their needs, enhancing their awareness of policies, measures, and procedures for organisational rewards. A leader should create awareness of the benefits of quality service, such as associated rewards.

In terms of values-based leadership, Zydziunaite (2018:44-54) asserts three principles of values-based leadership. These are self–reflection, balance, and genuine self-confidence. Self-reflection is evidenced when the leader can identify and reflect on what they stand for, their values, what matters most, and who strives for greater self–awareness. Balance refers to a leader who can see situations from multiple perspectives, has different viewpoints, and attempts to gain a holistic understanding. Lastly, true self-confidence enables a person to accept himself, recognize his strengths and weaknesses, and focus on continuous improvement.

Czabanowska and Rethmier (2016) propose a methodology for hospital leaders. Their study aimed to help hospital leadership resolve the social and economic challenges that hospitals face. It is based on values such as teamwork and accountability, which

may reduce all the problems hospitals face. Everyone in the team must be held accountable and take charge of their responsibilities. The strategies of a teamwork and accountability methodology start from transformational health care leadership hierarchies. Effective teamwork will also entail the involvement of constituencies such as hospital consumers. Transformational leaders allow the employees to be held fully accountable for any responsibility. The patients, families, caregivers, and hospital consumers will be empowered to take charge of their health and have more confidence, facilitating collaborative care teams, recognizing critical values of patient autonomy, establishing shared expectations, mutual accountability, clarity, and improving communication skills. Implementing more sophisticated financial tools and strategic plans holds the possibility of helping for-profit and non-profit hospitals achieve important goals.

A potential ethical problem may arise where the value of caring first, protection of patient interest, and obligation towards ethical codes of conduct are promoted above profit as profit-driven motives and customer-centred care contradict each other. The transformational strategies should come into play because not all hospital leaders are trained to defend professional values. The leader should consider the following Triple 'A' Framework (Czabanowska and Rethmeier, 2016) of awareness, analysis, and action. This leader can recognise ethical issues and list the core values in conflict. This is awareness. Analysis requires a study of the ethical issues in their finer details to arrive at decisions about the right thing to do and ponder on issues that matter to an organisation. This will lead to considering relevant matters such as clinical, legal, and economic issues and choices from available options that a values-based leader should make. Action is the fact or process of doing something, usually to achieve a set objective or aim. In this context, action will entail developing and executing a plan. It will involve developing and testing an action plan and factoring in mechanisms to identify and prevent possible problems.

To be transformative, a leader must understand the hospital's organizational culture and consider the broader social and economic environment. S/he needs to look at health skills and available knowledge to recognise that the ethical component of these challenges is necessary (Hentrich, Zimber, Garbade, Gregersen, Nienhaus, & Petermann, 2017:16).

A public hospital is an institution that operates on a mandate of constitutional values and principles such as accountability, professional ethics, and quality service. The leadership in the hospital should lead by these constitutional values and ensure that they achieve the set goals. It is important to be a leader who fully understands their mandate, such as implementing institutional values and principles aligned to their constitutional order. The spiritual values-based leadership style is significant in hospitals as it allows quality individual service delivery, while transformational leadership considers changes. This study aims to investigate whether or not the current hospital leadership of the chosen hospital is implementing the set constitutional values and principles.

1.3 PROBLEM STATEMENT

According to the Eastern Cape (EC) provincial Development Plan Vision 2030, all hospitals must provide a better, healthier life for all citizens, including the present and future generations (National Health Insurance Bill, 2019:6). Unfortunately, the South African Health Review has revealed that service delivery in public hospitals remains very poor (Barron and Padarath, 2017:7). The EC Department of Health Annual report 2017/2018 highlighted the following challenges in the hospitals: the lack of detailed organograms, shortages of drugs and consumables that are always out of stock, poor planning, and poor infrastructure (EC Department of Health, 2017-2018). According to media reports, the total number of vacancies that have not been filled by the EC Health Department in the hospitals amounts to 7000 (Funani, 2018:6).

In addition to the abovementioned challenges, the EC Department of Health has been reported to be on the brink of collapse because of unethical behaviour by public health officials (Macanda, 2019:1). The alleged unethical behaviour involved fraudulent claims amounting to R1.1 billion, which dishonest attorneys collaborated with unethical officials within the public hospital system (Macanda, 2019:2). Cecelia Makiwane Hospital is not immune to the challenges mentioned above. For example, on 26 October 2018, one of the hospital consumers reported an incident where his wife's file went missing and could not be found anywhere, even on the electronic filing system (Richard, 2018:1). Furthermore, Yvonne (2015:32) conducted a study on the perceptions of nurses of the quality of health service at Cecilia Makiwane Hospital

(CMH). The findings revealed that lack of knowledge, training and communication between nurses and patients negatively affected the service standards at CMH. In support of Yvonne's findings, Govender, Proches, and Kader (2018:157) argue that the quality of South African health services has decreased due to poor leadership planning.

The constitutional values and principles intend to positively influence with responsive, professional ethics and value-driven public service that responds to hospital consumers on time, efficiently, and effectively to the needs of the citizens. However, if a public hospital service faces the challenges mentioned above, it negatively affects the service standard of the hospital. The negative implications lead to dissatisfied consumers due to the poor quality of service. For example, consumers and patients receiving incomplete information from nurses lead to consumer or patient confusion. The researcher believes the foregoing challenges can be barriers to implementing the Constitution's values and principles enshrined in chapter 10 (Republic of South Africa. Constitution, 1996). Hence, this study focuses on how well the constitutional values and principles highlighted in section 195 of the Constitution are implemented.

1.4   AIM OF THE STUDY

The study aims to assess the implementation of the constitutional values and principles at Cecilia Makiwane Hospital.

1.5   OBJECTIVES OF THE STUDY

To achieve the above aim, the following objectives are listed:

- To assess the leadership values at Cecilia Makiwane Hospital and determine their alignment with section 195 of the Constitution.
- To determine the level of Implementation of the constitutional values and principles as enshrined in chapter 10 of the Constitution.
- To examine the working conditions of the hospital.
- To evaluate the service quality provided at Cecilia Makiwane Hospital.
- To recommend measures and strategies that can be implemented to promote efficiency, effectiveness, and economical use of resources at Cecilia Makiwane Hospital.

1.6   RESEARCH QUESTIONS

The above objectives led to the following questions:

- To what extent are the leadership values at Cecilia Makiwane Hospital aligned with section 195 of the Constitution?
- To what extent have the constitutional values and principles been implemented at Cecilia Makiwane Hospital?
- Are the working conditions at the hospital in line with Chapter 10 of the Constitution?
- To what extent are the customers (consumers) satisfied with the services they receive from Cecilia Makiwane Hospital?
- What measures and strategies can be implemented to promote efficiency, effectiveness, and economical use of resources at Cecilia Makiwane Hospital?

1.7   SIGNIFICANCE OF THE STUDY

Values serve as the guiding principles of human behaviour in an organisation. They influence the decisions taken preferences chosen and contribute towards building a successful organisation (Roszkowska, 2020). The values are the techniques that keep people in organisations in moral shape. Values motivate and inspire employees and consumers. The constitutional values and principles should contribute significantly to creating a positive organisational culture for CMH, hence the study's relevance.

This study should align departmental leadership values and principles with section 195 of the Constitution (Republic of South Africa, Constitution,1996). It could create better working conditions at Cecilia Makiwane Hospital. Furthermore, this study will propose strategies to address the challenges faced by the Department of Health, such as fraud and corruption, shortages of staff, lack of management engagement and intervention regarding employee complaints; inhumane patient care; overcrowding, and poor working conditions (National Strategic Plan, 2021). The Batho Pele principles are vital principles that set a tone of service standards for public hospitals. Therefore, it will also be to the benefit of the patients to examine the service standards of Cecilia Makiwane Hospital and verify their alignment with Batho Pele principles.

In addition to the above, this study will also recommend measures and strategies that can be implemented to promote efficiency, effectiveness, and economical use of resources in the department. Even though Cecilia Makiwane is the focus area in this study, the recommendations will serve as a guideline for improving the Implementation of constitutional values and principles in public hospitals in general.

The acceptance of this research by the Public Service Commission, Eastern Cape Department of Health, and its hospitals will serve as a guiding study on how to improve implementing the values and principles of Chapter 10 of the Constitution and align the service delivery to those values.

1.8   LITERATURE REVIEW

The focus of the discussion in this section will be under the following headings: conceptual framework, theoretical framework, legal framework, and empirical framework, which are all discussed below. The conceptual framework will briefly discuss the key concepts linked to the constitutional values and principles of section 195. These key concepts are selected based on Cecilia Makiwane's experiencing challenges, such as leadership, professional ethics, accountability, values, and principles.
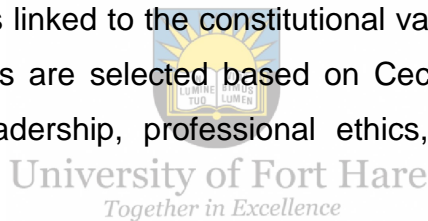
1.8.1 Values and principles

According to Schwartz (2012:3-4), values characterise the individual and explain the reasons behind personal attitudes and behaviours. They trace changes over time. Values and principles explain actions and situations. They differ in terms of goals, organisations, and individuals. Professional ethics describe one of the key leadership values in the public sector (Public Service Commission report, 2021:15). Honesty is one of the professional ethics the leader should promote. Three features of values and principles align people's behaviour towards certain goals. These are norms, attitudes, and beliefs. Norms refer to something that is standard practice. They often provide a guide on how employees in an organisation should behave. Attitudes can evaluate people's behaviour within events and promote the organisation's goals and values. Beliefs refer to trust, faith, or confidence in something. It also accepts that something exists or is true, especially without proof. Beliefs may play a role in problem-solving and validating actions and decisions taken. Human values should guide all

management strategies. A research study on values can improve how scientifically driven leadership strategies are promoted in the local social situation (Huffman, Olivier, Wang, Chen, Hairon, & Pang, 2016:8).

1.8.2 Leadership

According to Ali (2012:79), leadership is a systematic way of influencing people to work willingly for designated objectives. Leaders mobilise the people to achieve certain goals. A leader is a person who can motivate and encourage others to contribute toward set objectives. Bussolari (2018:9) mentions three leadership concepts: ethos, Pathos, and Logos. The three concepts are, in fact, modes of persuasion. Ethos refers to the moral character as it appears to the people being led. It enables a leader to persuade his subordinates through his credibility. Pathos is the ability to influence people by creating an emotional response. Logos can provide solid reasons for the actions and decisions taken. It is also a way of persuading people with reason, using facts. This triad of ethos, pathos, and logos should be employed by leadership to point employees towards attaining identified objectives. Leadership is responsible and accountable for the results of an organisation. Organisational effectiveness is attained when leadership is seen as a collective group, is resourceful, and works for the group's survival (Ali, 2012:13).

Integrity, accountability, professionalism, transparency, and responsibility are key constitutional values the leader must have in a public hospital. The obverse is a leader involved in corruption, bribery, fraud, conflicts of interest, nepotism, and favouritism (Solomon and Steyn, 2017:4).

1.8.3 Professional ethics

Burns, Leung, Parsons, Singh, and Yeung (2012) refer to ethics as a philosophy determining good or bad behaviour. A set of moral principles governs a person's behaviour. Public administrators are expected to behave in a way that promotes and maintains a high standard of professional ethics. Sherpa (2018:16-18) states that professional ethics benefit public hospitals by creating a positive image, reducing waste, and job motivation. Leaders must conduct themselves professionally to influence the employees to behave professionally and encourage them to follow the prescribed code of ethics. Professional ethics raise respect for humanity, the rule of

law, morals, character, behaviour, and conduct. Ethics describe the norms of a person and explain why individuals act in a particular way (Magrani, 2019:17).

1.8.4 Service standards

According to Cots and Casadesus (2015:518), a service standard is when a service provider has a way of measuring the extent to which the purchaser's objectives are met. In the public hospital, the service standard must meet the expectations of the hospital's consumers. Ostrom (2019:32) states that to meet public standards, the public must be allowed to judge the level of service delivered to them. The White Paper (1997) set public service standards by first consultation, access, redress, courtesy, value for money, etcetera. Burger (2018:66) highlights that those setting public service standards must be aligned with the need to consult the end-users on their expectations and needs. Public hospitals must understand that hospital consumers are the reason the public hospital exists. There are five key guiding concepts for setting standards: specific, measurable, achievable, realistic, and time-bound (Public Service Commission Annual Report 2020/21).

1.8.5 Transparency

Transparency allows citizens to be well informed on what to receive, how, and when. It affords them access to options available and how they can contribute to and assist with the country's general welfare. The public service institutions have improved on transparency issues and are currently challenged with a lack of response to individual requests. The information must be timeously available and accessible to the public. Transparency is important to stakeholders as it adds to growth and development, especially information on hospital policies, records of accomplishment, and programs (PSC, 2007). The EC DoH has failed to provide information on budget measures to assess the progression of hospital services. They had inaccurate data and gaps in their produced information while other provinces offered complete information. It can be very difficult for hospitals to be transparent if they have challenges with budget measures (Right of Healthcare, 2002).

1.8.6 Accountability

Public service institutions have three mechanisms to promote public accountability: annual reports, performance management, and development systems (Public Service Commission, 2019). There are oversight mandates of the Auditor General and the Public Service Commissioner, ensuring public administration is accountable and promotes democracy. The frameworks are designed for the sustainability of public administration accountability, the Performance Financial Management Act (PFMA), Promotion of Access to Information Act (PAIA), and performance management development systems (PMDS) (Public Service Commission, 2019).

1.9   THEORETICAL FRAMEWORK

The theoretical framework of these study cover theories that will guide the study, such as Ethical Leadership Theory, Servant Leadership Theory, Organisational Leadership Theory, and Social Justice Theory.

1.9.1   Ethical leadership theory

According to Engelbrecht, Heine, and Mahembe (2017:369), ethical leadership is characterised by honesty, selflessness, motivating others, and empowering and encouraging employees. Historically, Brown, Treviño, and Harrison (2005:119) refer to ethical leadership as conduct seen through personal actions and interactive relationships. They create an environment that enhances the attitudes and behaviour of employees within an organisation. The person leading with ethical leadership should have high moral values, trustworthiness, honesty, integrity, and justice. Ethical leadership is rooted in Social Learning Theory and Social Exchange Theory. Social Learning Theory means the followers or employees tend to be influenced by their leader's behaviour through observation and learning all the aspects of leadership. The Social Exchange Theory assists an organisation with an understanding of the relationships between leaders, managers, and employees. It allows a positive interaction with employees and management. It could be by treating employees with fairness, support, concern, encouragement, and opportunities (Dhar, 2016:141). Ethical leadership motivates employees led by an ethical leadership style, delivering extraordinary performance. Bedi, Alpaslan, and Green (2016:519) add that ethical leadership demonstrates motivating behaviour through extra effort and innovative

solutions. Ethical leadership implies two main roles for an ethical leader, the moral person and the moral manager. The moral person refers to the ethical values, and the moral manager relates to the activities the manager performs to show their ethical values and influence the followers (Brown, Treviño and Harrison, 2005:119).

1.9.2 Theory of social justice

The social justice theory proposes that a hospital allows equal access to liberties, rights, and health opportunities. Access should be equal to everyone, whether average or previously disadvantaged, regardless of social status, geography, gender, and race. According to Milevsa Kostova, Chichevalieva, Ponce, Ginneken, and Winkelmann (2017:83) and World Health Organisation (2017), the hospitals could use diagnostic methods to see if they are implementing ethical principles as per mandates of the Constitution and are aligned to social justice by firstly identifying previously disadvantaged groups, evaluating their status regarding financial affordability, health status, access, and public satisfaction. Buchanan (2017:178) further posits that the social justice theory means that social organisations should provide service equally to all people, in line with fundamental rights. According (Harvey, 2021) Marxists contested Rawl's definition by stating that social inequalities come from a hierarchy of power and practices of unjustified special treatment rather than only favouritism and social status. To achieve social justice, a hospital should not recognise human social perspectives of social class, race, ethnicity, gender, sexual preference, knowledge, and social position. The hospitals must instead serve all the people with dignity and respect.

Shafique, Bhattacharyya, Anwar, and Adams (2018:61) argue that the social justice developed by Rawls does not include special needs to allow equal access and opportunities for health needs. Some people are disabled, uneducated, or exposed but have equal health care services. They have special needs and require special services. Hospitals face high demand from special needs patients; therefore, health care and health workers might be willing to serve the public equally. However, the Department of Health in South Africa operates in a context of limited and scarce resources. The lack of resources compromises equal quality service provision to all. Implementing constitutional values and principles are intended to evaluate each hospital's effective, efficient, and economical use of resources. Social justice requires

using resources to be equally distributed and used effectively, efficiently, and economically to meet all the people's health care needs.

The social justice theory assists the researcher in assessing the extent to which the selected constitutional values and principles are being implemented at Cecelia Makiwane Hospital.

1.9.3 Herzberg's two-factor theory of satisfaction

Muthuri, Senkubuge, and Hongoro (2021) define Herzberg's two-factor theory as one of the key employee motivation-hygiene factors that create job satisfaction. It is also called Herzberg's dual-factor theory. The psychologist Fredrick Herzberg developed the theory. The two-factor theory is from Maslow's hierarchy of needs pyramid. It states that certain factors in the workplace cause job satisfaction, and then there is a separate set of characteristics that causes dissatisfaction. Herzberg goes on to state that these factors work independently of each other. The focus of the theory is on survival and actualisation. Herzberg contested the concept of job dissatisfaction as an opposite phenomenon of job satisfaction and contextualised the opposite as a continuum that starts from no satisfaction to a higher satisfaction level. Then, job dissatisfaction refers to an employee's dissatisfaction that occurs when they have experienced job satisfaction and suddenly feel the gaps in certain things that make them dissatisfied. Job satisfaction is determined by achievement, recognition, responsibility, advancement, and personal growth. Job dissatisfaction is when employees feel a gap or shortage in payment, job security, status, and working conditions. A critical incident method was used to develop the theory; volunteers were asked to reconsider job satisfaction factors carefully. This resulted in positive and negative experiences from the trends of hygiene factors and motivation forces for an organisation's employees.

1.10   LEGISLATIVE FRAMEWORK

In 1994, the South African government delivered a body of democratic system that enables legislation of good governance and appropriate services to all people. Southall (2000) writes democratic system means where powers of the state are on the public citizen indirectly through representation. Citizens democratically elect the re-presenters in election form.

1.10.1 The Constitution of the Republic of South Africa (1996)

Section 27 of the Constitution states that everyone in South Africa has an equal right to access healthcare, including reproductive health (Republic of South Africa. Constitution, 1996). Section 195(1) of the Constitution states that "public administration must be governed by the democratic values and principles enshrined in the Constitution, such as professional ethics to be maintained and promoted by public administrators. The hospital service must be provided fairly and without bias; people's needs must be responded to, and the public must be encouraged to participate in policymaking. The utilization of resources must be compliant and be efficient, effective and economical" (Republic of South Africa. Constitution, 1996:99).

1.10.2 Healthcare Act 61 (of 2003)

The Healthcare Act is constitutionalised to set the framework and provide uniformity to the systems. It ensures the equal rights and duties of hospital workers and service providers. The patients are protected, respected, and promoted in their rights and access to healthcare.

1.10.3 Promotion of Administrative Justice Act 3 (of 2000)

Administrative justice is important for hospitals as it eliminates fraud and corruption and provides executive action that is procedurally fair, reasonable, and lawful. The Act also provides that written reasons must be given for administrative action (Republic of South Africa, 2000).

1.10.4 Patients' Rights Charter (PRC)

The study has selected a few patients' rights in the charter that link to this study; namely the health and safety environment, participation in decision making, access to hospital services, customer treatment from a hospital, privacy, consent, treatment refusal, second opinion referral, on-going care, and suggestions and complaints about health services. The NDH published its commitment to implementing, protecting, and promoting these rights by proclaiming a Patients' Rights Charter. In 2011 the NDH published a report on patients' complaints and health care staff concerns about hospitals' failure to implement constitutional values, Batho Pele Principles, National

Core standards, and patients' reports on staff attitude and long waiting times. (Patient Rights Charter, 2011:20-21).

1.11   EMPIRICAL RESEARCH

The PSC is responsible for assessing departments to determine if they govern according to the constitutional values and principles in section 195 of the RSA Constitution (Eastern Cape Department of Health, 2020). The following findings from the Eastern Cape Departments of Health (Department of Health, 2020:40-102):

- The financial statements disclose fruitless and wasteful expenditure of 34. 7 million.
- Conflict of interest where people did not declare as Treasury Regulation 16A8.4 requires. They had private businesses and were awarded business contracts.
- Disciplinary actions in the EC Department of Health are still ongoing because of the people trading; about 34 were found.
- The department has repetitive negative audit findings because they do not implement resolutions and recommendations from the Public Service Commission.
- The department does not comply with legislation and has inadequate financial and performance management systems.
- There is a lack of leadership commitment in addressing the matters raised by the Audit report. This leads to a repetition of problems every year.

According to Meloncon and Amant (2019:128-155), empirical research observes experiences that produce experimental motivation for studying different topics. It positions new topics (i.e., gaps) from similar topics discussed. Empirical research explains how ideas and views of similar topics have been written about.

This study investigates the implementation of values and principles discussed in section 195 of the Constitution of the Republic of South Africa (1996) in the Eastern Cape Department of Health, focusing on Cecilia Makiwane Hospital. Berman (2016:53) views Implementation as a system that involves a transformation from a

certain standard of service delivery to new, better, and improved service standards. The hospitals must consider changing an ongoing process rather than just a single event. Implementing democratic values and principles in the hospitals involves changes from traditional hospital leadership and management styles to democratic values that promote the Implementation of the constitutional values and principles. The change must be managed properly to improve the delivery of the intended service (Republic of South Africa. Constitution, 1996).

The following paragraphs focus on relevant hospital and healthcare empirical research from South Africa, Africa, and international countries that has been conducted by other researchers from the different parts of the world:

South Africa: The country has introduced National Health Insurance (NHI) to eliminate inequalities and improve the quality of public service delivery. NHI aims to provide universal health services that cater to all the country's citizens. Its objective is to provide financial protection for those who cannot afford private health care and ensure equal quality healthcare (National Health Insurance Bill, 2019: 15). The roll-out of the NHI will be in three phases and completed by 2025 in each hospital. The responsibility of the NDH is to manage the distribution of resources and personnel to ensure effective use of the NHI resources and the provision of quality health services (National Department of Health, 2019:2).

In 2014, Hoffman conducted a study promoting leadership effectiveness in public hospitals. The study's objectives were to identify factors promoting leadership effectiveness at provincial hospitals in the Eastern Cape. Hoffman Trawlter, Axt, and Oliver (2016:3) found that the Department of Health in the Eastern Cape hospitals appears to favour quantity rather than the quality of service delivery. The study recommends that further research on service delivery of hospitals must be done on systems that can be developed to streamline the processes associated with implementing performance management systems to reduce time spent on administration. Furthermore, Yates and Leggett (2016:227) state that investigation could effectively find factors affecting hospital service quality using qualitative data collection tools such as in-depth interviews and observations.

In 2016, Jardien-Baboo, van Rooyen, Ricks, and Jordan conducted a study on perceptions of patient-centred care at public hospitals. The study aimed to explore and describe professional nurses' perceptions of patient-centred care in public hospitals. According to the findings of this study, the Eastern Cape Department of Health has challenges of poor leadership, inadequate infrastructure, and underfunding. Poor leadership results in poor hospital service delivery (Padayachee, 2018). To get nurses' perceptions of patient-centred care, the researchers used a qualitative research design with explorative, descriptive, and contextual methodologies. The researchers are of the view that this study could have produced a more balanced perception of the hospital consumers were given a chance to participate. The same study found barriers within the hospital such as lack of resources, high volume of administrative work for the nurses, and unprofessional behaviour. Based on the findings, the researchers recommended further research.

In 2017, Khoza conducted a study on implementing the Batho Pele Principles (BPP) based on patient experiences in SA. The study aimed to investigate and describe the practical patient's experience of BPP in public hospitals. Khoza's study found that public hospitals have a shortage of beds, stock, bed linen, and daily attire. It was also found that the unhygienic physical environment, poor security and high noise levels, dirty wards, and poorly-kept toilets were not conducive to good hospital services. Khoza (2017:190) recommends that more extensive research deals with service standards and that the leadership and management be trained on quality assurance. The nurses in Miza's (2011:57) study felt that there is a gap between proper planning and the introduction of new policies, stating that shortages of human and material resources need to be given administrative attention, as they are the main factors that influence the Implementation of fundamental values and principles in the hospitals.

In 2017, Professor Makgoba (2017:34) reported investigating the circumstances surrounding the deaths of mentally ill patients in Gauteng province. The focus of the investigation was to examine the exact cause of death of the people at Life Esidimeni, where 94 mentally ill patients died. The report found a lack of readiness in supply chain management from the Gauteng Department of Health to hospitals in the Gauteng province. The findings revealed that if Life Esidimeni officials had not complied with constitutional values and principles, such as the hospital management promoting

professional ethics and responding to the needs of patients fairly and impartially, the deaths of 94 people with a mental health conditions could have been avoided. The current study aims to recommend strategies that must be put in place to ensure the Implementation of constitutional values and principles at Cecilia Makiwane Hospital. According to Durojaye and Agaba (2018:161), The problem at Life Esidimeni lost lives started with patients being taken from Life Esidimeni hospital to private providers that were not registered and did not have resources to take care of mentally ill patients.

According to section 27 of the Constitution of the Republic of South Africa (1996), every citizen has a basic human right to access hospital service. In South Africa, there are two hospital health systems. There is a private system and a public system. The private system serves a minority of the population. This is for citizens who can afford to pay exorbitant amounts and out-of-pocket fees. The second is the public health system, mainly funded by tax revenues. The public health system serves the majority of the citizens in South Africa. As per the Stats SA report (2019), only 17 in 100 people had medical insurance from the private health system. The matter of affordability of hospital services indicates the unequal access to basic quality health care services in South Africa, and that mirrors the inequalities that certain citizens faced in South Africa during the apartheid era (South Africa Institute for Economic Justice, 2019:1). One of the constitutional values and principles from the RSA Constitution, chapter 10 (1996.s195), states that services must be provided equally, impartially, and without bias. It further states that there must be a redress of the past imbalances.

However, the public hospitals are still overcrowded. In recent years, the Implementation of budget policies shows underbudgeting and underfunding compared to the public hospital demand. This has led to vacant posts and declining standards in many parts of public hospitals. In May 2018, the Republic of South African Treatment Action Campaign reported that 38 217 posts were not filled in the South African hospitals (RSA TAC, 2018:5). In 2019, 60 000 community hospital workers remain informally employed and receive stipends with poor equipment and training (Institute for Economic and justice, 2019).

In 2017/18, the National Department of Health owed the National Government about 57% of unpaid bills and accounted for such action (RSA National Department of Health Report, 2018). Most public hospitals complain about budget constraints that make

them unable to pay bills and experience shortages of stock. According to the National Treasury Report (SA 2019:17), the budget constraints are exacerbated by fruitless, wasteful, and irregular expenditure. The National Department of Health also found a poor audit report in 2018/19 (Auditor General South Africa, 2019). All challenges that the department faces burden hospital service provision and lead to limited access to health services for the public citizens. While Section 27 of the Constitution of South Africa (1996) states that access to healthcare is a basic human right everyone must enjoy, this is not always a reality.

The National Department of Health was then mandated to pay all those families that lost their relatives during this tragedy caused by Life Esidimeni mental health hospital. The amount for them to pay to each family was about 1.2 million. The 1.2 million contributed to the unpaid amount that the National Health Department owes increases the burden on the quality of service they provide and affects the budget of all the hospitals. The medico-legal claims for the Health Department increased from 28.6 million in 2015 to R80.4 billion in 2018. The other contributing factors to the failures of the department are chronic underfunding and shortages of staff) (Institute for economic and justice, 2019).

African Countries: In 2015, Mostert and Kaspers (2019:610) conducted a study of corruption in Africa's healthcare systems. The study defines corruption as an abuse of entrusted power for private gain. According to Njuguna (2017:5), there are three forms of corruption: bribery demands gifts and favours by civil servants and allocation of public service contracts to relatives or acquaintances, irrespective of their competence. As the authors, Dimant and Tosato (2018:335-336) posit, empirical research on corruption has taken off since the late 1990s, whose insights help generate better-targeted and more effective anti-corruption policy measures. The African countries have healthcare providers who are unmotivated due to the low salaries paid by the government. No experienced medical staff is available in public hospitals due to physicians' dual practices, absenteeism, lack of supervision, and difficulties applying complex protocols such as chemotherapeutic services (Mostert and Kaspers, 2019:610). The demand for informal payments by medical staff and doctors improperly referring patients from public hospitals to their private practices is one of the malpractices affecting the public healthcare sector. The poor disease and treatment education for patients and families, poor working conditions caused by

scarcities of drugs and medical devices at public hospitals, and lack of motivation to use generic drugs by medical staff are all a cause for concern. A further concern is that patients are forced to buy drugs and medical devices at private pharmacists or distributors and incur additional costs; furthermore, evidence of underuse and malfunctioning medical equipment is another concern. To deal with this situation, Njuguna (2017) provides the following recommendations:

- The hospitals should pressure governments in African countries to use development assistance to address key components of hospital systems such as monitoring systems, rewards, punishments, decent salaries, dual physician practices, absenteeism, and informal payments. Health departments should engage communities in health programs, inform communities on structures and hospital system organization, and ensure individuals know their rights.
- The practice of businesses from high-income countries bribing African politicians and civil servants should stop. The method of banks in high-income countries of being safe havens for looted African funds should stop. Firm leaders should lead the African hospitals with high morality and integrity and set a good example for their subordinates.

Ghana: In 2017, authors Adua, Frimpong, Li, and Wang (2017) wrote about emerging issues in public hospitals. The focus of the study was on Ghana's hospital expenditure, health policies, and outcomes. Any resources within the state of governance should be effective, efficient, and economical. A major problem facing the healthcare system in Ghana is financial management. The public hospitals are facing low fiscal capacity and commitment. In 2009, the national government of Ghana spent 4.9% of its gross domestic product (GDP) on health care services and increased the allocation of the funds to 5.2% in 2012. The increase in the allocation of funds did not match the healthcare needs of the citizens. The citizens of Ghana suffer from poor hospital services due to staff shortages in the hospitals. Hospital employees seek opportunities outside the country with better working conditions such as training, rewards, and incentives to maintain their standard of living. Adua, Frimpong, Li, and Wang (2017:198) maintain that the Department of Health in Ghana should invest in human resources development practices and adequate incentives, such as affordable housing, vehicle allowances, and scholarships for aspiring medical professionals, among others. These incentives can encourage hospital personnel to stay instead of

leaving the country for better opportunities abroad. The University of Health and Allied Sciences, set up to train hospital employees solely, is an example of an institution that should be set up across developing countries to increase the total hospital workforce.

Moreover, the specialised healthcare agencies set up and tasked with regulating the allocation of healthcare resources of the public hospitals and independent anti-corruption bodies are meant to prevent financial mismanagement. Transparency and accountability are some of the principles mirroring the usage of government resources—the study (Naher, 2020) also found a lack of accountability in government institutions' leadership. The community mainly uses dialogues, forums, and public community meetings to hold the administration accountable, but those leaders with authority are hardly available to listen to the citizens. The citizens tend to rely on the threats of sanctions by the political parties for the leaders to account for their actions. The political parties may not address the challenges the whole society faces but use certain phenomena to promote their political interest.

 The countries such as the Netherlands and other middle-income countries need an intervention in how social accountability can influence the government's responsiveness to the citizens' demands. The social accountability processes that can affect key departmental values and principles should be employed. According to Marais and Peterson (2015:1-21), South Africa, Ethiopia, India, Nepal, Nigeria, and Uganda have similar problems that prevent them from implementing their constitutional values and public service goals. Their study focused on the mental health systems, needs, and strategies. The main reason for this study was to find critical issues that should be corrected to increase the integration of mental health services.

Furthermore, in 2017 many authors were engaging on the issues of mental health (Peterson, Marais, Abdulmalik, Ahuja, Alem, Chisholm, Egbe, Gureje, Hanlon, Lund & Shildhaye, 2017:699-701). This study adopted a descriptive qualitative approach using framework analysis. In India, translating the health bill into law was reportedly protracted. In South Africa, insufficient training and resources to enable uniform implementation emerged. Two countries (Nigeria and Uganda) had obsolete legislation, largely ignored, while Ethiopia and Nepal, both low-income countries, did not have any mental health legislation. However, Uganda, Nigeria, and Nepal were in

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the process of establishing new mental health laws. Poor implementation of existing policies was highlighted in all countries. This was attributed to weak technical capacity, with all sites indicating poor coordination and management of hospital activities on the service frontline, which limited implementation. It was recommended that participation and collaboration, equity, inclusiveness and ethics, access to information, accountability, and transparency are the fundamental values and principles that would assist all countries in implementing the national laws and values. All men and women should have a voice in decision-making in hospital policies, directly or through legitimate intermediate forums representing their interests. According to constitutional values and principles from the Republic of South Africa, the public (consumers of the hospital) must be encouraged to participate in the policy-making (RSA Constitution 1996.s195 (1)(e)). Such broad participation is built on freedom of association, speech, and the capacity to participate constructively. Good governance of the hospital system mediates differing interests to reach a broad consensus on what is in the group's best interests and, where possible, hospital policies and procedures (Peterson et al., 2017:699-701). Siddiqi, Masud, Nishtar, Peters, Sabri, Bile, and Jama (2009:1325) maintain that a hospital's commonly accepted values and principles include respect for autonomy and justice. The application of hospital values safeguards the interests and the rights of the patients and hospital consumers. In 2016, the South African Department of Health was critically analysed by Rispel, de Jager, and Fonn (2016:17-21). In their analysis, the country was found to have the poorest hospital systems and quantum spending compared to other middle-income countries. The study found that over four years, from 2009/10 to 2012/13, around R24 billion of combined provincial hospital expenditure was classified as irregular by the Auditor-General of South Africa. There were also varying and erratic expenditure patterns in the nine provinces. Provinces categorise the South African government system into geographical areas, Eastern Cape Province, Kwazulu Natal, Free State, Western Cape, Limpopo, Mpumalanga, Northwest, Northern Cape, and Gauteng.

The country does not know how much of the irregular expenditure is due to corruption. The public sector in the country has difficulties with direct measures or validated indicators to measure corruption. The worst-case scenario was R24 billion lost due to the incompetence of public servants and inefficient management systems. The CPV states that public institutions such as hospitals in South Africa must maximize human

potential and provide good human resource management and development training (the Republic of South Africa. Constitution, 1996. There are ineffective governance systems in the South African Nursing Council and the National Department of Health (NDoH) and significant weaknesses in these institutions' policy-making and implementation capacity.

The above study recommended a metaphorical repair of these fault lines to ensure the success of the proposed National Health Insurance system (NHI) in South Africa. The metaphorical repair to address the leadership, management, and governance failures requires political will; meritocratic appointment of public service managers with the right skills, competencies, ethics, and value systems; effective governance at all levels of the health system to enforce laws; appropriate management systems; and citizen's involvement and advocacy to hold public officials accountable. The NDoH must develop a clear implementation plan to establish a well-functioning district hospital service. A clear strategy to communicate the vision of hospital services will enable the leadership to ensure buy-in from various stakeholders and partners and the hospital consumer's users. Support structures with expert capacity in each province and precise indicators to monitor progress will assist the Department of Health in fulfilling its mandate.

Nigeria: Adegbite (2015: 319-330) conducted a study on good corporate governance in Nigeria. The purpose of the study was to present nine specific antecedents of good corporate governance in weak institutional settings such as Nigeria's governance. The study proposed how these antecedents must be understood, articulated, and harnessed, based on relevant institutional peculiarities, to address contextual governance challenges. The study adds to the institutional theories of good corporate governance through a symbolic explanation of good governance practices considering experiences and social changes. The study adopted a mix of qualitative research methods: in-depth interviews, focus group discussions, direct observations, and case studies. The state of corporate governance in Nigeria is notably unimpressive across the nation. In the past, there were achievements, and the study found that the government in the country is facing a high rate of corruption due to weak board governance. The leadership in the public sector of Nigeria has people who do not have sufficient capabilities and leadership independence. The heterogeneity in leadership and management is one of the significant challenges that compromise the public

service interest. The systems do not present strong monitoring and accountability measures to reduce and limit corruption. The public-private partnership is one of the highly used systems to perpetuate corruption. According to Ondrova (2017:17-35), when an organisation has a Chief Executive Officer and the same leader is also a chairman of the various committees of an organisation, they easily concentrate on the power and influence of decision-making to further their interest, which jeopardises the interest of the public service. The findings from this study suggest that timely, comprehensive, and transparent disclosure of some fundamental issues in any nation should be provided to improve the quality of governance.

Kenya: In 2016, Nyongesa conducted a study to evaluate the health care quality offered to patients in the public hospitals of Kenya. The study aimed to evaluate hospital service quality. The findings revealed that hospitals have shortages of medical treatment, services, and poor infrastructure. The study recommends that Kenya use the research findings to design and prioritise hospital strategies to improve service quality. The workers are required to understand customer's preferences (Nyongesa, 2016:34-39)

Uganda: In 2013, Okal, Kanya, Obare, Njuki, Abuye, Bange, Warren, Askew, and Bellows conducted a study to assess opportunities and challenges for public hospitals. The focus of the study was to identify the health system challenges that Uganda usually faces when effectively engaging with public hospitals. The findings revealed that the Department of Health in Uganda has the same challenges as South Africa, such as distance-related barriers to access health care services, understaffing, and supply shortages. The study recommends that proper planning be done, and consultations with community members, stakeholders, and the public sector must be promoted and improved (Okal et al., 2013:1-11).

United States of America (USA): Adler, Glymour, and Fielding (2016:1641-1642) state that the United States (USA) spends far more money per capita on medical services than other nations do while spending less on social services (Berman, Pallas, Smith, Curry, and Bradley, 2011). Residents of countries with higher spending ratios on social services to spending on health care services have better health and live longer. The relative under-investment in social services helps explain why USA health

indicators lag behind countries (de Leeuw, 2017) . The challenges of the USA start from effective implementation, which is essential and requires continuing attention and coordination among different parts of public services. The gaps between policies and practices have diminished the effects of excellent policy initiatives because funding was not appropriated, not fully allocated (Dzau, MacClellan, McGinnis, Burke, Coye, Diaz, Daschle, Frist, Gaines, Humburg and Henney, 2017:1461-1470).

Nevertheless, many high-income nations continue to achieve major health and life expectancy gains. The life expectancy of white men and women in the United States of America is more than four years shorter than that in many European countries and even shorter among African countries (Castelli, Chalkley, & Rodriguez Santana, 2018:15). Indeed, the United States of America ranks 27th overall among Organisation for Economic Cooperation and Development (OECD) countries in life expectancy at birth. Policies that make it easier and more socially normative to engage in healthy behaviours have proven effective, as have policies that reduce the harm caused by risky behaviours (Department of Economics and Development, 2019)

India: In 2017, Argawal conducted a study on implementing quality healthcare strategies for improving service delivery in private hospitals in India. The focus of the study was to investigate the effectiveness of quality healthcare in improving structures, processes, and outcomes at private hospitals in India. The findings revealed that healthcare quality in India needed to be enhanced through training on strategic leadership at private hospitals. The study shows a positive relationship between the quality of health and service delivery systems and processes. The study recommends that the public hospitals of India should develop a quality improvement policy (Argawal, 2017:159-161).

Jordan: In 2017, Al-Damen conducted a study on the quality of hospital services and its impact on patient satisfaction. The focus of the study was to measure the effect of perceived hospital service quality on patient satisfaction at public hospitals in Jordan. The findings revealed that the hospital workers needed to acquire knowledge and skills to inspire trust and confidence. The study further highlighted that the patients were unsatisfied with the attention and responses. The study recommends that management develop employees' communication skills regarding dealing with

patients and the level of response to their needs and give them empathy and safety (Al-Damen, 2017:1-17).

1.12 RESEARCH DESIGN

Nimmon (2016) defines research design as a person who ought to do research is selecting the method of collecting data. The research method should be designed based on philosophical assumptions, according to Wright, Brien and. The research methodology of this study considered the research questions, aim, and problem statement when designing the research method. The nature and reality of values that the study investigated best suited quantitative and qualitative methods that allowed verification experiences and views of respondents. This study thus used mixed methods within the case study context.

1.13 RESEARCH METHODOLOGY

The research methodology for this study combines quantitative and qualitative research methods in case study design.

1.13.1 Target population and sampling methods

The total target population for the study was 120 people, which included 80 respondents from Cecilia Makiwane Hospital and 40 visiting hospital consumers. The following table shows the composition of the total population.

Table 1.1: Study Population

Composition of the population	Number
Managers	20
Supervisors	20
Employees	40
Visiting hospital consumers	40
Total population	**120**

This study used a purposive sampling technique to select 80 respondents from the hospital, and a convenience sampling technique was used to determine 40 respondents from the visiting hospital consumers.

1.13.2 Quantitative research method

This method collects data for a descriptive summary of study variables. A descriptive statistical method in quantitative methodology is when research summarises data by means of graphs, percentages, and frequency tables to visualise and check trends and outliers. Conversely, the quantitative method collects information from existing and potential targeted people using a data method such as questionnaires. The results can be interpreted in different ways by means of numbers, percentages, and graphs. It allows a researcher to make predictions on future trends and to make recommendations that are not biased.

Against this background, a semi-structured questionnaire with open-ended and closed-ended questions was used to collect data from the 80 hospital respondents. Appointments were arranged with the hospital managers to arrange meetings to explain the study's objectives and clarify the research questions. After the arranged meetings, managers and supervisors were given the questionnaires for self-administration. After seven days, the questionnaires were collected to provide the respondents with enough time to complete. A preliminary test was also conducted to check the instrument's validity and reliability and ensure that the respondents quickly understood the questions.

1.13.3 Qualitative method

According to Crowe, Inder, and Porter (2015: 616-623), the qualitative research methodology enables the researcher to study things, situations, and surroundings naturally. Historically, qualitative research used a data collection method for studies intended to answer the "why" question that explains certain behaviour. The qualitative research method may be used for studies that investigate the reasons, attitudes, and motivations behind any human behavior.

The qualitative methodology in this study aims to investigate consumer perceptions of service quality in CMH. Using a qualitative research method allows the researcher to

contextualise understandings of subjective experiences. This study intends to study things in their natural setting, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them. The qualitative method allows for the in-depth study of the dynamic and subtle interplay of the factors at the individual level. The consumers (visiting customers) were interviewed at the hospital gate, and the patients were not interviewed. The interviewer only interviewed the consumers after they had seen the patients. They were interviewed at the gate on their way out. The consumers were interviewed using an interview schedule with open-ended questions. These interviews took a maximum of 10 minutes.

Against this background, the qualitative method was used to investigate consumer perceptions of service quality in CMH. The in-depth interviews were conducted on 40 visiting consumers at Cecilia Makiwane Hospital. The interviews for the visiting consumers focused on their perceptions of the service quality and their satisfaction level. The in-depth interviews were conducted using an interview schedule with open-ended and closed-ended questions. According to McGrath, Palmgren, and Liljedahl (2019:1004), interviews provide a depth of information that might be important and needed for certain research. Interviews are also the best way to resolve conflict and sharing of information. The researcher has direct contact to ask about the phenomena of the research study. Interviews allow the researcher to ask questions with an emphasis on the main issues that brought up the research. It includes expressing feelings, opinions, and views (Brinkmann & Kvale, 2018:35).

1.13.4 Data analysis

An Excel spreadsheet was used for quantitative data analysis to analyse the data in different ways through numbers, percentages, and graphs. This method allows the researcher to predict future scenarios and make recommendations that are not biased. A descriptive statistical method was used to summarise data by means of graphs, percentages, and frequency tables to visualise and check for trends and outliers.

For qualitative data analysis, direct quotations from the respondents were grouped and summarised according to their themes. Furthermore, a spreadsheet tabulated the responses according to occupational categories and themes. Common themes within each occupational category were colour-coded to track differences and similarities.

1.13.5 Ethical considerations

Each research student at the University of Fort Hare must apply for an ethical clearance certificate from the University's Research Ethical Committee (UREC). The proposal will be assessed and checked. Permission to conduct the research from the Department of Health was also requested. There are rules and obligations that are followed for students to comply. This study must comply with the ethical procedures of the UREC. Patients were not interviewed, especially those in bed and people linked to medical staff. The focus of the interviews was on people who were visiting patients, sitting outside the hospital, and family members. According to Ralane (2011:9), all the research studies are guided by the code of ethics used to accommodate researchers' varying ethos, values, needs, and expectations. As per the studies of Miza (2011:21), the research study involves human beings' emotions and personal feelings. Therefore, the study followed the ethical standards that must be adhered to informed consent, prevention of harm, and ensuring confidentiality, anonymity, and privacy of the respondents. Furthermore, the data collected for this study is used for academic purposes only.

1.13.6 Delimitation of the study

The study is delimited to the Department of Health, Eastern Cape, focusing on Cecilia Makiwane Hospital. Therefore the findings will mostly apply to hospitals in the Eastern Cape Province. The study is also limited to a target population of one hundred and twenty people around Cecilia Makiwane Hospital. The targeted people were divided into 80 management employees and 40 visiting consumers. The public officials were less interested in the research questionnaire, which created time challenges in completing the questionnaires.

1.14 CHAPTER OUTLINE

This research is divided into five chapters as follows.

- **Chapter One:** Introduction.
- **Chapter Two:** Literature review
- **Chapter Three:** Research methodology
- **Chapter Four:** Findings from data collection analysis
- **Chapter Five:** Conclusions and recommendations.

1.15 CONCLUSION

This chapter has outlined the study's introduction and background and presented the significance. The main objective and sub-objectives, statement of the problem, and research questions that present the motives behind the study have been clearly stated. The need to align the constitutional values to those of the leaders and organisational values to enable implementation of the CVPs is identified as critical for service quality in-hospital services. The CVPs are set as guiding principles for public service sectors to achieve good governance. All leaders and managers at CMH must take the issue of CVPs seriously. The good governance of any public institution relies on the level of implementation of the CVPs and other constitutional mandates. The researcher gained knowledge of the experiences of CMH management towards the level of implementation of the CVPs. The ethical principles and trustworthiness were adhered to. The study adopted a mixed methodology as a method of collecting data. The study's findings will guide the researcher to recommend valuable guidelines that will assist the hospitals in understanding the importance of implementing the CVPs and their contribution to quality health service in SA.

CHAPTER TWO: LITERATURE REVIEW

2.1   INTRODUCTION

The values and principles identified as constitutional imperatives help construct a democratic state. They provide a framework of legitimacy for the government; thus, any nation and its people should always ensure they do not deviate from the system of fundamental constitutional values. The constitutional values apply to administration in every sphere of government, organs of state, and public enterprises. Public administration in any public institution should be broadly representative of the South African people, with employment and personnel management, practices based on ability, objectivity, fairness, professional ethics, equitable use of resources, accountability, transparency, and the need to redress the imbalances of the past to achieve broad representation. The national legislation in South Africa caters to a single public service commission for the Republic of South Africa. The commission is expected to serve as an oversight body for the South African public administration and implement all the public institutions' constitutional values and principles. The Cecilia Makiwane Hospital is one of the public institutions expected to provide its service in line with the constitutional values and principles in the Constitution.

Implementing constitutional values and principles is an important democratic system that enables good governance. This chapter will discuss the values and principles assessed at Cecilia Makiwane Hospital. The professional ethics, use of resources, accountability, transparency, equity, fairness, impartiality, public participation, and human resource potential serve as the conceptual framework. The theoretical framework will discuss the main theories that will drive the study. These are ethical leadership theory, servant leadership theory and organisation, theory of social justice, and the Herzberg two factor theory. The legislative framework will cover all the legislative mandates that regulate the hospital service. The empirical research of the study will look at the challenges that could prohibit the hospitals from implementing the constitutional values, such as challenges in the national Department of Health, Eastern Cape Province Department of Health, specifically Cecilia Makiwane Hospital's challenges, and the findings of the Public Service Commission in the South African National Department of Health and its recommendations.

2.2 CONCEPTUALISATION OF THE CONSTITUTIONAL VALUES AND PRINCIPLES (CVPs) IN THE HEALTH CONTEXT

The conceptual framework's primary focus is on the study's selected values and principles. Namely, the promotion of professional ethics; efficiency, the promotion of effective and economical use of resources; provision of service impartially, fairly, equitably, and without bias; fostering of transparency by providing the public with timely, accessible, and accurate information; responding to people's needs and cultivation of good human resources management and career development practices (RSA Constitution, 1996).

2.2.1 High standard of professional ethics

Professional ethics serve as the first fundamental principle that focuses on individual conduct. According to Gwanzura (2012:55), professional ethics means applying moral norms or standards that help individuals and teams distinguish right from wrong. It is a fundamental principle based on what people should do right and avoid wrong. Bouville (2017:2) states that professionals promote professional ethics that contribute to all employees' general welfare and health and safety. Moreover, the practical significance of professional ethics can be confirmed by satisfying the people needing the actual service delivery. The study further states that all those who claim to be professionals have to act ethically.

According to Zarani, Khanjari, Ghavami, and Bodaghi (2020:239), professional ethics specify values that must guide everyday work life and be aligned with institutional values. According to Wheeler and Bertram (2019:19), they should be linked to the current era and legislation of the time. The document is there to inform policies and provide professional identity and regulations. A code of conduct internally governs the institutions. Professional ethics is characterised by accountability, effective communication skills, a conscience, good working relations, and a sustainable working environment. According to White (2018:4), *accountability* aims to improve the standard of living based on clients' motives that have elected an accountable officer, responsible for ensuring that policies and regulations are implemented accordingly. An understanding of professional accountability could improve the quality of service and working conditions in health care institutions. As defined by (Hill, 2018), accountability

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is the fulfillment of formal obligations to disclose the relevant purposes, principles, procedures, relationships and results, income, and expenditure that a person has authority over. The factors of professional accountability are daily dynamics, and work environment customs. The daily dynamics refer to the service flow between the consumers and service providers, while the working environment refers to the population, material resources, and staff turnover (Mah, 2018:33).

(Derrett, 2021:150) defines *conscience*, one aspect of professional ethics, as an inner part of a person who decides to take action. It is the feeling that becomes the motive of any decision taken based on what is right and wrong. According to Haupt (2016:234-236), conscience is essential to our ability and involves the internalisation of community standards. Karnieli-Miller (2020:70) define communication skills as a vital ingredient of professional ethics. Any communication in the working environment needs to be professional. Lovitt (2020:35) adds that professional communication contributes to job satisfaction within the working context because staff members share the information accordingly; they learn from each other and inform each other. It also has the advantage of developing coordination between the employees and consumers. Moore (2018:2) further states that professional communication is possible through education programs, workshops, and meetings between employees and consumers. Reeves (2017:4) argues that there is a shortage of training manuscripts for communication skills. The availability of manuals, manuscripts, and reading material could create positive attitudes and more confidence in the working environment because the staff and consumers will be fully informed and understand the purpose of professional communication.

Working relationships in this study refer to relationships in the work environment. Employment relations is the connection between employees and employers where individuals sell their labour. Both parties have a fundamental interest that they pursue through the employment connection. All relations in the employment environment are mediated by labour laws and governed by a code of conduct, which unions and the civil service follow. According to Budd (2017:58), the working environment has four working conditions: the employer, employee, state, contract, and the market. The employer is the purchaser of labour in the public sector. This could be the owner or CEO in the private sector, and in the public sector, it could be an executive, management team, or supervisor acting as an employer's agent. The employee is an

individual who is employed for their labour. It is a person who maximises utility, which increases both income and leisure. Employees are seen as a factor of production in the working space and not as just a behavioural phenomenon. Employees are motivated by rewards and social concerns and entitled to fairness and justice, maintaining working relations and productivity. The employees and employers must seek a balance of interests considering the stakeholders, shareholders, legislation, and clients. The third element is the state, which refers to the interaction between laws, regulations, employers, employees, unions, and work councils. According to Budd (2017:57), the interaction should be collective because the state is the major element in the relationship mix, as it comes with laws and regulations that govern employment. The state ensures freedom and protects the rights and contracts of employees and employers. The fourth element, the market, refers to buyers and sellers of labour that form the market with the services or goods offered. The working conditions, in this case, should be very attractive to buyers and suppliers. The employer and employee must sustain a good working environment for quality service. The next aspect, contracts, are written agreements between employers and employees that state the rules, regulations, code of conduct, expectations, benefits, and disciplinary code.

People, roles, organisations, and groups have working relations with one another within the workplace, and it is the final aspect, according to Budd (2017). The relations in the workplace occur within specific times and terminate over time. An interpersonal relationship between two employees may influence how well they are embedded in or how well the district teams they belong to coordinate with one another (Heaphy, 2018:559). Meng (2019:45) states that organisational processes, culture, and society influence working relations. Collewet and Sauerman (2017:99) conclude that most people spend their days at work from 08h00 am and return to their houses at 16h30 pm, eight hours per day, plus a lunch break. During the other eight hours, people sleep (night), and the final eight hours (morning and after work) are allocated to personal and family responsibilities. Therefore, it is very important for human beings to have positive relationships at work, as it is where they spend most of their active time. The workplace helps employees with the potential to meet employers' expectations, allows space for knowledge sharing, and imparts a huge feeling of inclusion. Employees relate to one another in three ways: formal work relations strictly about work and professional relations, role-based relations between supervisors, co-workers, and

peers where they supervise, advise and support each other for every task. Lastly, the informal relationships at work are where colleagues are seen talking along passages, the kitchen, and some *stokvels* (savings groups). Tews, Michel, and Noe (2017:52) argue that informal relationships sometimes interfere with working times. Instead of employees interacting informally only over lunch and tea time, they use working hours and take long lunch hours, which is against the code of conduct.

While there is no consensual definition of professionalism, Lane (2017:16) defines professionalism as characterised by the specialised competence of a leader, using autonomy in exercising the specialised competencies, being fully committed to a career in the chosen competence, being a servant who is service orientated, belonging to a professional association, a leader who fully understands the code of conduct and follows its rules to enhance competence. Fourie (2017) and Lane (2017) define health professionalism as follows: Professionalism is determined based on three rights: A patient has rights, a patient knows what the right thing to do is, and a patient understands the proper manner of doing things. This is convenient for patients to encompass the legal, ethical, and moral aspects of clinical practice, and the concept of integrity summarises it: integrity defines professionalism (Lane, 2018).

An individual who claims to be professional needs to act ethically. Bouville (2017:4-5) maintains that professionalism refers to someone with a specialised higher education, specific skills, and a certain social status. Yoder (2017:190) refers to professionalism as an aspect of life that involves judgment. Professionalism is when people within an institution try to achieve an identified goal that will bring satisfaction to those being served. Mah (2018:14-17) mentions three perspectives of professionalism that determine if an individual is professional or not, considering all the manners of achieving certain satisfaction such as a functional professional perspective, internal factors of ethics, and external factors of ethics.

Functional Professional Perspective: views professionalism as an integrated community of learned individuals whose members undertake highly skilled tasks crucial to the smooth operation of all areas of society and include attributes of knowledge, autonomy, and self-regulation. The functional perspective views professions as occupations with unique traits or attributes beneficial to the wider community.

Interactionist Perspective: views professionalism as an interest group that strives to convince other groups of the legitimacy of their claim to professional recognition. It criticises the functionalist approach for not considering the journey but only recognising the outcome. Interactionists believe more lessons are learned from the journey than from reaching the destination. Ethical behaviour is one of the lessons that an employee should learn to promote professional ethics, and ethical conduct is discussed next.

According to (Van Zyl, 2018:4), ethics is grounded in the happiness of human good that requires the virtue of character and thoughts. Ethics tries to discover the communal good for an individual and community. It first examines the individual to determine the ultimate interest in what will happen. A person needs to understand what is valued for making reasonable decisions about what to do. (Vetlesen, 2021:45) state that to achieve the right goals, a person can act from the right desires, for the right decisions, on the right occasions. The virtue of ethics is the emotions that occur when a person is reasoning about what to do. (Winter, 2018:4) add those ethics is a form of human dignity; thus, they classify human dignity into four principles: protecting and granting responsibility, protecting integrity, and justice. The above principles of human dignity determine the moral perception of a human towards moral performance. Berman (2016:1) states that ethics is a way of deciding how to live. Sometimes people learn to justify what they believe is the right way of living; hence, ethics is still a simple opinion. According to Berman (2018:8) and Keown (2016:4), urgent intervention is still needed to implement ethics rather than further speculation. They divide ethics into three moral philosophies: descriptive, normative, and meta-ethics.

As described above, moral philosophies are classified as three types of ethics that determine how people live. Firstly is descriptive ethics, which is how the community's norms, values, and prescriptions are applied in human nature. Normative ethics, the next philosophy, is based on ethical rules, regulations, constitutional rules, standards, and provision of justice. Thirdly, meta-ethics is about the reasoning behind everything done and deciding its meaning and logic. This study focuses on implementing constitutional values and principles that serve as normative aspects of moral philosophy in the context of ethics. It further investigates the reasoning behind the state of implementation. Keown (2016:4) states that ethics are challenged by new

developments such as science and technological advancement. Internal and external factors also determine the state of ethics in every situation.

Internal factors of ethics are the factors that may influence the practice of ethics. They are factors that can be fully controlled within the organisation. (Dehghani, Mosalanejad, and Dehghan-Nayeri (2015:3) (2015:3) refer to internal factors like communication and relationship factors. According to Merarian Salsali, Vanaki, Ahmadi, and Hejizadeh (2007:205), these internal factors are personal and work experience-based. The individual factors refer to knowledge and skills, ethical conduct, and self-respect. Ashworth Saxton (2020:19) defines work experience as a liberating force that contributes to the development: of human potential and individual expression. The attitude, values, and ways of thinking are learned and generated from the adoption modes to problems faced in the workplace.

Work experience refers to effective relationships, interest in the profession, responsibility, and accountability in ethics. Dehghani, Mosalanejad, and Dehghan-Nayeri (2015:3) further determine internal factors of ethics as an individual character, which means conscience, where the individual is passionate and patient enough to serve and have a sense of duty. It is the character and manners of thinking used in everyday life situations. The positive energy and attitude promote a sense of hope, and such a person always does best regardless of circumstances. Lane (2017) adds communication challenges within the context of people as one of the factors of ethics, such as communication between management, staff, consumers, and workers. Effective communication and interaction in the workplace set the tone for ethical behaviour. For example, an employee serves with sympathy. However, there are factors the organisation may not influence, such as external factors of ethics.

External factors of ethics: Memarian, et al. (2015) and Keown (2016), in their studies, mention external factors of ethics as environmental factors, organisational factors, and educational and cultural developments. According to White, Jordens, and Kerridge (2014:337), anything external means no complete control. Organisational factors, on the other hand, refer to facilities and equipment, heavy workloads, shortages of staff, and placement of work. These factors can influence the work environment; overtime payments, rewards, and recognition could accompany a heavy workload. The facilities and equipment set an organization's fundamental atmosphere of ethics; therefore, the

required standards must be met. If poor standards are caused by a lack of equipment or old buildings, consumers will be misled and have no hope of good service.

The educational and cultural developments refer to procedural ethics and rethinking behavioural processes. Cultural development focuses on providing training that will influence behaviours. According to Sanfey (2020:4), the nature of external factors changes over time, and he suggests that institutions must adjust to the changes for services to remain relevant. Adeleke, Bahaudin, Kamaruddeen, Bamgbade, and Ali (2019:932) stated that institutions must prepare through capacitating management to handle environmental changes, providing skills that will empower them to value management and service training programs, moral thinking, and wise decision-making capacitation. Individual behaviours should be formed by ethics in the workplace and focus on groups of professionals guided by shared ethical codes. It is further stated that ethics should be linked to professionalism and be aligned to organisational and institutional ethics guiding everyday work.

The code of conduct reinforces the core principles that assist in maintaining professional independence, objectivity, and scientific integrity (Abbas and Ayub, 2021:15). The code of conduct is an educational working rule system and can be referred to as a capacity-building tool to assist emerging professionals with handling work issues. It inspires conversations appropriately, mindful, cultural, and social communication. The code of conduct informs the basis upon which governments must account to the community for their actions, and it encourages rewards for good performance (Republic of South Africa. Constitution, 2007). Sayeed (2016:45) states that a code of conduct raises respect for human rights, the rule of law, accountability, transparency, consistent application of disciplinary codes, grievance procedures, and codes of conduct. As per the Eastern Cape Department of Health Annual report, the workers must sign a code of conduct along with the contract on the appointment day before they start working (Department of Health,2016)

The Department of Health Council Review (DHCR, 2018:3-4) lists the code of conduct that the health care workers, such as service providers, are expected to operate safely and ethically. To obtain consent, clients are provided with the required information on time, comply with relevant laws and regulations, keep appropriate records, and publicly display the code of conduct and other information. A determined body is

responsible for investigating the workers who have breached each department's code of conduct.

In 1996, the South African government introduced constitutional values to reduce corruption in public services (Republic of South Africa. Constitution, 1996). The Public Service Commission carries professional, ethical oversight. The commission ensures that all spheres of government and departments are aligned and promote professional ethics. The ethical oversights were done through post audits, council management, and conflict of interest prohibition. These are also done by giving merit to civil service systems for administration. The structures and programs were developed to implement ethical movements toward reducing corruption and nepotism. The government introduced whistleblowing, ethics hotlines, ethical boards, financial conflict of interest disclosure systems, and professional codes of ethics. However, public services such as public hospitals are still facing high rates of corruption, and ethical movement strategy is lacking reform (Okubena, 2016:49).

The moral truths and human values are not empirically testable; however, human behaviour is an expression of values, which can be judged as honest or dishonest in line with definitions thereof. The constitutional values serve as defined values that hospital workers should comply with (Mah, 2018:14-17). The Public Service Commission found that there are many buildings and infrastructural features in the Eastern Cape public hospitals that are old and have been there for long periods; however, it is very interesting to note that the Cecilia Makiwane Hospital is one of the hospitals that has recently been upgraded and provided with new infrastructure and equipment (Public Service Commision, 2019).

2.2.2 Efficient, Effective and Economic (EEE) use of resources

Section 195 (1)(b) sets out a principle for the Public Service Commission (PSC, 2019) to measure the performance within the public services, the efficiency, effectiveness, and economical use of resources. Section 196 (4)(f) provides proposed measures to investigate, evaluate, monitor, and advise applying personnel. Each general hospital within the South African Department of Health should be aligned with the constitutional values and report on each principle and Public Service Commission to the executive

authority. The EEE are three different concepts of performance measures, and they are independent of each other Murray, Skene & Hayness, 2017:370-380).

Frederickson, Smith, Larimer, and Licari (2018:45) state that *Efficiency* is one of the three public administration perspectives that was found in the theories of public administration by authors, Kafman (1969) Rosenbloom (1983), and recently Boverns (2007) (in Kettle, 2015:45). These perspectives are efficient democratic and legal-rational approaches, which form a conceptual performance framework. Their studies clearly explain efficiency as a tool to measure aspects of program outputs by matching actual output to desired output (benefits) (Ingrams, 2017:115). According to Heidelberg (2017:272-290), Woodrow Wilson introduced the business-minded administration approach, which emphasised public administration efficiency. In 2007, Taylor stated that public administration scholars almost universally hold efficiency a vital part of governance performance. However, it is not widely accepted in all areas of public administration. Denhardt and Denhardt (2015) argue that efficiency in equal access and civil rights is compromised in public administration. Historically before the year 2000, efficiency in public administration used to be based on the criterion of determining duties and how these are used to measure the increasing input. In the 21st century, it is now defined as a value-added to meet the citizens' expectations. According to West (2016:127), efficiency is associated with bureaucracy because bureaucratic systems structure public services and provide rational and efficient structures. Turkel and Turkel (2016, state that efficiency is pursuing multiple values-based goals in a democratic system. It has multiple values that provide a basis for organisations to face a lack of efficiency.

According to Porumbescu (2017:233-256), a number of scholars have criticised new public management approaches because of their minimum focus on the inefficiency of administration. Scholars state that efficiency should improve the relationship between citizens and policy to translate employee performance and public goods and services. Emil Seidel (2016:97) introduced a framework called the Bureau of Efficiency and Economics (BEE) to evaluate the basis of efficiency. Manzoor (2014:3-10) conducted a study on public administration efficiency. The study views efficiency as an achievement for public administration in the public sector departments.

The public citizens expect high-value efficiency of performance from their government. The citizen evaluates the government's performance efficiency by having open access to information on government spending. Jordan, Yusuf, Mayer, and Mahar (2016:302-330) view the efficiency of government performance as something that promotes citizen engagement and public participation. However, efficiency requires minimum cost and maximum output, and citizen engagement is costly in time and resources. The citizens today can have access to government through technological advancement. The public is becoming more modernised, connecting administrative processes to strategic goods and services, integrating personnel and financial systems, utilising information systems, and globalising activities and internally based innovations (Ingrams, 2017:119). Efficiency in the context of public service is referred to as citizen engagement, public participation in policy-making, citizen involvement, and Batho Pele principles implementation (Republic of South Africa, 2018). Each department will then need to provide scientific management style awareness among citizens, conduct surveys to seek citizen feedback, and use this citizen feedback to improve service delivery (Manzoor, 2014). The challenge lies with technical advancement and social changes affecting service delivery. Public organisations must move along with technological and scientific advances for more technical and values-based solutions. There must be a balance between information and communication technology and human development to promote the efficient and effective use of resources (Manzoor 2014:5).

During the 1980s, public institutions used an approach called managerialism. The management was for reform and transformation of processes. It was to promote efficiency and effectiveness as articulated in the White Paper (1997) Public Service Delivery Management system that has been used to improve EEE since 1994. The White Paper refers to the Batho Pele principles such as consultation, service standards, access, courtesy, information openness, transparency, and complaints and values. Public administration scholars have proposed four faces of efficiency in public administration: productive efficiency, allocation efficiency, distributive efficiency, and dynamic efficiency. These efficiency considerations are presented to tackle the issues of the full spectrum of efficiency performance access in public organisations and can also be used to carry out cost-benefit analyses of open government initiatives (Ingrams, 2017:117).

According to Lopez, Bastein, and Tukker (2019:20-35), efficiency only focuses on the end-user product or satisfaction. It means producing products and intangible services using minimum resources but fulfilling the last customer's expectations. Efficiency in the public sector refers to minimum use of resources and maximum output, which satisfies the consumers and end-users. In contrast, for the private sector, it means the organisation must ensure minimum use of resources to produce maximum profit and quantity Mouzas (2016:5) states that for public organisations to promote efficiency, they must use indicators such as cost-cutting and outsourcing activities. However, public organisations often outsource an activity by hiring private organisations that specialise in the required services. The contradiction between public and private services is that their primary goals differ, leading to inefficiency. The outsourced service could be produced via minimum use of resources and maximum quantity and profit with low quality of service for the end-users. The private organisation's understanding of efficiency benefits them with huge profits, incentives, and market share and becomes a disadvantage with poor quality for the public consumers.

Maqbool (2018:951) maintains that efficiency is doing things right to gain maximum output. Together with producers, the consumers and end-users benefit equally with high quality on maximum output that produces profit. The author further states that efficiency is constructed into a triangle measurement of cost, quantity, and time. The production cost must be minimised as it is an input; thus, costs are kept low to produce maximum output. Quantity refers to the quantity produced at minimum cost to maximise the outcome. The time spent on each unit must be as little as possible to allow more time for more production. Heathfield (2016:34) argues that the efficiency of resources depends on the factors within an organisation, such as communication, technology, teamwork, and organisational factors, which are the fundamental factors the organisation needs to maintain to promote efficiency.

Communication is a key factor that enables the organisation to achieve its goals. Without communication, the service provider would not know what to provide and who to serve in the healthcare service sector. Hemsley, Georgiou, Hill, Rollo,Steel, and Balandin (2016:02) also agrees that communication is important, especially in healthcare where people are in pain and regarded as disabled. A structure or function must impact speech, language, or communication. That will enable nurses and patients to understand each other. The disabled people in the hospital could be people

with palsy, intellectual disability, strokes, and motor neuron disease. According to Norouzinia, Aghbarari, Shiri, Karimi, and Samami (2016:69), the efforts and strategies to achieve a goal face communication barriers that may delay the service provision and waste resources. The communication barriers are between the patients, nurses, doctors, and management. The walls could be differences in language, overworked nurses, family interference, the presence of emergencies inwards, a hectic environment, patient anxiety, pain, physical discomfort, gender differences, cultures and ages, shortages of staff, and unresponsive leadership, and unsuitable working conditions. The Alert (2017:2) brought up an issue of misalignment in the communication process when the patients are transferred from one place to another for continuing care and treatment. The hospitals are divided per geographical district, region, and tertiary level. The patients are transferred from district to regional and tertiary hospitals (with specialists). It is important that when a patient is transferred between the receiver and the giver, there must be an opportunity for discussion and sharing of information on treatment, patient condition, medication services, and recent anticipated changes.

Kassahum, Kerie, and Hailu (2017:75) emphasize that health care providers' efficiency can be interrupted by factors such as attitudes, behaviours, organisational factors, and disrespect. All these are very important and could enable the efficient use of resources. Attitudes influence compliance with advice on work, negligence of duty, abuse, and poor attitude to work. Behaviours include disruptive behaviours, unfavourable attitudes towards others, and poor interpersonal communication skills. The organisational factors refer to interactions between staff, lack of shared vision, and frequent shortages of supplies in the units. Once the working environment is faced with the listed factors, production becomes inefficient. In the context of health provision, there could be more deaths, injuries, and patients could stay longer than expected, affecting the efficient use of resources. Another major contributor to efficiency is technology. According to Mahembe Engelbrecht (2014:8), the primary technology areas in the hospitals refer to the patient database and possibly online. The online services could be education, consultation, screening without tests, and examination that will require physical interaction between patient and machine. Through online education and awareness, the patients can self-regulate themselves and provide services using remote tools and sensors (Mahembe, Engelbrecht

(2014:8). Morilla, Sans, Casasa, and Gimenez (2017:8). As per the studies of Sawe, Rashrash, Phalakomkule (2017:2), for an organisation to implement the value of ensuring the use of resources is efficient. It needs to balance new technologies, service quality improvement, and cost reduction. The technological factors can improve health service provision in many ways, such as shifting from the traditional face-to-face interaction to more technological informational interactions such as smartphones, short message services, mobile devices, and social media.

Effectiveness means producing outcomes per expectations (Khajeh, 2018:1). As per the studies of Solomon and Steyn (2017:6), the types of effective leadership are based on individual perceptions, which refer to leadership that strongly considers the colleagues in the workplace and the community. The second type is group performance, where groups achieve results based on productivity and financial control. Solomon and Steyn (2017:17) link leadership effectiveness with leader intelligence and its association with self-awareness. The leaders in any form of an organisation need to always look at changes around the organisational practices and manage them. Change management is one of the factors that contribute to effective management. It requires management to be flexible and adjustable enough to manage their administration effectively. Organisations must focus more on the specifics of change execution (Maloa, 2016:29). The authors, such as Diermen and Beltmen (2016:17), acknowledge that resistance to change is normal human behaviour in organisations that overcome to succeed. Communication would reduce fears, concerns, and hesitations. Resistance takes many forms; it could be cultural resistance. Employees could feel threatened by change, so there must be room for consultation with other stakeholders and interactions to build trust. The relationship between employers and stakeholders could be a problem. The organisation managing change could effectively use resources through reasonable time, finances, human resources, and acceptance of new systems. According to Castelli (2016:220), an organisation, whether public or private, should continuously improve its products to meet the needs of customers through the following elements:

(i)   Make use of human resources

The organisations must hire professional human resources to bring unique perspectives that the leader may overlook, design new business strategies, and input their goals.

(ii)   Focus on education and growth

Identify and discover the employees' abilities, skills, strengths, and weaknesses or areas where specific professionals face difficulties working as a team. Develop teams with competency skills and strengths and give assignments to professionals based on their skills, knowledge, and background.

(iii)   Keep customers in mind

If the organisations do not provide a quality product or service, customers look for an alternative for their needs and goals in the case of private hospitals. In the public hospital, the consumers will lose hope, get frustrated, and strike action. In hospitals, it could cause the death of patients. Some people can only afford public services based on income, such as social grant recipients, domestic workers, underpaid workers, and the unemployed.

(iv)   Work on quality service or product

It is required that the public sector have its consumers be active participants in the decision-making process. They must figure out ways of improving products or services without increasing the cost of materials and compromising the final product or service quality.

(v)   Use of technology

Technology is advancing daily, and social changes and organisations should move along with technical advances. In 2013, Indonesia introduced the Computer-Assisted System software for civil servants in public services. The purpose was to disrupt the previously long-standing manual testing systems that created opportunities for corruption. It improved effectiveness through tight databases, control, and posted results in real-time outside the testing centre. An effective public administration requires:

(i)   Processes, systems, and policies

To analyse the public service administration's current situation to obtain initial information for further reform of policies, an assessment of legislative changes, the impact on the processes and systems and procedures, inputs reform, and project management reform.

(ii) Removing bureaucracy and lowering the regulatory burden through client focus and regulatory burden decrease; therefore, support technology for public administration is needed.

(iii) Analysis of processes

Uncovering weaknesses and problems citizens come across in public administration.

(iv) Improving public administration services

Innovation of activities must focus on fulfilling customers' needs and their benefits.

(v) Improving the accessibility of public services

Eliminating barriers in access to services cost reductions linked to public services for citizens and businesses by extending the client-cantered network, introducing open governance principles, and uniform design layout of manuals for client centres.

(vi) Building and strengthening institutional capabilities

Building institutional capacities is essential for fulfilling public administration reform targets, and creating new, or supporting existing capabilities, is essential for reform.

(vii) Implementation of quality management systems

Supporting self-assessment as per CAF (Common Assessment Framework).

(viii) Education of employees

Employees should be afforded opportunities for training and education to enhance continuous service quality improvement.

2.2.3 Economic use of resources

According to Matjasko, Cawley, Baker-Goering, and Yokum (2016:18) and Weimer (2017:85), economics is based on reasonable, simple motives of people for an objective and the means to achieve the goal. The economic assumption is that all

valued goods are comparable in a sense, and this shows itself in using the term 'wants' rather than 'needs.' Cornerstone and Adesina (2017) define a want as something that people or an organisation may desire but can do without or consider other alternatives, while a need refers to a lack of means of subsistence that a person or an organisation cannot survive without. For example, the health service is needed because people need it when they are in pain, and if the person is not served, there is a risk of death. A value means how much we value a particular object (Heller, 2018:45).

According to Ngobeni, Breitenbach, and Aye (2020:14), economics is concerned with minimizing the cost of resources such as employees, materials, and equipment used for any activity to pursue objectives. Public hospitals are faced with a scarcity of resources. Venn and Strazdins (2017:99) define scarcity of resources as the gap between what is at hand and the need. Schmidthuber, Piller, Bogers, and Hilgers (2019:85) state that public hospitals aim to satisfy the citizens' needs; they employ skillful experts to manage scarce and limited resources to accomplish the goals set by public policy.

The South African government departments are obliged to promote the prudent and responsible use of public resources because of the lack of improvement in many government departments. The audit reports show that a lot of work remains to be done to improve the performance of public financial management in government institutions to maximize the use of resources. The corruption perception Index shows a setback in perceptions of public finance (South Africa, 2021). From district to tertiary hospitals, the Department of Health must account for and align with effective, efficient, and economical use of resources (Republic of South Africa, 2017).

Economics generally relies on materials and energy to support production and consumption. The fundamental character of interaction between society, nature, and natural resources underpins human development and its importance (Schandl, Hatfield-Dodds, Wiedmann, Geschke, West, Newth, Baynes, Lanzen, and Owen 2016:2). On this economic foundation, the public sector is challenged by the slight change with the growing demand to satisfy the needs of the sophisticated twenty-first-century citizen. Many measures are established to ensure that the use of resources in the public sector is effective, efficient, and economical. Such measures include oversight by the Public Service Commission, political oversight, Section 55 of the

Constitution (1996), and the National Development Plan 2030. All health goals, indicators, and actions point toward the Government's 2030 vision. Vision 2030 for the Department of Health is to produce a system that works for everyone and has positive health outcomes ((National Planning Commission, 2030). It is possible to achieve the following goals: raise the life expectancy of South Africans to at least seventy years on average; ensure that the generation under the age of twenty is free of HIV/AIDS; significantly reduce the burden of disease; achieve an infant mortality rate of fewer than twenty deaths per thousand live births and improve TB prevention and cure.

In terms of oversight, the leaders, in their course of official duties, are required to report fraud, corruption, nepotism, maladministration, and any other act which constitutes an offense to the appropriate authorities, including anything prejudicial to the public interest, to the Public Service Commission (PSC), to political oversight structures as required by section 55 of the RSA Constitution (1996). In South Africa, the Public Service Commission (PSC) is an independent and impartial body created by the Constitution (Republic of South Africa, 1996). It is the custodian of government in the public service.

The PSC derives its mandate from sections 195 and 196 of the Constitution (1996). It promotes professional ethics and an ethical environment. It adds value to public administration that is accountable, equitable, effective, efficient, corruption-free, and responsive to the needs of the South African community. The commission must investigate and evaluate public administration practices and propose measures to ensure effective, efficient, and economical use of resources. The impact of the PSC can shift the focus from compliance and adhering to principles to a guide emphasising output and actual implications of the results (Public Service Commission 2018:8). Political oversight has to ensure that functional arrangements at various government levels allow managers to use available resources in the most economical, effective, and efficient way.

However, in South African government departments, all service delivery initiatives and the conduct of public administration must be aligned with constitutional principles for public administration, which demand that managers are accountable. The Financial and Fiscal Commission is responsible for advising on equitable revenue sharing within the national, provincial, and local spheres of government. It can control the negative

effects of subjective political decision-making in allocating resources (Steytler and Ayele, 2018:299-327). The National Assembly established mechanisms of an oversight and standing committee on public accounts as per Section 55 of the Constitution of the Republic of South Africa (1996). The Standing Committee on Public Accounts (SCOPA) is one of the oversight committees. These committees are watchdogs over the way the executives use taxpayers' money.

Historically, South Africa had challenges in the apartheid era before 1994. Only white people in management positions and black officials would be in the lower ranks. After 1994, an affirmative action policy was employed to equalise employment opportunities. The public service created a space where blacks would be accommodated through a unified national public service and Black Employment Empowerment, training, and business opportunities. The shift from apartheid discrepancies to democratic opportunities and equality in the public service is one of the main economic targets of the public sector. It is still challenging as the public service faces ongoing corruption and conflict of interest reports that distract the economic use of resources (Maphumulo, 2019:1-9). There are no technical and educational proficiency objectives in the sector. All the departments in the government need the necessary skills to establish business systems and controls for the economical, efficient, and effective use of resources.

In the service delivery of health care, the Department of Health needs to ensure its operations maximize efficiency and minimizing waste, promoting the availability of up-to-date information regarding poverty and the extent and anticipated duration of scarce resources (Chinnery, 2018). The coordinated effort from resources managers such as the consumer sector, stakeholders and management, administrators, and regulators, should be harnessed to ensure prudent use of scarce resources. These efforts will, in turn, trigger mechanisms and choices that will lead to potential policy changes. In the case of hospital services, when there is a shortage of resources, the hospital must focus on patient care by transferring the patient or requesting supplies from another source.

According to Unguru, Fernandez, Bernhardt, Berg, Pyke-Grimm, Woodman, and Joffe (2016:7), resource allocation decisions must be transparent, and public citizens previously denied access to health care must be highly considered. All the decisions

must justify motivations, display reasonable and thoughtful accountability, and be based on values and principles. Principles such as fairness must be regarded as ethical principles of justice, equitable access, maximising benefits, and minimising harm.

Korhonen, Honkasalo, and Seppala (2018:6) introduced a model for the economical use of resources, known as the circular economy. It offers a new framing around multiple waste and resource strategies and provides a space for debates on how they compare trade-offs and synergies (Korhonen, et al., 2018). According to Geissdoerfer,Savaget, Bocken, and Hultink (2017:759), a circular economy could improve by minimising the use of resources and maximising the benefits through a negative system in which resource inputs, waste emissions, and energy leakages are minimised by slowing usage, closing, and arrowing material. It can be achieved through long-lasting design, maintenance, repair, re-use, remanufacturing, refurbishing, and recycling. The purpose of a circular economy is to keep the value of the products, materials, and resources in the economy for as long as possible and to minimise waste generation (Kjaer, Pigosso, Niero, Bech, McAloone, 2019:23).

According to Kjaer (2018:25), strategies for economical use of resources are to ensure operational support through performance monitoring; training of customers and personnel; product maintenance; provision of maintenance by preventive maintenance; repair and upgrades; product sharing; sharing of resources among users; using take-back strategy; recycling, refurbishing, remanufacturing, and reusing. The focus is on prioritising patient care and allocation of the employees, avoiding higher risks of complications, and taking care of individuals who contribute to crucial resources such as security, transport, communication, waste, and food supply.

Allocation of resources should be based on medical urgency where priority is given to persons who have immediate risk and are given the expected medical (Kruit, Rosemann, Tornblom, Smieszet, 2016:4). The accountability to citizens during service delivery provides an important source of information on the quality of resources and problems on the frontline.

As mentioned earlier, public funds are not managed effectively and efficiently (Odewabe, 2016:329). There is a lack of internal financial control, capacity, and public hospitals' skills. Accountability is not taken seriously, and compliance issues are not

constant. There is a high rate of unethical conduct, fraud, and corruption. Resource usages make it clear that there is no one-size-fits-all solution; therefore, the public hospital should find innovative ways to address economic problems (Fourie, 2016:175).

2.2.3 Equitable, impartial and fair distribution of services

The provision of quality service is one of the objectives of this study, which is to examine the service standards at Cecelia Makiwane Hospital and assess its alignment with Batho Pele principles.

Alford (2016:675) defines service as an intangible object whose value lies in the experience rather than tangible objects. In this study, citizens are referred to as patients, consumers, and clients of public hospitals and employees the hospital employs.

Impartiality is the first requirement. Sparling (2018:3788) maintains that implementing constitutional values and principles requires institutions that depend on impartial administration. Public institutions' challenges towards impartiality are ongoing self-interest, ignoring corruption, and perpetuating injustice. When the hospital ignores impartiality rules, it opens doors to nepotism and related practices. Impartiality concerns human actions, people's decisions, what to do, where to eat, where to live, whom to associate with, etc. Humanity in the health sector determines that human actions should serve lives and relieve humans. The human right to health means that everyone has the right to the highest attainable standard of service suffering (Quack, 2018:4).). The case of Life Esidimeni is a practical example of the denial of health provision as a human right. Patients, consumers, and the community suffered from the Life Esidimeni tragedy (Makgoba, 2017).

Impartiality is the principle that decisions should be taken based on objective criteria. Decisions taken by management must be justifiable based on legal, moral, and political principles, which might lead to compatibility among people seeking agreement on reasonable terms (Shapiro, 2015:470). Impartiality is central to the tenets of public service broadcasters. Coverage should be unbiased, balanced, objective, open-minded, and avoid favouring one side. Impartiality involves considering different views, opinions, and public interests for any subject discussed. It also requires a complex set

of professional assessments (Wahl-Jorgensen, Berry, Garcia-Blanco, Bennett and Cable, 2017:784). Impartiality is an important concept that is used to convey balance or objectivity.

Ramasamy (2020:57) contests the concept of impartiality by stating the principles of impartiality do not only have special status but are also extremely difficult to realise in practice. According to Quack (2018:4), impartiality is that all people have the same dignity and rights, and humanitarian relief is provided according to human needs, irrespective of their social or religious group. It refers to the facts that distinguish humanitarian from other forms of support. Rhoades (2016:2) argues that impartiality requires a significant change in understanding and practices. It must refer to peacekeeping and include the values and norms of the community being serviced. It is defined in which all parties' (public citizens, stakeholders, customers, regulations, and public sector) concerns are premised on more ambitious and extensive sets of human rights and related norms.

Impartiality is *a priori* and necessary for fairness in service provision. This is why there is universal disappointment about judicial bribery. Impartiality does not mean that public servants must not receive gifts. Historically they would receive gifts as a sign of respect for their authority, which is often functional. (Sparling, 2017:378). Sparling (2018:15) states that it does not determine the outcome of a decision but the criteria used to make a decision. The concept of impartiality plays an important role in ensuring objectivity. It means either taking sides or avoiding prioritising someone's position over another. The impartiality role is very important, especially in hospitals.

Hospital is a service that affects all segments of society irrespective of sex, race, language, religion, class, or group (Usyal and Metin 2018:767). An organisation needs to determine what is fair and proper for the employees. The structural and procedural arrangements should be made to meet the expectations of contemporary impartiality in terms of organisational perspectives to discuss the impartiality expectations of employees in the utility sector. Chapter 10, section 195 (1)(d) of the RSA Constitution (1996), states that services must be provided with equity (Grube and Howard(2016:520-521) concur that public servants have lost sight of the importance of maintaining a boundary line between political and public service values. The authors further state that institutions are faced with environmental conditions and individual

actors who are mainly driven by conceptions of self-interest. Public servants behave to protect their careers, individually exploring the new political conditions for their gain at the expense of impartiality. The next aspect is the fairness of service provision. According to the Merriam–Webster dictionary, *fair* means being free from interest and favouritism. It means being honest and impartial (Merriam-Webster, 2019).

Equity, the next aspect, is closely related to fairness. It means fairness or justice in the way people are treated. Braveman, Arkin, Orleans, Proctor, Acker, and Plough (2016) define equity as the absence of remedial differences within the treatment of a certain group of people. It is when the treatment of people is based on social, economic, and justice principles. The government has a responsibility to ensure equity for its citizens. Equity can be achieved through accountability, transparency, and ethical leadership. Unfortunately, inequality in this democratic era still exists, especially between urban and rural areas. Service delivery is not equal. The public resources are allocated as per the population and geographical distribution. In contrast, according to Manzer (2021-12), public resources are meant to be distributed per the needs of each community, whether rural or urban.

In-hospital services, equity means social justice, meaning no one should be denied the possibility of being healthy. Whether the person belongs to a certain group historically disadvantaged economically or socially, they should receive services equally. Braveman, et al. (2016:2) claim that pursuing health equity is striving for the highest possible standard of health for all people and giving special attention to the needs of those in poor health based on social conditions. It is stated in the book of Strong, Toebes, Hendriks, Ikram, and Venkatapuram (2018:5) that the concept of equity is an ethical principle closely related to human rights. It emphasises the rights of all humans to experience good service and the government's responsibility to provide equal opportunities to all people. Zhang, Punnett, Mawn, and Gore (2016:489) argue that the world is faced with consistent inequalities in service delivery. There is evidence of disparities, even though equity is one of service provision's most valued aspects.

Lastly, service must be provided without bias. Bias occurs if the flaws or limitations in the design, conduct, or review analysis distort the review results or conclusions (Whiting, Savović, Higgins, Caldwell, Reeves, Shea, Davies, Kleijnen & Churchill,

2016:226). This affirms what some researchers refer to as uncertainty, fear, privacy, and unconsciousness as bias factors. Consumers and clients of any service have fears and uncertainty about information. An organisation needs to protect the information of customers. Privacy refers to the rights of individuals to decide on the extent to which their information is disclosed to others. The illegal use of such information by others may result in many privacy issues, such as attracting and increasing customer attention.

Bias also results from psychological commitment; for example, the greater the number of sources individuals have invested in incumbent situations, the greater the probability of continuing with their current commitment. Therefore, their situation would be more likely to remain unchanged. Unconscious repetition is a habit that creates the continuation of former behaviours. Bias could be based on cost benefits and influence behavioural intentions through decision-making due to individual perceptions (Zhang, Guo, Wu, Lai & Vogel, 2017:989). Nwauche (2005) states that bias in public administration could be racially biased.

Historically, race has been a major challenge contributing to public administration bias. This was when black people would be under-treated, and whites would be highly favoured. The term bias is typically used to refer to implicit stereotypes and prejudices and raises severe concerns in service provision. FitzGerald and Hurst (2017:3) state other bias factors such as gender, ethnicity, economic status, nationality, and sexual orientation. Bias based on gender could be less sympathetic and more frustrated for females in the hospital service.

Miles (2018:437- 444) states that there is merit in thinking about bias as a behavioural phenomenon. Bias is a mental construct that drives a certain behaviour in an individual's mind. It is further stated that mental bias is uncontrollable and has hidden forces that result in inappropriate actions. Bias is a behavioural phenomenon rather than a mental structure. It is behaviour that is influenced by cues. Cues are based on historical background, beliefs, socio-economic and education. Feelings and thoughts of individuals are also factors of bias based on skin colour (De Houwer, 2019:837-838). Generally, employees do not see themselves as biased. Being biased could be based on humanity and having an unintended disconnection between the desire to provide equal service and clinical decisions. These decisions are influenced by a

patient's race, ethics, socio-economic status, and other social group traits. Bias can be controlled with vigilance and commitment to making a difference.

The consequence of bias in the hospitals is withholding preventive care, mismanagement of symptoms, experiencing extended waiting times for appointments, and dealing with health practitioners who do not take the time to understand language or cultural differences. These all lead to obstacles, and patients view it as an unwelcoming and uncaring environment.

According to Sosoo, Bernard, and Neblett (2020:61-62), non-racial or ethnic groups may be under-represented in the hospitals, such as lesbians, gays, bisexuals, transgender, or individuals with disabilities. Personal awareness of how others perceive them lays the foundation that provides a therapeutic nurse-patient relationship. Hospital employees must acknowledge, show empathy and advocacy, and be educated once they have realised their discriminatory practice.

There are many ways to overcome the problems of impartiality, unfairness, inequality, and bias, and these are discussed next.

Acknowledgment is acceptance of the truth or existence of something or a recognition of the importance or quality of something (Wispelaere and Laitinen, 2020:26). Employees must acknowledge that problems exist. This will provide a sense of accountability and responsibility to ensure better service provision and empathy.

Empathy is displayed when a hospital employee can empathize with patients and understand their circumstances and feelings to get a sense of what the patient is saying (Bucknor-Ferron and Zagaja, 2016:5).

Advocacy ensures patients' rights are not overlooked; thus, a health care professional must advocate on behalf of the patient with tact, compassion, professionalism, and communicate and collaborate with other health care institutions (Bucknor-Ferron and Zagaja, 2016:6).

Education provides education and training to hospital employees about their unconscious bias to raise awareness. There are non-racial or ethnic groups that may be under-represented in the hospital. According to Pitts (2017), unconscious bias can be mitigated by understanding and training the leadership. Burrowes, Medellin, Harris,

Milot, and Wilson (2017:1388-1400) state that primary care providers and health promoters demonstrate a commitment to providing care equally; however, there are several ways that their attitudes may cause patients to feel disrespected, inadequate or unwelcome, which then negatively affects the quality of health care provided and patient's willingness to seek needed care. A case in point is HIV/AIDS patients stigmatised by having their separate queues at the clinics when they collect their treatment (Phelan, Burgess, Yeazel, Hellerstedt, Griffin and Ryn, 2015:320).

Tlove, Juando, Ala-Leppilampi, and Parsons (2019:502) mention that hospitals need to provide training on avoiding bias to their employees. It would be an opportunity to make individuals aware of their unintentional involvement in the participation of bias and inequality. This will enable them to confront their propensity to biasness (Foley & Williamson, 2019:35).

2.2.4 Accountability

Accountability originates from a Latin term meaning to account. Accountability now is a concept that measures the successes and failures of leaders (Loozekoot & Dijkstra, 2017:807). Dekker (2016) refers to accountability as a systematic way for the public to hold those who can provide service to answer for actions that fail the people. Public respect is earned by an accountable, transparent, controllable leader who responds to general needs. The lack of accountability in a department or an institution could cause abuse of power, corruption, and totalitarianism. Dekker (2016:3) describes accountability as trouble for the managers. A simple definition of accountability is a mechanical system that obliges hospital managers and directors to explain and justify their conduct (Rossouw, 2019).

According to Schillemans and Bovens (2019:187), managers and directors avoid punishment through presentational, policy, or agency strategies to stay away from the 'blame game' and lack of accountability. In public hospitals, accountability is critical for effective performance. Elected and appointed leaders must show that they perform to their best. The main objective is to ensure public money is spent wisely and effectively. The money spent should show minimum wastage or theft but a maximum benefit. The behaviours of the managers and directors within the department affect the delivery of public service; hence, they have to differentiate between good and bad behaviour. They must behave ethically, which builds trust with the hospital consumers. Managers'

accountability allows them to ensure that the needs of the consumers are well recognised, acknowledged, and understood by employees.

However, some factors inhibit accountability: citizens' ignorance, corruption, and under-productivity. Each department /hospital should appreciate the value of accountability by promoting trustworthiness, dutifulness, orientation to be, clarity of expression, and commitment to improving. There are four mechanisms of accountability; annual reports, performance management, developing systems, and the Public Service Commission. The annual reports are important for building confidence with stakeholders, consumers, and employees. It means that information about everything in an organisation is available to everyone. It contains historical overviews, financial information, performance overviews, prospects of leaders and managers, working conditions, new development, and interventions. The annual report is important in communicating and publishing information that helps consumers. Employees engage, participate, and raise awareness of the service's intended status and benefits (Zhang,Yang, and Zheng 2018:15).

Performance management measures the accountability of a manager or supervisor. Here the performance of each employee in their sections is measured, rated according to their individual goals, and activities are targeted. Each supervisor in the public institution has the mandate to submit a performance management report for each employee. According to the performance management reports, the employees must receive feedback after rating (Lowe & Wilson 2017:5).

Organisations use developing systems to hold people accountable for their actions. Developing strategies in the public service is one of the accountability features. They are there to prevent corruption, mismanagement, and inefficient administration. The developing systems support an institution with social and economic development. Health information systems in the hospitals provide information about planning, monitoring, and evaluating health services and money invested in the hospital. The developing systems assist healthcare management in accounting for results and avoiding sanctions. The development of the value of health information is accounting for results and improving decision-making in hospital management (Bernardi, 2017:1).

The PSC is derived from the RSA Constitution (1996), which mandates the commission to investigate, monitor, and evaluate public service departments and government institutions and their service administration.

The Public Financial Management Act (PFMA) is a regulation that was first constituted in 1999. The responsibility of PFMA is to regulate financial management in the provincial departments of the public sector. All public service resources, expenditures, assets, and liabilities must be managed effectively and efficiently (Republic of South Africa, 1999).

Accountability is classified into many accountability measures, such as legal, fiscal, and procedural accountability. Legal accountability is about legal rules under which a claim can be made to find one liable in a civil lawsuit or guilty in a criminal matter. In the hospital services, the nurses operate under legal accountability called the Code of Practices and Nurses Council, which states that as a professional, you are personally accountable for all the actions and omissions in your practice and must always be able to justify your decisions. Fiscal accountability is demonstrated in the annual budget, organisational practices, and audits. The purpose of fiscal accountability is to set parameters for fiscal activities to assist officers and employees in conducting financial activities and making fiscal decisions. Fiscal accountability supports the analysis of public financial management to identify financial risks and provide evidence for required planning reforms. It aims to strengthen budget oversight and focuses on audit and financial scrutiny (Wright, O'brien, Nimmon, Law and Mylopoulos, 2017:99). Procedural accountability is an aspect of legitimacy at the national level. It concerns the quality of governmental department processes, as judged by their accountability of policymaking, transparency, inclusiveness, and openness of government processes. Procedural accountability is a set of good governance standards that focus on fairness, transparency, compliance, and equity towards the consumers and employees.

2.2.5 Transparency and accessibility

Transparency is one of the principles that demonstrates democracy. Initially, the principle of democratic services was first introduced in the public sector in the United Kingdom. It was formalised by opening up archives, making minutes available to the public, and unlocking meetings for public attendance (Farazmand, 2018:14). The

Freedom of Information Act called the Promotion of Access to Information Act in South Africa, has increased the implementation of the principle; however, transparency as a principle is still lacking (Ferry and Murphy, 2018:620). Transparency requires organisations to allow open access to information to implement adequate transparency. Access to information is a fundamental right protected by national constitutions in democratic countries (Da Cruz, Tavares, Marques, Jorge, and De Sousa, 2016:866-893).

According to Misra (2016:64), transparency is public access to timely, accurate, and reliable information. It is a process whereby an organisation reveals information about operations, procedures, and decision-making processes. The transparency principle could be implemented easily by making information accessible to citizens and stakeholders (Da Cruz,Tavares, Marques, Jorge, and De Sousa, 2015:870).

Historically, South Africa established a democratic government system on 27 April 1994. It introduced transparency systems that enable accountability and reduce the abuse of power and human violations. It has led the public service of the country to an Act of 2000, the (PAIA) Promotion of Access to Information Act of 2000 (Republic of South Africa, 2000). According to the RSA Constitution, everyone has access to any information held by the State. The Bill of Rights (Republic of South Africa, 1996) states that the information held by any person has the right of access when that information is required for the exercise or protection of any rights. The democratic constitution actively promotes a society in which the people in South Africa have practical access to information that enables them to exercise and protect all of their rights more fully.

Transparency is valued in management, public relations, policy, and finance. It builds trust between the consumers (citizens and service users) and creates respect for regulations (Gower, 2017). The information must be communicable and interpretable to clarify hospital consumers' and patients' needs and how the hospital must respond. The information must be reliable. Access to information is fundamental to a healthy democracy. It has a significant influence on a democratic system. The consumers in the hospitals must be provided with the best information about the risks associated with all the different products and services to ensure patients, family members, and carers understand the consequences and benefits of medical processes. The

information must be used to exercise choices and make decisions that will meet the needs based on their understanding (Nash-Pearce, 2020).

Rios, Bastida, and Benito (2016:547) emphasise that transparency is very important for citizens, especially poor and low-income citizens because they are often not educated enough to understand easily; It assists with understanding activities such as budgets policies and gaining full access to the information that will allow them to hold hospitals accountable. Transparency facilitates interaction between the hospital and the consumers, providing information and equipping the consumers to take an active role in public affairs (Manzoor, 2014). It enables consumers and patients to communicate their views and raise complaints regarding general issues to influence the development or implementation of public policy (Alcaide Munoz, Rodriguez Bolivar, and Lopez Hernandez, 2017:555). French (2011:255) claims that if hospital authorities and their accountability in policy decisions are addressed openly before any activity, all the individuals affected directly and indirectly by public service will become more familiar with and better understand the purpose. Therefore, government processes, planning, implementation, and administration will improve execution, which means citizen involvement provides insight into what they need. Even spontaneous citizen engagement enhances policymaking and community building. The channels to engage the community are dialogue, joint problem solving, and collaborative action between officials, citizens, representatives from local businesses, non-profit organisations, and volunteer organisations.

Transparency builds confidence in the administration and its leaders, who know what the community needs and expects. It can build relations and trust between the civil servants and consumers through accountability tied to transparency. An open and transparent government allows information to be easily accessible. Moreover, access to public records, open meetings, and website postings facilitates transparency (French, 2011:255).

Transparency enables an organisation to identify the harms such as discrimination in decision-making and hold the perpetrators accountable. Transparency detects errors in input data that could result in adverse decisions; it then guides how to reverse the situation by identifying specific functions in the profiles that need improvement (Datta, Sen, and Zick, 2016:598).

According to Maijer, Hart, and Worthy (2018:501-526), transparency includes the right to know, checks and balances, and contributes to a strong democracy. Manzoor (2014) claims that transparency feeds democratic systems through curbing corruption, stimulating efficient decision-making, increasing compliance, and controlling costs. The importance of transparency is its contribution to achieving the policy objectives and assisting the search for the most efficient ways. It is a good standard of quality for public service provision. It also limits waste, muddles, confusion, and inefficiencies in the public service processes. Meijer, Hart, and Worthy (2018:942) refer to transparency as a tool for the public to monitor the internal workings of organisations. In other words, transparency means that information about administration processes within the government becomes available to third parties. It provides integrity, which maximises the chances of maintaining the honesty of human beings. It lowers the levels of corruption through exposure and anticipated reactions. Cucciniello, Porumbescu, and Grimme (2017:32) argue that government transparency does not always have its challenges; for example, it works under conditions that challenge the systems towards transparency, the unethical conduct of leadership, the fears and conflicts of interest. They are factors that often result in harm while an organisation is trying to enhance transparency, leading to indecision, ultimately, dysfunction in government (Ljungholm, 2015:172-178). According to Bernstein (2017:217-266), there are five perspectives of transparency: resilience, monitoring transparency, transparency as a process of visibility, transparency as surveillance, and transparency as disclosure.

The resilience perspective of transparency means achieving reliability and adaptive capacity. Organisations are facing external occupational breakdowns, collapse, and harmful externalities. They must recover, rebut and capacitate to deal with risks, thus building resilience. The public availability of information enables the public to scrutinise government and detect financial risks.

Meijer, Hart, and Worthy (2018:14) contend that too much transparency may result in self–fulfilling financial catastrophes resulting from over-exposure. Moreover, Meijer and Parker (2021:161-166) argue that openness is biased as it only considers feeding information to the public and is silent about officials' work exposure. This work exposure creates fear and makes the organisation limit information available to the

public. The more information available, the higher the public interest in overseeing an organisation.

Monitoring transparency means observing a system that gathers information about an activity or task and makes information about the state of affairs available. This motivates employees to improve their performance.

Transparency is a visibility process where the customer's uncertainty is reduced, and the employment effort is demonstrated. Transparency is a surveillance process that watches everything done toward citizens' service development programs. It is performed through close, constant, and comprehensive supervision. Transparency as disclosure is making new or previously secret information known. It strengthens relationships within and across organisations, industries, and countries (Leuz & Wysocki, 2016: 525-622).

Meijer and Parker (2018:520) further outline the advantages and disadvantages of transparency as follows:

Table 2.1: Advantages and Disadvantages of Transparency

Advantages	Disadvantages
1. Transparency produces policy error reductions	Transparency generates administrative burdens
2. It prevents corruption	- It restricts the individual's space to think
3. It facilitates risk management	- It amplifies risk perceptions
4. Transparency strengthens checks and balances	- It creates risk avoidance of goals
5. It feeds public debates with information	- Citizens get confused by too much information.
6. It strengthens civic competencies	- Transparency creates inequalities between citizens

Social media is used to provide a general overview of publications. Government media sources are related to perceptions of government trustworthiness. The government website offers detailed information about the public sector. This tool does not

demonstrate significant relationships to perceptions of government trustworthiness. Rios, Bastida, and Benito (2016:45) state that citizens, the legislature, and the media have been traditionally excluded from other government areas such as budget decision-making and monitoring. Budget activities are still considered state secrets in developing countries and exclusively the executives who process their controls. However, Grimmelikhuijsen, Weske, Bouwman, and Tummers (2016) state that governments frequently use information and communication technology to enhance public sector transparency.

According to Porumbescu (2017:520-537), voice is a form of soft accountability involving discussions, providing citizens an opportunity to call their public servants to account for any performance that may seem lacking. Paper-based documents and technologies of communication provide innovative transparency that improves accountability (Alcaide-Munoz, Bolivar & Hernandez (2017:555).

The most significant achievement of transparency is that it is believed to mitigate a long-standing and widespread decline in levels of citizen trust in government. The more citizens can access information, the more they can positively perceive public services (Alcaide-Munoz, et al., 2017:555).

There are three types of information that can be disclosed to promote transparency. The first is operational capacity, operational data, and management actions. Secondly, it is information about the authorising environment, the design of the stakeholders' environment, and the dynamics between stakeholders and management. Thirdly, it is information about the public value proposition, referring to the goals of the organisation and drafted plans. The information must be complete and usable (Meijer and Parker, 2021:941-942).

2.2.6 Public participation and responsiveness to people's needs

In the context of public administration, it is important to gather knowledge of consumers' demands and analyse consumer behaviour to be able to respond to the needs of the people; hence the participation of the consumers is still regarded as one of the fundamental principles that could enable the public hospitals to function maximally (Louw, 2015:256). Public hospitals require developments based on understanding the needs of public consumers. Each commitment met by hospital

officials brings responsive governance closer to the people (McLaverty, 2017:2). Farmer, Taylor, Stewart, and Kenny (2018:511) state that public participation has a critical role in response to the needs of the people. A range might inform the input from the public of influences such as previous experiences of participation, initiatives of using services, personal beliefs, values, and hearsay and media reports. Involving wider public participation might be a most helpful strategy for policymaking in response to the needs of the people. Public participation increases legitimacy and policy implementation (Farmer, Taylor, Stewart & Kenny, 2018: 509-515).

Protecting and improving the health of citizens requires co-operation. The cooperation between the community and hospitals creates transparency and accountability for policymaking decisions and provides evidence of outcomes. The evidence demonstrates the impacts of health policies on the population (Broeder, 2017:1-9). The citizens are supposed to take charge of their well-being and the well-being of their people. Secondly, transparency is needed to allow consumers to understand what is possible to meet their needs. Public hospitals must be inclusive and embrace the hospital consumers it is serving.

Participation is a process through which people can become actively and genuinely involved in formulating and implementing decisions about factors that affect their lives when developing and delivering services (Broeder, 2017). Therefore, hospital consumers must be educated about public participation to encourage them to participate in decision making to service delivery. Public participation prevents pointless delays based on fears and fantasies. Krueger (2014) introduces a sophisticated community model that can engage citizens in policy development when the opportunity arises. The model has two methods of information gathering for parties, focus groups, opinion surveys, and community dialogue processes. The citizens are engaged in open discussions, while the community benefits from knowledge and information access. Public involvement must be connected with actual issues under consideration by legislative or other policymaking bodies. Without that, public participation may be only educated and not directly involved in policy. Active participation fosters greater social responsibility within representative democracy. According to Mmutle and Shonhe (2017:6), participation is included in arguments about knowledge and science as much as it means involvement in decision-making.

Critical questioning and debunking aspects and claims lead to privileged understanding.

Community participation is highly recognised as a regular aspect and core element of service rendered. However, Schroeter, Scheel, Renn, and Schweizer (2016:116-125) view public participation as problematic because of the practical disadvantages and difficulty of organising community participation. Conversely, public participation has three immediate advantages. Firstly, it offers access to local knowledge, democratic values, and inclusive decision-making; thirdly, it empowers the community. Schroeter, Scheel, Renn, and Schweizer (2016:122) add that public participation is a form of exchange that enables communication between governments, citizens, stakeholders, and interest groups regarding specific decisions or problems. It is an exchange of information, knowledge, and experiences. It addresses the crucial question of what is at stake and what kind of impact the results of the process may exert on political decision-making. Klijn and Koppenjan (2017:141-164) view public participation as a set of processes that include representations of different social groups organised by third parties to initiate disclosure and a cooperation process to inform collectively binding decisions. The importance of public participation, community involvement, and engagement are that citizens, consumers, stakeholders, and employees gain access to local knowledge.

Access to local knowledge is an excellent source of information. Community participation serves as a knowledge base for any decisions taken. It is considered an excellent method to gather specific information about local circumstances, add expert knowledge, and provide deeper insights into impact projects and the effects of policies on people's personal lives, experiences, concerns, and opinions. There should be critical assessment tools to measure the reliability of community participation. Reliability will strengthen participation, build confidence about the information accessed and contribute toward democratic alliances. Strengthening local democracy and implementing democratic values seem to be major drivers for the inclusion of the communities in the service processes.

Furthermore, community participation contributes to the equity of service orientation by allowing full and equitable access to the people. It increases awareness and interest in service delivery. It also serves as a healing effect for the neglected members

and community by building trust and confidence in the public towards the government (Broeder, 2017).

Community participation methods start from knowledge or opinion gathering through focus groups, interventions, community meetings, and dialogues. This involves the inclusion of community representatives in the steering groups and people elected by the community to promote the community's interest and influence the decisions of government institutions. It also involves providing training to capacitate common members to initiate necessary change.

Community empowerment is a long-term process that requires sustained systems support to manage changes that may influence an organisation and outside (Broeder, 2017:34-39). Firstly, people need to understand and accept why they need to change. Secondly, people should be convinced that the proposed changes would benefit them or others for whom everyone cares. Thirdly, people tend to reject the change if they believe that their range of opinions or their freedom is negatively affected. Fourthly, change always means an intervention in one's way of life. For example, if the community members feel that change alienates them, they may reject it. Lastly, it is stated that information campaigns and public relations assist in smoothing the process between community members and change projects. However, it is noted that public participation yields better results in policymaking decisions if it considers the social changes during the process (Schweizer, Renn, Kock, Bovet, Benighaus, Scheel & Schroter, 2016: 207).

Furthermore, there are critical areas of participation, namely inclusion, platform, learning, obstacles, and political alienation. Inclusiveness refers to every position, person, or group, which should be given an equal opportunity to be heard during political decision-making. The platform for community exchange is the participation that provides avenues for negotiating positions that conflict with each other. It promotes equal contributions between the parties, balancing the initiation stage to the result. Information exchange and learning are the exchange and learning of information, which deals with an exchange of knowledge. It is a joint information base and a significant source of participation and knowledge. All the members, groups, and stakeholders must access relevant, meaningful knowledge. Influence on political decisions is an opportunity to present members' interests and all groups within the

participatory processes. It should influence the outcome and impact of the decisions made. The democratic principles of the RSA Constitution (1996) promote equality as fundamental in any participation activity. There should be no group that has absolute power over another. There are obstacles to public participation, such as sending workers to work without educating them on how they will do it. People should be given the rudiments about executing their tasks. Neglecting this exercise presents obstacles to the intended goal through a lack of understanding. At times, the voices of the people are undermined because of their background, socioeconomic status, or role within the community. Levels of education, background, religion, gender, and economic status also play a role in undermining the views and sentiments of the regular members. . The organisers of public participation have to try to hear all the voices and sentiments of community members (Schroeter, Scheel, Renn, and Schweizer, 2016: 116-125).

2.2.7 Human resource management and career development practices

According to Tews, Michel, and Noe (2017:46-55), the human resource function is a well-developed, recognised, increasingly developing the concept of recruiting and selection procedures part of an organisation's sound human resource development strategy. To find the correct strategy for human resources, an organisation must address its issues in modern society. Modern changes require considering the internal and external environmental changes, new problems emerging, and a complex understanding of human resources (Burma, 2014:85-86). Human resource management is a strategic and coherent approach to the organisation's most valued assets. According to Plomp, Tims, Akkermans, Khapova, Jansen, and Bakker (2016:527), human resource development depends on the hospital's workforce, which is key to sustaining effective and innovative development. The human resource development function is responsible for designing jobs for employees that enable human potential, wellbeing, motivation, and improvement in job performance. However, for an organisation to improve performance, employees must be proactive in accommodating the environmental changes that affect their job design. Employee proactivity refers to the benefits of job outcomes, job satisfaction, work engagement, and organised commitment. Proactivity at a career level refers to the training and development of career competencies. Plomp et al. (2016:559) argue that proactivity starts from an individual's personal level, where the individual is favourably disposed to taking the initiative for self-development. A career is defined as the sequence of

individual work experiences over time, including skills, knowledge, and abilities associated with the performance of an individual within an organisation. Tews, Michel, and Noe (2017:54) state that career development is intrinsic to the success of the human resource function.

According to Alami, Sohaei, Iran, Bernet, Younesi, Farmia, and Mirzajani (2015:251-253), two essential human resource management (HRM) factors are central to the maximisation of human potential. These are the human being and the operating systems. The first factor is the person who operates the system for an organisation to deliver the services. The success of an organisation depends on how well the person can handle the systems. The human resource manager is responsible for ensuring that an organisation hires and selects talented, capable, knowledgeable, skilled, and can learn. Fan and Smith (2017:45) state that a talented and knowledgeable workforce is a motivational tool that enables the operating systems to function effectively. When the employees are dedicated to their work, they become the greatest asset to any organisation to achieve its desired goals. The human resource management team must find the methods and tools to attract talented and capable staff. Sawesi, Rashrash, Phalakornkule, Carpenter, and Jones (2016:6), write that for an organisation to attain a talented and capable team, it needs to improve the incentives offered for the performance of organisational tasks to attract the most competent and talented candidates.

There are four human resources tasks: attracting talented candidates, developing, creating, and maintaining human resource recruitment, and selection of staff required. This includes selecting candidates who are fit for the purpose through developing good quality interviews, testing competencies against job tasks, availability of information needed for the interviews, ensuring interviews' fairness, avoiding employee selection bias, and eliminating discriminatory practices (Alami et al., 2015:252).

It is described as an approach of management which encompasses the human resource strategies designed to improve organisational performance. Then measures and their impact on organisational performance (Armstrong and Brown, 2019:404.:404) refer to HRM as a human phenomenon that should be aligned and integrated into the organisational values. Human resource management must ensure the systems and human capital resources are operating effectively and efficiently to

achieve the strategic business objectives. However, in 1992 Wright and McMahan described human resources as an element of an organisation that needs to be strategic (in Gnan and Flamini, 2021:5-74). It is a pattern of planned human resource deployments and activities to enable an organisation to achieve its goals.

HRM is a philosophy initially concerned with how people in an organisation are managed. As defined by Nunes, Lee, and O'Riodan (2016:35), HRM aims to enhance employee commitment, and HRM has to encourage needed behaviours aligned to the organisation's strategy. An organisation should identify the desired employee behaviour (Armstrong and Brown, 2019).

According to Dasi, Pedersen, Barakat, and Alves (2021), the AMO model in 2003 by Boxall and Puresell. AMO stands for Ability, Motivation, and Opportunity. Ability refers to employees performing a job because of knowledge, skills, and aptitudes. Motivation relates to an interest in and willingness to work. Opportunity refers to the structure and environment that provides the necessary support and avenues for expression. The employees are the most valuable asset of their organisation, which requires the best talents to implement strategies for long-term development.

According to Kossivi, Xu, and Kalgora (2016:261), hospital managers' attitudes significantly influence the employee's commitment. It increases the commitment by involving employees in decision making, motivating them to stay in an organisation, and participating in all the organisational activities. The employees would feel part of an organisation and, thus, important. The management team that positively impacts the employees contributes to the maximisation of human potential through influence, positive attitude, and good leadership.

Training and development are key factors to maximise loyalty to the organisation (Kossive et al., 2016:264). When the human resources are aligned to organisational values, loyalty increases, leading to interest and improvement in performance; therefore, human resources managers need to develop the personnel to implement the organisational values. The training of the employees capacitates and educates the employees for developmental needs. Human resources management should be technically conceptualised to provide strategic outcomes to develop employees to support the organisation's business needs.

2.3   THEORETICAL FRAMEWORK

This researcher used three theories for this study. These are ethical leadership, social justice, and Herzberg's two-factor satisfaction theories. The three theories will be discussed in more detail in the following paragraphs.

2.3.1   Ethical Leadership Theory

According to Neubert, Wu, and Robert (2013) and Lu and Guy (2014), employee behaviour and ethical leadership positively influence organisational success. They impact commitment levels; they create a moral identity and develop citizenship behaviour leading toward an organization's success. Ethical leadership indicates the chances of creative, innovative behaviours, and it depends on a style of leadership that considers solutions for unpredicted problems, risks, and ethical dilemmas. According to Dhar (2016:140), ethical leadership can demonstrate normatively appropriate conduct through personal actions and interpersonal relations and promote such conduct to followers through two-way communication, reinforcement, and decision-making.

Ethical leaders create an environment that enhances the attitude and behaviour of employees. The person leading with ethical leadership has high moral values, trustworthiness, honesty, motivation, integrity, and justice. Ethical leadership is rooted in social learning theory and social exchange theory. Social learning means the followers or employees tend to be influenced by their leader's behaviour through observing and learning all leadership aspects. The social exchange theory assists an organization in understanding the relationship between leaders and managers. It allows a positive interaction with employees and management. It could be a relationship where employees are treated with fairness, support, concern, encouragement, and opportunities. According to Bedi, Alpaslan, and Green (2016:517-536), ethical leadership motivates employees to be led by an ethical leadership style to deliver extraordinary performance. The ethical leader demonstrates motivating behaviour through extra effort and innovative solutions.

Dhar (2016:141) maintains that ethical leadership implies two main roles of an ethical leader, the moral person and the moral manager. The moral person refers to ethical values. The moral manager relates to the manager's activities to show their ethical

values and influence. There are three activities involved in ethical leadership: communication, reinforcement, and decision-making. Shakeel, Kruyen, and Thiel, 2020) define ethical leadership in six leadership styles: virtuous leadership, authentic and positive leadership, moral management, professionally grounded leadership, socially responsible leadership, and transformational leadership. A leader with ethical values must be classified by duty, greatness, and goodness. Shakeel (2018) criticises the definition by noting the lack of empowerment, negative reinforcement, stakeholder engagement, lack of attention for clarification, and lack of environmental sustainability.

In 2018, Shakeel defined ethical leadership as the desired ethical behaviour for the self and followers. It is an effort governed by rules, regulations, and principles that create motivation, a healthy environment, and clarity of purpose, empowerment, human rights, and fulfilling duties towards promoting the general welfare. A virtuous manager with ethical leadership skills should have honesty, fairness, wisdom, acknowledgment of mistakes, opposition to unethical behaviour, conscientiousness, and holding the employees accountable (Shakeel, 2018).

The ethical leadership theory assesses leadership values at Cecelia Makiwane Hospital. The leadership values were assessed using the ethical leadership scale developed by Brown, Trevino, and Harrison (2005) and improved by Yukl, Mahsud, Hassan, and Prussia (2013:38-48).

2.3.2 Theory of social justice

Social justice is defined as the fair and equitable distribution of power, resources, and obligations to all people, regardless of race or ethnicity, age, gender, ability, status, sexual orientation, and religious or spiritual background (Lutfiya, and Bartlett, 2020). This definition's fundamental principles include inclusion, collaboration, cooperation, equal access, and equal opportunity. Such values are also the foundation of a democratic and egalitarian society. There is a link between social justice and overall health and wellbeing. For individuals, the absence of justice often represents increased physical and emotional suffering and greater vulnerability to illness. The social justice issues and access to resources are also inexorably tied to collective well-being, such as relationships and political welfare of families, communities, and society (Wrigley, 2018:4-24).

The social justice theory proposes that hospitals have equal access to liberties, rights, and health opportunities. The access should be equal to everyone, whether average or previously disadvantaged, regardless of social status, geography, gender, and race. Notably, the public services in Middle Eastern countries prioritise the social justice theory in hospitals. It enables universal health coverage (UHC) in all hospitals equally. It means people should receive the required service without being expected to pay. This ensures that even financially disadvantaged families are treated equally in the hospitals. The UHC has three domains that it proposed to achieve social justice. These are expanding priority services, expanding population coverage, and reducing out-of-pocket payments.

All the public hospitals in South Africa operate on an out-of-pocket payment basis. According to Guimaraes, Lucas, and Timms (2019:1), the hospitals could use diagnostic methods to see if they are implementing the mandates of the Constitution (RSA, 1996) and if their service delivery is aligned to social justice by firstly identifying previously disadvantaged groups, evaluating their financial affordability status, health status, access, and public satisfaction. According to Joseph (2020:147-156), Rawls maintains that social justice means social organisations provide services in line with fundamental rights equally to all people. Marxists contest Rawls' definition by stating that social inequalities come from a hierarchy of power and perspective of special treatment rather than only favouritism and social status. To achieve social justice, a hospital must be blind to the differentiations in social class, race, ethnicity, gender, sexual preference, knowledge, and position in society and look at people through a single prism. Hospitals must rather serve all people with dignity and respect.

Brownson, Baker, Deshpande, and Gillespie (2017) state that health is beyond the life of an individual human being and more of the recognition of fundamental human rights, expressed through implementing public health policies and systems. McWrirter and McWha-Hermann, (2021:1) criticise the social justice theory by focusing on the historical subject of power, hierarchy, and lack of roots in social culture. Hocking (2017:29-42) argues that social justice, as developed by Rawls, does not include special needs to reach equal access and opportunity for health needs. Some people are disabled and not even educated or exposed but have equal rights to hospital access. However, they have special needs. The hospitals are faced with high demand from special needs patients.

The hospital employees could be willing to serve all public members equally, but the hospitals in South Africa operate in the context of limited and scarce resources. The lack of resources compromises equal quality service provision to all. Implementing the constitutional values and principles ensures each hospital's effective, efficient, and economical use of resources. Social justice requires using resources to be equally distributed and used effectively, efficiently, and economically to meet all the health care needs of people. Social justice is divided into levels of standards, namely communicative justice, which refers to the nurse and patient's responsibility. Everyone should know their responsibility to meet each other and deliver or receive equal health care services. Distributive justice is based on what society owes to its members in the micro allocation of resources of hospitals. General Justice is the level of sustaining the communal good. Modulated justice is preserving equity in the three other communicative, distributive, and general justice standards. Redistributive justice is a level of providing compensation to those suffering injustices (Ucca-Silverira, 2016:4).

According to Smith (2008:9-10), applying social justice in hospitals requires management to practice service provision with human dignity, respect, and love for their subordinates, enabling nurses in the operational hospital services to do the same for their hospital consumers. The spirit of love guides and shapes the direction of hospital services, and it minimises human suffering and maximises social good, reasonable response, and compassion. Two principles of social justice address the challenges that hospitals are facing. Firstly, equal liberties should be used to design the political constitution, while the second principle applies to economic conditions. The social-economic justice principle practices justice in society by ensuring fairness and equal opportunity, and the first principle ensures that all citizens have basic rights and liberties (Dutta, 2017:40-41).

The social justice theory assists this researcher in assessing the extent to which the selected constitutional values and principles are being implemented at Cecelia Makiwane Hospital.

2.3.3 Herzberg's two-factor theory of satisfaction

According to Hur (2018), in 1995, Herzberg, Mausner, and Snyderman introduced the two-factor model theory in the workplace to increase production. The theory was developed from Maslow's hierarchy of needs. The authors looked at two different

dimensions of human attitudes in the workplace. These are satisfaction and dissatisfaction. The main aim of the two-factor theory is to influence the attitude of human beings in the workplace. Each dimension determines which factors in the workplace contribute to job satisfaction and which factors contribute to job dissatisfaction. Herzberg developed the two-factor satisfaction theory, distinguishing between career growth and self-actualization. The other category was called a hygiene factor. It means avoiding the unpleasantness of company policies, administration, and relationships with supervisors and interpersonal relations. The actual context of the job task and assignment influences employee attitudes. These could be positive or negative, interesting or boring, and impact job satisfaction or dissatisfaction in the employee's workplace (Alshmemri, Shahwan-Akl and Maude 2017:12-13).

The nurses play their role in society as productive members by providing care and services simultaneously consumed and produced and cannot be stored or later marketed. They must be satisfied to perform their jobs efficiently and to the required quality level. The job satisfaction level of nurses impacts the quality of health of the nursing professional, institution, and patients. The nurses are exposed to material burdens that can cause dissatisfaction and negative attitudes towards work. Factors that lead to job satisfaction differ from those that lead to job dissatisfaction. In the hospital environment, factors that give employees job satisfaction are working conditions that involve enjoying the work, being recognised, helping others, and relationships with other employees. (Somense and Duran, 2014:83).

This theory aims to determine if the working conditions allow job satisfaction, leading to positive attitudes towards implementing the constitutional values and principles in the hospital. Job satisfaction is defined as a pleasurable or positive emotional state. It results from the appraisal of one's job or job experiences. In hospitals, attaining health objectives in the population depends largely on providing effective, accessible, viable, and quality services. The lack of explicit policies for human resources management has produced imbalances that threaten the capacity of hospital systems to attain their objectives (Lambrou, Kantodimopoulos, and Niakas, 2010:2). According to Agrwal and Sajid (2017:123-136), job satisfaction is defined as the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs. In hospitals, job satisfaction or dissatisfaction impacts organisational performance, which contradicts constitutional values and principles (Alshmemri, Shahwn-Akl, and Maude 2017:19).

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Herzberg contested the concept of dissatisfaction as an opposite phenomenon of job satisfaction and contextualised the opposite as a trend that starts from no satisfaction to higher satisfaction levels. Job dissatisfaction refers to an employee's dissatisfaction that occurs when they have experienced job satisfaction and suddenly feel the gaps of certain things not existing, making them think that the job is now dissatisfactory. Job satisfaction is determined by achievement, recognition, responsibility, advancement, and personal growth. On the dissatisfaction side, the employees may be upset by pay, job security, status, and working conditions. The critical incident method was used to develop the two-factor theory. Volunteers were called upon to reconsider job satisfaction factors highly. This resulted in positive and negative experiences, which were found from the trends of hygiene factors and forces of motivation experienced by the employees of an organisation.

Motivation means to provide for something that will make the person move to wherever is believed to be the right direction. It is one of the job satisfaction variables and an important aspect for the leaders to increase employee job satisfaction. Leadership values should motivate employees. This motivation can be provided in different ways, such as training, compensation, recognition, appreciation, and reward. Motivation promotes a positive attitude and satisfies the need for growth and self-actualization, prompting employees to serve with good attitudes, passion, and care and provide quality service. The forces of motivation upon the job satisfaction of employees directly influence individuals. They also affect employees' behaviour, which creates positive or negative attitudes during service delivery.

Conversely, the hygiene factors lead to job dissatisfaction, while the motivating factors leading to job satisfaction. They influence the performance of staff and increase job satisfaction. The forces of motivation in human nature are needs, values, expectations, happiness, morals, and self-realisation. In terms of motivation, the employees face two contradictory levels: an employee being happy and feeling pain. These levels motivate or demotivate workers toward implementing the organisational values. The working conditions should make room for career growth, advancement, and performance recognition. Therefore job content and tasks are important as they determine the advance of employees and whether the content could be positive or negative. The workplace depends on the job being easy or difficult, exciting or boring in terms of a

positive or negative atmosphere. These variables lead to satisfaction or dissatisfaction.

The possibility of growth refers to gaining new experience and promotions within an organisation. An organisation should have the potential for growth to motivate employees. The organisational values and principles should set and implement a career growth path, where employees may learn new skills, attend training in new techniques and gain knowledge. People become increasingly motivated when they receive recognition and rewards for good performance. It could also motivate the other sections within the organisation to see that the leadership is recognising and rewarding them.

On the other hand, hygiene factors are the job context, which involves interpersonal relations. Hygiene factors are normally used for medical references. It means to remove health hazards from the environment. For this study, however, hygiene refers to the context of job dissatisfaction. Employee hygiene factors are the variables that correlate with reducing job dissatisfaction, as opposed to motivation factors. The workplace should have working arrangements that inform the surrounding about the needs of the employees. It could be social discussions of matters that negatively affect the working conditions or informal discussions such as chatting during tea and lunchtime. The hygiene factors contributing to employee job satisfaction could be salaries, company policies, supervision, and working conditions. The salaries involve all the forms of compensation, such as wages and salary trends. Each hospital should serve its employee's clear definitions and regulations about pay progression, bonuses, and rewards and when they are implemented. The company policies involve all the procedures and guidelines, descriptions of adequate or inadequate company rules, and management structures. A good supervisor, or access to supervision, is needed for hospitals to enhance employee job satisfaction. Poor supervision may harm the level of job satisfaction in the working place through unfair treatment. The working environment involves employee satisfaction, occupational safety and infection control, working hours, salaries and wages, environmental facilities, equipment, and workload. A work environment conducive to satisfaction ensures the well-being of employees. A good environment substantially increases employee satisfaction.

From the employees' perspective, this theory determines factors that lead to job satisfaction and factors that may lead to job dissatisfaction. From the consumer perspective, the theory is used to determine factors that lead to consumer satisfaction and identify factors that lead to consumer dissatisfaction at Cecelia Makiwane Hospital.

2.4   LEGISLATIVE FRAMEWORK

The discussion on the Health legislative framework will focus on the South African Constitution of 1996; Health Professions Act 56 of 1974 as amended; Medical Schemes Act 131 of 1998; Bill of Rights; White Paper on Public Health Transformation, Notice 1459 of 1997; Policy on Quality in Health Care for South Africa National Core Standards; Patients' Rights Charter (PRC); Strategic Framework for High-Quality Health Systems in South Africa; and Compliant Guidelines for Health Care Institutions.

2.4.1 The South African Constitution of 1996

The RSA Constitution is the supreme law of the land. The preamble states that the Constitution aims to heal the divisions of the past and ensure social justice and fundamental human rights, of which the right to health care is one of the human rights (Khoza, 2008:56). It is stated that the Constitution aims to improve the quality of life of all citizens, free each person's potential, and ensure that the law protects every citizen. The immediate relevance to this study is the constitutional guarantee to the citizens of the right of access to health care services with the implementation of a suitable health policy and an indication of how public officials can and should exercise power given to them by the law, in line with the structure of the government.

The Constitution uses the Bill of Rights as a cornerstone of democracy. It also sets out laws and policies through the Bill of Rights (1996). The right to health is based on the Bill of Rights, which recognises fundamental rights relevant to the development and implementation of health policy. The Bill of Rights directly enforces and impacts how health laws and policies are devised and implemented.

The Constitution of the Republic of South Africa of 1996 contains the Bill of Rights in chapter two. The Bill of Rights draws attention to fundamental rights such as human dignity, life, freedom and security of the person, freedom of expression, social security,

language and culture, access to information, and just administrative action (Khoza,2008:13). These rights are inextricably linked to proper health care, protected by the Constitution (Republic of South Africa, 1996).

Everyone has the right to a safe and clean environment. Patients should be seated and waiting in a healthy, safe hospital environment. The nurses, doctors, and support staff should feel safe and serve the hospital consumers in clean and safe working conditions. When the environment is clean and safe, it increases the interest of the nurses and doctors to help the hospital consumers and patients, which should motivate them to be more professional with each other and respond to the needs of their consumers. The water supply should be clean, sanitation and waste disposal should work, and protection should be against pollution, infection, and all forms of danger. This will ensure physical and mental well-being as well. The patients have the right to take part in decisions regarding their health. The right to access health is for the hospital to provide full access to hospital consumers. They must respond to the needs of their consumers and patients with dignity, empathy, and tolerance and explain the availability and use of health services in a language they understand. The information provided should be valid and reliable. Their nurses, for example, should always have name tags.
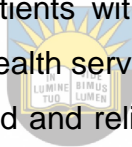
All information pertaining to patients about health and treatment may only be disclosed with informed consent unless it is done under an order of the court. The patient should fill the informed consent form with accurate and understandable information. All patients have the right to complain about health care issues, and complaints should be investigated. Patients may request referrals for a second opinion to other hospital services of their choice. A patient may refuse treatment verbally or in writing, provided it does not endanger other people's health (Khoza, 2016:15-16).

As per Section 27 of the Republic of South Africa (1996) Constitution, every person has the right to health care, and no person may be refused emergency treatment. In relation to hospital services, the government must respect the rights of access to health care services by not unfairly and unreasonably refusing access to existing health care services, whether in the public or private sector. Secondly, it protects patient rights by developing and implementing a comprehensive legal framework to stop people who interfere with the rights of others from getting illegal access to

information. Thirdly, it promotes patient rights by creating a legal framework so that individuals can relate to their rights on their own. Fourthly, it fulfills the requests by creating the necessary conditions for the people to access health care by providing rules for positive assistance, benefits, and actual health care services. The hospitals must ensure that patients' rights are protected, promoted, and fulfilled and that universal access to quality and comprehensive health services is achieved (Republic of South Africa, 1996). Section 27 further states that a person has a right to bodily and psychological integrity, privacy (section 14), and the right to an environment that is not harmful to their health or wellbeing. The right to access health services does not impose on the state to provide everyone at once. There are times when managing limited resources requires hospitals to see the specific needs of particular individuals within hospital consumers. The state should not spend resources on non-priority areas if the effect is to limit access to essential services. The hospital should instead prioritise based on the actual health needs of the population.

Section 33 of the Constitution also provides the basis for the Promotion of Administrative Justice Act 3 of 2000 (PAJA). Section 33 requires Parliament to pass a law to effect this right within three years of the Constitution coming into force. The meaning of the administrative action is to prevent any decision taken or failure to decide by a person or body exercising public power, adversely affecting the right of any person. PAJA excludes confident choices such as those relating to the judicial function of judges or certain constitutional powers of the president. The right to just administrative action is an important part of the broader category dealing with regulations regarding the exercise of public power subject to the constitutional principles of legality, rationality, and accountability.

A decision taken by the Director-General of Health in terms of section 36 of the National Health Act 61 of 2003 falls clearly into the above definition of administrative action. Section 36 deals with the application for certificates of need. The certificates of need in hospitals are necessary for providing health services and related activities. The administrative action in health would be applied by NGOs such as the Treatment Action Campaign (TAC). The projects should be permitted for any service they provide; for example, permission for TAC to give the hospitals Anti-retroviral Drugs (ARVs) is prescribed. The administrative action that hospital leadership operates under does not give them the power to do as they please if they refuse to issue a

certificate to service providers. There must be written reasons for the refusal within a reasonable time.

The right to be given written reasons when rights have been adversely affected by administrative action is a powerful tool for making sure the public officials justify their actions and decisions. The public hospital employees should account for, explain their conduct, and do their jobs with greater care and concern. When exercising power, employees must ensure that their decisions are thoughtfully made. The service providers providing any hospital service should be supported and given permission on time, and public officials should always be accountable. Section 195 of the RSA Constitution states that all public employees shall be responsible and transparent. Hospital consumers should have full access to health information as required.

Moreover, Section 32 of the Constitution provides every person with the right to full access to information held by the state and any information contained by another person. Still, it could protect the rights of the person concerned. The hospitals in South Africa should provide access to its documentation and full access to their patients and consumers. The benefit for hospital consumers is greater when openness and accountability are ensured. Hospital employees, who are more responsive to people's needs and more likely to implement the law and policy properly, and employees that are more likely to take great care when doing their work to avoid any future embarrassment, legal or disciplinary action, are available and accountable (Republic of South Africa, 1996).

The National Health Act (Republic of South Africa, 2003) has categorised public hospitals into five categories. These are district hospitals, regional hospitals, provincial hospitals, tertiary hospitals, and specialised hospitals. The district hospital is the smallest, medium, and larger in South Africa in district towns. Each district hospital should categorize a minimum of fifty beds. The larger hospitals should have a minimum of one hundred and fifty beds. Medium size district hospitals have one hundred and fifty beds and not more than three hundred beds. The district hospitals should have three hundred minimum and six hundred full beds. They must serve primary care, provide twenty-four-hour service, and have general and clinical nurse practitioners. The service must include in-patient, ambulatory, and emergency health services. The other categories, general specialists and regional practitioners, must

support the district hospitals. The district hospitals are limited from providing special services such as pediatric health, obstetrics and gynecology, internal medicine, general surgery, and family physicians. Patients have to go to the regional hospitals for these.

The regional hospitals, such as Cecilia Makiwane Hospital, must be open for twenty-four hours.   These hospitals have internal medicine such as pediatric, obstetrics, gynecology, and general surgery. Added to the internal services, there should be at least one in regional hospitals: orthopedic surgery, psychiatry, anesthesia, diagnostics, radiology trauma, and emergency services ventilations. The regional hospital receives referrals from several district hospitals and provides healthcare providers training. It receives support from the tertiary hospital.

The National Health Act (Republic of South Africa, 2003) sets out the structure of the hospital system, delineating power and responsibility at the national, provincial, and district levels. The Act was designed to create the framework for delivering hospital services according to Section 3 of the National Health Act and promote the inclusion of health services in the socio-economic development plan of the Republic, and provide the rights and duties of health care personnel, the hospital service, the quality of health care services and human resources planning among others. The National Health Act includes a large set of patient rights.

The National Health Act (Republic of South Africa, 2003) states that health care providers may refuse no one emergency medical treatment. Emergency medical treatment means urgent attention given to a person who might have been in an accident, victim of violence, and fire burns.   It means no one can be turned away from any health facility before basic treatment due to non-payment. As of December 2018, all the ambulances were expected to be compliant. The challenge faced by some ambulance providers was that budget constraints prevented them from meeting compliance specifications because of budget constraints. This resulted in their inability to provide emergency services.

The National Health Act (2003) further stipulates that there must be full user knowledge, informed consent, and decision-making participation. The right to full user knowledge includes learning about your health status, the range of procedures available to you, the risks, costs, and benefits of these procedures, and the right to

refuse treatment. The patients should be able to choose what is best for them within the information provided, and it should not be a doctor selecting the patient. The patient also reserves the right to give informed consent.

The constitutional values and principles are stipulated in chapter 10, section 195 of the RSA Constitution (1996). The values and principles of professional ethics, effective, efficient, and economical use of resources, transparency, accountability, and equality are central pillars of good governance. The mandate of these principles was broadened beyond traditional governance and personnel administration, and section 195 of the Constitution promotes efficiency and effectiveness in public services. For hospitals to promote and implement the principles in their governance and administration, the public service code of conduct should be aligned to these values and principles. When the hospital implements the constitutional values and principles in Section 195 of the Constitution, they should consider the developments and focus on transforming society and the public service. Section 195 of the Constitution mandates that all departments govern based on the people's will and realisation of health care. The section provides oversight principles that should guide the hospital administration in implementing the constitutional values. As an independent commission, the Public Service Commission must deepen democracy and good governance by ensuring that all public services, organs of the state, and public enterprises adhere to the values and principles outlined in chapter 10 (RSA, 1999). The commission promotes, monitors, and evaluates the values and principles of public administration. Chapter 10 of the Constitution (Republic of South Africa, 1996) serves beyond the values and principles stated by a concrete expression of socio-economic rights written in Chapter 2.

The hospitals should implement the constitutional values through compliance with professional ethics, transparency, accountability, and good human resources management. Each institution should have a developmental–oriented public administration, responsive to the people's needs and ensuring participation in public policymaking, which requires innovations and excellent realisation of practice. To ensure that the principles in Section 195 of the Constitution are implemented in the hospital, they should be aligned with the code of conduct for public service created by the PSC. Ethics integrity must characterise them and the disclosure framework for senior managers to manage maladministration, fraud, and conflict of interest. There is

an anti-corruption hotline such as NACC where the public can safely report any matter that contradicts the implementation of the values and principles of Chapter 10 of the Constitution. The custodian of good governance is focused on work concerning the promotions, appointments, transfers, and dismissals enforceable in the Public Service Act (Republic of South Africa, 1994). The PSC has its Act that provides regulations on the scope of work.

2.4.2 Public Service Commission Act 46 of 1997

The Public Service Commission Act, 46 of 1997, applies to the national the provincial government spheres. The Public Service Commission was established by section 196 of the Constitution and is subject to section 195. The Commission may exercise its power under this Act and align with the Constitution. Under this Act, the Commission may inspect, investigate, monitor, and evaluate all the hospitals in South Africa on their implementation of the constitutional values and principles to determine if they are implemented and promote good governance. The Public Service Commission Act states that any person who may not comply with the constitutional values and principles of section 195 of the Constitution in their public administration shall be guilty of an offense and liable on conviction to a fine. The PSC shall perform its duty under this and the Public Service Act (Republic of South Africa, 1997).

2.4.3 Public Service Act, 2007

The Public Service Act was amended in 2007 by Act 30 of 2007. The purpose of the Public Service Act is to provide the public administration sector with regulations on the conditions of human resource employment, terms of office, discipline, and discharge of public service members. This Act ensures the maintenance of professional ethics through the field, promoting sound labour relations and proper use and care of state property. It includes effective, efficient, and economical use of resources. In terms of the Act, any employee or institution who does not comply with constitutional values and principles and related matters should immediately face disciplinary action. Ahead of the department must report the matter to the Director-General of the Public Service and Administration. One of the prescripts of the Act is that no employee may perform work outside their employment unless permission has been granted. Failure to comply with this rule may mean a conflict of interest. It may lead to disciplinary action, as it

contradicts section 195(1) of the Constitution, which states that professional ethics must be maintained and promoted (Republic of South Africa, 2007).

2.4.4 Public Administration Management Act 11 of 2014

The Public Administration Act Management Act, 11 of 2014, promoted the basic values and principles referred to in section 195 of the Constitution. It provides for transfers and secondment of employees in public administration through constitutional values and principles. All the hospitals in public service are governed by values and principles which require them to operate effectively, efficiently, transparently, and accountably and exhibit coherent governance for the republic to secure the wellbeing of the people and progressive realisation of their constitutional rights. The Act supports the implementation of the constitutional values by ensuring that challenges facing public institutions such as inequality, unfair practices, and poverty, the Public Administration Act redresses poor health quality service and discrimination. The Act states that for public institutions such as hospitals to implement the constitutional values in section 195, they must perform their functions efficiently, qualitatively, collaboratively, and accountable. The Human Resources Department is mandated to provide training that maximises human potential. They must develop the norms and standards of integrity, ethics, conduct, and discipline in all their administrative functions. The Act further states that when institutions find actions that are not aligned with the constitutional values, such as corruption, they must immediately report those for police investigation in terms of any applicable law, including the Prevention and Combating of Corrupt Activities Act, Act 12 of 2004 (Republic of South Africa,2014)

2.4.5 Public Protector Act 23 of 1994

The existence of the Public Protector Act is to provide for the Office of the Public Protector, as the Constitution requires. The primary function of the Public Protector is to investigate all complaints or allegations of improper conduct by public employees and take remedial action. The Public Protector Act is in Chapter 9 of the RSA Constitution and is independent and subject only to the Constitution. It deals with alleged or suspected incidents of impropriety violation of constitutional values and principles. The Office of the Public Protector must protect the public from suffering from public employees' wrongful and unfair actions, in the form of abuse of power, capricious, discourteous, dishonest maladministration, corruption, and conflict of

interest. It should ensure that the resources of hospitals are not misused and are not used for personal interest. They should be used for the benefit of the public. The Public Protector ensures that state resources are used effectively, efficiently, and economically (Republic of South Africa,1994).

2.4.6 Auditor-General Act 12 of 1995

The Auditor-General Act aims to give effect to the provisions of the Constitution and assign supreme auditing functions to the Auditor General to ensure that no inappropriate actions are hidden by the public administration but are known and investigated to promote governance and democracy. These reports are submitted to the National Assembly (Republic of South Africa,1995).

2.4.7 Health Professions Act 56 of 1974

The Health Professions Act regulates the profession and practice of most health professionals in the country, except the nurses and traditional health practitioners allied to health practitioners. It established the Health Professions Council of South Africa. The council's purpose is to oversee the different categories of professionals through its professional bodies. It has boards that register all the professions. Each profession is registered as per field and board. The boards are responsible for receiving all the complaints, comments, and compliments in their area from health professional employees, and the council must investigate these. The professionals under each board must ensure that their practices align with constitutional values (Republic of South Africa,1974).

2.4.8 Medical Schemes Act 131 of 1998

The Medical Schemes Act is responsible for registering the medical schemes in Medical Schemes Act 131 of 1998. Medical schemes should be registered and meet all the requirements before selling medical products to the public. Medical schemes must comply with relevant legislation (Republic of South Africa,1998).

2.4.9 White Paper on Public Health Transformation, Notice 1459 of 1997

It is important to introduce a fresh approach to hospitals that will pressure the health systems, management, and practitioners toward implementing the constitutional

values of section 195. This White Paper is also called Batho Pele Principles. The Batho Pele name means putting people first. The constitutional values and principles aim to enable public institutions to provide quality and satisfactory services. Putting people first could improve the quality of satisfactory service through working with professional, ethical conduct, effective and efficient use of resources, and responding to the needs of the people. The White Paper transformed the apartheid service where people were not treated equally. Regarding Batho Pele principles, the White Paper includes consultation, service standards, access, courtesy, information, openness and transparency, redress, and value for money. Health practitioners and officials should consult the 11 principles in the White Paper to effectively respond to the needs of health employees, consumers, patients, and stakeholders.

2.4.10 Policy on quality in health care for South Africa

The National Department of Health South in Africa addresses the issue of quality in public hospitals. It is known as one of the national challenges in South Africa. Other challenges hinder healthcare quality in South Africa, including access to health care, lack of public participation, and administrative health care errors. The National Department of Health has established minimum standards of certain norms such as equity, equal access, and public involvement. The norms align with the constitutional values, making it possible for the hospitals to implement them. Inequity is a highly recognized value as an in-hospital challenge service. The norms and constitutional values promote equity to improve health care services in the hospitals. Access to health could be improved by empowering patients and hospital consumers with information and involving them in policymaking. The staff should treat all the hospital consumers with dignity and respect (Khoza, 2008:24-25).

2.4.11 National core standards of health

The National Core Standards of Health are significant to this study as they promote the respect, dignity, and rights of the hospital's people. Professional ethics should be maintained in all public institutions, and respect, dignity, and rights identify these. The main purpose of the National Core Standards is to develop a definition of quality health care that will guide public health institutions, managers, and staff. They must fully understand the current level of service standards they are serving, identify the gap between these and the national core standards and then start filling in the hole.

This study assesses the level at which the Cecilia Makiwane Hospital has implemented the constitutional values to assist the hospital. It also aims to define where they stand regarding quality health care and the gap. Recommendations will then be issued to fill the gap between existing and national core standards. Each institution is expected, by the Office of Standards Compliance, to issue public reports on the findings and a certificate of compliance. The National Core Standards were established based on the six priorities identified from hospitals' challenges. These are challenges of patient rights, patient safety, clinical support, public health, leadership, corporate governance, operational management, and facility and infrastructure. They are categorised as domains of National Core Standards (National Core Standards for Health, 2018:12).

Patients' rights are the first national health core standard hospitals should implement through respect and dignity, access to information, reduced delays, and complaints management. Section 195 (1) (g) of the Constitution states that citizens should be provided with timely, accessible, and accurate information to foster transparency. According to Gallagher (2004:1), dignity and respect form part of professional ethics in the workplace. Dignity and respect are central to moral life and have particular importance in the hospital environment. Health employees are taught respect as one principle of professional ethics. They should respect all the cultural differences of hospital consumers and patients (Beach, Forbes, Branyon, Aboumatar, Carrese, Sugarman, and Geller, 2015:2). The patient's rights set the tone for hospital operations by ensuring the operational team comprising nurses and doctors treat patients with respect and dignity, provide information to them, and comply with Batho Pele principles and the Patients' Rights Charter.

The Second domain is patient safety, clinical governance, and clinical care, referring to quality nursing and ethical practices. A hospital must comply with this by ensuring minimizing harm and risk to patients and hospital employees. The hospital must have a fully functional infection control protocol to prevent the spread of viruses.

The third domain is clinical support services that cover the support services that enable hospital services to the patients. This domain is characterised by five subdomains: pharmaceutical services, diagnostic services, therapeutic services, heath technology, and clinical efficiency. According to section 195(1) (b) (RSA, 1996), all public service

institutions should ensure that efficient use of resources is promoted. The hospital must ensure that medicine, qualified, licensed pharmacists, medical technology equipment, medical supplies, stock, laboratory services-rays, rehabilitation, and trained staff are timeously available, and information about them is readily accessible to all and sundry. In preparation for the above-listed items and services, the hospital management should ensure clinical efficient management systems to provide patients with adequate, safe, quality health care.

Domain four is public health. This domain is mainly for stakeholder engagement. The hospital should have a public board that ensures that management works to promote health, prevent illness, educate the public, provide awareness and reduce further complications by ensuring that they are integrated. Quality care is provided for the entire community it is serving. The public health domain covers population-based planning, service delivery, and environmental controls. During the hospitals' planning for health care provision, they must involve the community, different health authorities, and other departments to understand what is needed by the community and what they can provide. Stakeholder involvement is effective for the improvement of service delivery. Section 195 (1) (e) (RSA, 1996) emphasises that people must be encouraged to participate in policymaking for the public service to respond to the needs of the people.

The fifth domain is leadership and governance—these cover senior leaders' strategic direction and management through proactive leadership, planning, and risk management. The hospital management should work with the hospital board, clinic committee, and relevant support structures. They should provide for effective communication and quality improvement in the management systems. There are three sub-domains under this domain, namely oversight and accountability, that indicate that the national and provincial Departments of Health oversee and support the leadership of hospitals. Strategic management mainly indicates that the management systems of the hospital should ensure effective service delivery by having key priorities, operational plans, targets, budget allocations, staffing, and monitoring and evaluation systems.

The sixth domain is operational management. The hospital has day-to-day operations, and responsibilities should take place in safe and effective patient care. This domain

has a sub-domain of human resource development where the employees are managed efficiently and fairly. The recruitment processes are safe and allow effective service delivery. For example, job descriptions, labour relations, employee rights, and training programs are clearly stated. The employees should be protected from hazards through effective occupational health and safety.

The seventh domain is facilities and infrastructure. The domain has sub-domains of buildings and grounds, machinery and utilities, the environment, waste management, and cleanliness. It focuses on developing sound facilities for the hospital by clean, safe, and secure physical infrastructure that is well managed and functional. The hospital building should meet all the applicable hospital regulations, such as an appropriately located waiting area, adequate shelter, and patient seating. The hospital machines with electric power, water, and sewage systems are functional and ready for patient needs. The buildings should always be clean. Laundry and food services such as linen and food must always be available on time (National Core Standards of Health, 2011).

2.4.12 Patients' Rights Charter (PRC)

The Patient Rights Charter (PRC) was established in 1994 (SANDoH, 1994) as a common standard for realising patients' rights to access health care services. This study has selected a few patients' rights in the charter that link to the study's aims. These are health and safety environment, participation in decision making, access to health care, treatment, confidentiality and privacy, informed consent, refusal of treatment, referral for a second opinion, continuity of care, and complaints about health services. To ensure the realisation of constitutional values that promote access to health care services as guaranteed in the Constitution, the National Department of Health published its commitment to upholding, promoting, and protecting this right by proclaiming a Patients' Rights Charter. The Patient Rights Charter also encourages the health environment, public participation, access to health care services, complaint management, and maintenance of confidentiality. The principles in the Patient Rights Charter are reflective of Batho Pele principles and constitutional values. They all place emphasis on public participation. In 2011, the NDoH published a report based on patient complaints and health care staff concerns that contradicted hospitals implementing the constitutional values, Batho Pele Principles, and National Core

Standards. The report reflected employee's attitudes and long waiting times of the Patient Rights Charter of 2011 (Department of Health, 2011)

2.4.13 Strategic framework for high-quality health systems in South Africa

The health systems' shortcomings continue to endanger the health and lives of South Africans. When there is a problem with plans, the hospital employees cannot easily foster the implementation of the constitutional values. The hospital system's challenges include patient safety hazards, duplication of efforts, variable standards of care, unsafe work areas, labour grievances, over –utilisation of services, limited resources, inadequate referral procedures, inequality between private and public health, and high burden of services. All these listed challenges erode confidence amongst health workers and users. Many constitutional mandates promote quality health care services that each hospital must implement, such as the White Paper, Batho Pele Principles, Bill of Rights, and National Core Standards. The health care service should be provided impartially, reasonably, equitably, and without bias, as stated in Chapter 10 of the Constitution (RSA, 1996). However, there is still a clear quality strategy to drive health programs and processes. There is no translation of these constitutional mandates to health workers to ensure they understand and implement the strategy in their daily activities. The Strategic Framework for High-Quality Health Systems emphasises the dimension of timely health care quality service provision that reduces waiting times and harmful delays. It focuses on equitable service provision regarding gender, race, age, socioeconomic status, and efficiency. Hospitals should provide care that maximizes available resources' benefits and avoids waste. Service should be delivered effectively, resulting in the hospital's evidence-based health care services leading to improved outcomes for those needing them. It also means that health care services should be accessible to the public so that skills, resources, and appropriate medical appurtenances are available within a particular geographical space (Department of Health, 2018:78).

2.4.14 Complaints guidelines for the hospitals

The purpose of the complaint is to manage dissatisfaction and allow suggestions to improve the quality of health care services in public hospitals. When the staff notices a gap in hospital management's conduct, they can use hotlines such as NACH to lodge complaints. The term complaints is a statement that something is unsatisfactory

(Caldero, Dailey, and Withrow, 2018). and in terms of the public health sector, the quality of service rendered falls short. The hospital could receive complaints about staff grievances, drug regimes, treatment of specific diseases, and corruption-related complaints. A hospital should use the complaint and suggestion box system as a source of improvement. Complaints that are lodged could improve the performance of the hospital through engendering fairness and honesty, boosting staff morale, resolving problems, fostering respect, and enhancing service quality. This could lead to the required implementation of the constitutional values and principles. The guiding principles are as follows:

Table 2.2: The Guiding Principles of Complaints for Hospitals

Principle	Guidance
Customer focus	The hospitals must be committed to effective complaint management and value user feedback.
Visibility	A hospital must have published information on how to complain, and the procedure should be clearly stated for staff, patients, and other hospital consumers and stakeholders.
Accessibility	The system or procedure to lodge complaints or make suggestions must be accessible. Barriers such as language, race, literacy, and attitude must all be reduced to a straightforward, understandable interpretation.
Responsiveness	A complaint should be promptly acknowledged and urgently attended to throughout the process.
Fairness	Ensure that points of view from the complaint are responded to and investigated without prejudice.
Confidentiality	Information about the patient and staff lodging complaints or suggestions should be respected and treated with dignity.

Remedy	The hospital must provide a remedy to the patient or their family.
Review	The management team of the complaint section should offer reviews internally or externally for appeals.
Accountability	Accountability to complaint management is established, and responses are monitored and reported to managers.

Source: (Office of Standard Compliance, 2018)

2.5   EMPIRICAL RESEARCH

Empirical research studies will be discussed under the following headings: an overview of the South African public healthcare system and challenges from 1994 to 2019; the case of Life Esidimeni Hospital in Gauteng province; national investigations and findings by the Public Service Commission; service quality in public hospitals; working conditions in public hospitals; public healthcare challenges in the Eastern Cape Province and the impact of COVID-19 in the implementation of the constitutional values and principles.
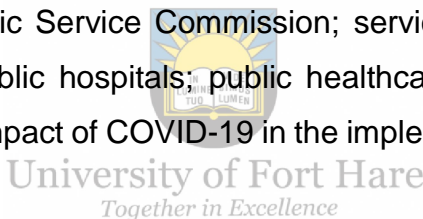
2.5.1 The implementation of the constitutional values and principles in the hospitals

Pearmain (2012:1) maintains that the constitutional values and principles apply to public services between the state and other government structures and citizens and affect the relationship between public service institutions and consumers. The hospital has a relationship that it should maintain between itself and its consumers. The constitutional values and principles guide and ensure the relationship is held within the public services domain. According to Brest (2014:8-9), human rights protocols and legislation do not interfere with the country's internal affairs but rather assist hospitals in implementing the constitutional values and principles mandated by the Constitution. Constitutional values construct a certain framework of legitimacy for public services. Still, the nation and its people should always ensure they do not deviate from the system of fundamental constitutional values. The constitutional values contribute to interpreting the constitutional provisions and promoting the democratic process.

The vision of PSC (2019:6-9) is to champion public service excellence in the democratic era in South Africa. The PSC uses bulletins to report to stakeholders, including citizens, public servants, and legislation. They report on a quarterly basis about the mandate of overseeing the effectiveness and efficiency of the public service. The stakeholders use the bulletins as their source of information. The constitutional values and principles are used as a framework that can be used to assess the performance of the public service. The PSC is mandated to investigate grievances in the public service, make recommendations and monitor management within each department. The rules of grievance management state that employees have ninety days to lodge a grievance from the date of becoming aware of the act that adversely affected them. The hospital employees must lodge grievances to their hospital management, and the Department of Health should work on the grievance within thirty days (working days). If the employee is unsatisfied with a hospital's response, the grievance can be transferred to the Public Service Commission. The Public Service Commission reports that in April 2018/19, in South Africa, the public institutions had 361 grievances from April 2018 to March 2019. Of 361 grievances, 23 were from the Eastern Cape Province, with the fourth-highest number of grievances during that time. Limpopo had the highest number of grievances (58) lodged with the PSC, and KwaZulu Natal Province had one, the lowest number of grievances lodged by provinces. Out of 361 grievances, 159 were investigated and monitored until an outcome, 140 were closed, and 62 are still pending. All grievances in South Africa were based on disciplinary matters, refusal to approve applications, unfair treatment, performance management, salary problems, and post-filling (Public Service Commission, 2019).

The Commission is independent, impartial, and functions without fear, favour, or prejudice to maintain an effective and efficient public administration and a high standard of professional ethics in the public service. The Commission regulates by national legislation. No person may interfere with the functioning of the Commission. The PSC is obliged to report and account to the National Assembly. South Africa has nine provinces (Eastern Cape, Limpopo, Northern Cape, KwaZulu Natal, Western Cape, Gauteng, North-West, Mpumalanga, and Northern Cape). Each province has its commissioner nominated by its premier as per section 196(10) of the Constitution.

The Commissioner must exercise the powers and perform the functions of the Commission in their provinces as prescribed by national legislation.

According to the Republic of South African Constitution (1996), the powers and functions of the Commission are as follows:

a) To promote the values and principles set out in section 195, such as promoting professional ethics; efficient, effective, and economical use of resources; developmental public administration, provision of services impartially, fairly, equitably, and without bias; responding to people's needs, encouraging the public to participate in policymaking; accountable public administration; transparency; good human resources management, and career development practices. Public administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness, and the need to redress past imbalances to achieve broad representation.

b) To investigate, monitor, and evaluate the organisation and administration and the personnel practices within the public service domain.

c) To propose measures to ensure effective and efficient performance with the public service.

d) To give direction to ensure effective and efficient performance within the public service.

e) To give directions to ensure that personnel procedures relating to recruitment, transfers, promotions, and dismissals comply with the values and principles set out in section 195.

f) To report in respect of its activities and the performance of its institutions, including any finding it may make and redirections and advice it may give, and to provide an evaluation of the extent to which the values and principles set out in section 195 are complied with (RSA Constitution, 1994).

The constitutional principles can be instrumental in expanding the chances of providing quality hospital services. The Constitution aims to establish a society based on democratic values listed in section 195 of the Constitution that promotes social justice and fundamental human rights to improve citizens' quality of life. The hospital service is one of the services that can improve citizens' quality of life. It is the mandate of those who work in the hospitals to implement constitutional values constructed from

the Constitution. The Constitution thus established a new society based on mutual respect, equality, and freedom.

The PSC reports on good human resource management where all the challenges hospitals face start. The system that the hospital uses to process its human resource management in hospitals is Personal Employment Resource South Africa (HR Health, 2016) PERSAL is not an ideal human resource information management tool for public hospitals because it lacks financial support for the development of the staff aligned to the constitutional values and principles. There are still constraints in recruitment that mostly create unfair practices for hospital employees. The PSC reported in 2018 that public institutions would advertise two posts they did not manage to fill within the expected time of six months or even 12 months. The public hospitals reported that the reason was a lack of funds, and there are no disciplinary actions taken when the candidate complains. Misconduct charges were leveled against employees in 2017/2018 for, amongst others, doing undeclared remunerative work outside the public service. There were about two grievances in the year 2017/2018 that were lodged, and neither was (PSC, 2018)

According to The NDoH (2019), the PSC found buildings and infrastructure dilapidated and old in most South African public hospitals. The medicines given to the patients were not securely stored. The folders with the medical history of patients are sometimes lost. Budget constraints have led to staff shortages. The available staff works long hours to meet the demands of health care services. Security in most of the facilities is sub-standard. The Public Service Commission recommended that the Eastern Cape Province review and improve its leadership and management, working conditions, and strategies for recruiting and retaining health workers.

On 11 May 2011, in Butterworth Hospital, an applicant, Zandile Monica Hlaba, complained to the High Court of South Africa Eastern Cape: Mthatha about an application to the Butterworth Hospital requesting a claim form to be completed regarding medical information extracted from the hospital records when she was there as a patient. The purpose was to have the information needed for her to claim from the Road Accident Fund as per the Road Accident fund Act 56 of 1996 (Eastern Cape High Court, 2012). The applicant sent the request to the hospital on 14 April 2010, and because there was no response, the applicant tried three times more until May

2011. The patient reported to the court that she was denied treatment records to continue applying to the Road Accident Fund.

Section 195(1) (e) of the Constitution states that the needs of the people must be responded to. Section 195 (1) (f) requires that public administration must be accountable and further states that transparency must be fostered by providing the public with timely, accessible, and accurate information (RSA, 1996). The Batho Pele Principles state that any information held by another person required for exercise or protection of any right should be granted as long as it is not going to cause harm to anybody. The attitude of hospital management has resulted in ordinary South Africans resorting to the courts, where the patient had to incur costs. Many citizens may be poor and not afford court costs (Republic of South Africa, 2012).

The Public Service Commission reports that the Department of Health has been working on reducing the lack of compliance in the Eastern Cape hospitals to comply with the constitutional values and principles. The department has demonstrated strategies such as the Fraud Risk Management Policy, mini Anti-corruption Capacity Requirements, Disciplinary Code and Procedures, and Ethics Strategy. The Ethics Strategy, which maintains professional ethics in the hospitals, is amended regularly to ensure that it is updated and applicable to current developments. The significant challenges for hospital administration and management lie in certain parts of professional ethics, strategy, understanding, and interpretation. These challenges must be resolved by the DPSA framework developments such as training while following mechanisms and code of conduct interpretations (Department of Health, 18:127-130).

2.5.2 An overview of the South African public healthcare system and challenges from 1994 to 2019

The health status of South Africans has improved over the past 25 years, from 1994 to 2019. It has improved by expanding treatment such as ARV treatment, overcoming poverty and inequality. However, life expectancy declined since 1994 due to the devastating impact of the HIV and AIDs epidemic, reaching a low of 54 years in 2005. Since then, it has improved steadily towards 64.6 years in 2019.

A unified South African health system is still a work in progress. The health system still has large disparities between the public and private sectors. For example, a percentage of the population in SA receives private health care services, which are only affordable to middle and high-income earners. Medical negligence has caused a decrease in quality care in hospital services. The claims threaten hospital services by limiting access to healthcare. The National Treasury analysis reflected that their payments indicate a rapid upward trend from R265 million in 2012/2013 to R1.2 billion in 2016/17 (National Treasury, 2017).

South Africa also has a National Policy on Quality in Health Care, revised in 2007. The policy identifies mechanisms to improve the quality of healthcare in public and private hospitals and highlights the need to involve hospital professionals, communities, patients, and the broader hospital delivery system in capacity-building efforts and quality initiatives (Department of Health, 2007).

2.5.3 The case of Life Esidimeni Hospital in Gauteng Province

In the Gauteng Province, Makgoba (2017:3-51) reported the circumstances surrounding mentally ill patients' deaths from October to December 2016. A total of ninety-one sick mentally patients died in Gauteng Province between 23 March 2016 and 19th December 2016. All 27 NGOs to which patients were transferred operated with invalid licenses. The patients' deaths were illegally caused.

The officials, certain NGOs, and some activities within the Gauteng Marathon Project violated the Constitution and the National Health Act (NHA) (Act No. 61 of 2003). The implementation of the project showed a total disregard for the rights of the patients and their families, including the right to human dignity; right to life; right to freedom and security of person; right to privacy; right to protection from an environment that is harmful to their health or well-being; right of access to quality health care services; sufficient food and water and right to administrative action that is lawful, reasonable and procedurally fair. All the professional psychiatrists working at Life Esidimeni hospital reported that they were uncomfortable with the decision to rapidly close and transfer patients to NGOs, but they had no choice.

In light of the factual findings made in this report, several human rights protected under the Constitution and further recognised under international human rights treaties were

violated to which South Africa is a party. Section 27 of the Constitution (RSA, 1996) recognises the right of everyone to have access to health care services, which limited available resources should not hinder. The NGOs and other healthcare facilities that accepted the transferred patients could not provide the necessary healthy environment and adequate food and nutrition.

Consequently, public health care remains a critical public service central to protecting human rights in South Africa. The robust health care legislative framework of South Africa is specifically designed to protect the constitutional rights to health care, including the right to participate in decisions regarding one's health. The findings show that the management of Life Esidimeni (LE) hospital demonstrated poor planning and implementation, including the methods and degree of consultation, access to information, transportation, and general treatment of both the persons being moved from LE as well as the family members, which resulted in egregious violations of the right of persons to be treated humanely and with dignity. The management claimed that budget considerations fundamentally impacted planning, implementation and delivery, and the adequacy of resources within the province. They maintained that the unjustifiable, rushed, inhumane and degrading transfer and treatment of patients resulted from these budget constraints.

2.5.4 Service quality in public hospitals

The Institute of Medicine (IOM) defines the quality of health care as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional (Gupta and Rokade, 2016:85). Aliman and Mohamad (2016:146) define service quality by combining the satisfaction and behaviour of the customer or consumer, which then determines the quality expected and received. They use service delivery factors such as physical appearance, assurance, and reliability to determine service quality. Farooq, Salm, Fayolle, Jaafar, and Ayupp (2018:170) state that service quality is the "function of the difference between expected and customer's perception of the actual service delivered." The service quality is determined by how it is received and the influences of consumption behaviours and patterns followed in delivering and receiving the service. According to Ali, Kim, Li, and Jeon (2018:5). The quality of service is the most powerful predictor of customer satisfaction. The first aspect of quality of service to the

customers is the appearance of employees, equipment, and facilities to the customers and consumers.

The employees, equipment, and facilities are tangible assets for service quality. The tangible assets are factors that form the quality of service. Mthanti (2015:8) writes that the quality of service delivery can be determined by tangible asserts, reliability, assurance, responsiveness, and empathy. Tangible assets refer to physical environment facilities, equipment, and staff appearance. Reliability is the ability to perform service accurately. Responsiveness is the willingness to help and respond to the customer's needs. Assurance refers to the ability of staff to inspire confidence and trust. Empathy is the extent to which caring individualised service is given. Kashif, Rehman, Pileliene (2014:682) add sincerity, formality, and personalisation to the dimensions of service quality. Misztal (201) argues that society fails to acknowledge the formality of culture and social distances, which are very important for health institutions. By acknowledging all the dimensions that would make consumers perceive their service as good quality, an organisation will find it easy to deliver quality service to its customers. Sincerity refers to an employee, in the case of the hospital, being the nurse and servant, serving with genuine and original human nature. The dimension of formality in an organisation (hospital) acknowledges a patient or customer's culture and social life and ensures that medical performance does not affect other people.

A hospital should be equipped with a modern physical environment with well-trained and knowledgeable employees, highly maintained infrastructure, medical apparatus, vital patient health spaces, and organisational facilities. The hospital's responsibility is always to ensure a good quality appearance to patients coming in and going out of the hospital. However, Gumede, Green, and Dlamini (2015:34-35) view service quality as a measure of customer satisfaction. It is measured by the consistency of opening times of the hospitals, courtesy during registration, respect for the patients, functional working environment, and awareness of urgent community outreach programs.

The staff must always be neat, presentable, friendly, knowledgeable, and available during working hours and be resourceful and helpful. The knowledge of employees from the front line staff, nurses, management, and administrators should promote excellence and reliability of service, contributing to service quality. Required

knowledge is assured by training, skills improvement, capacity-building workshops, and communication skills (Fatima, Malik, S.A., and Shabbir, 2018:1200). Service quality is diverse with many reliability, and assurance, etcetera measures.

According to Aliman (2016:146), reliability is the second dimension of service quality that refers to accurate, dependable, and consistent service rendered. Manyisa and van Aswegen's (2017:29-35) studies show that public hospitals are run down by poor maintenance, over-crowded use, and lack essential services such as piped water, proper electricity, medical equipment, telephones, and accessibility to roads. Once the citizens notice the poor service quality, they lose interest and trust in the hospital. The quality of service can, however, improve through employee support. The employees' support enables reliable service for the consumers. Reliability means receiving the service as per the time promised. A hospital has capable employees, is competent in providing accurate services, is always ready, and has good management skills such as being on time for work and avoiding being late and absent without reason. Management's responsibility is to ensure that there are always standby employees on call.

The third dimension of service quality is assurance. According to the policy of quality care in South Africa (NDoH, 2007), the quality service assurance hospitals are committed to providing the best quality of health care to the patients and users of health services. The aim is to meet citizens' expectations and health needs and to improve service delivery through addressing access to health care, increasing patient participation, reducing illness and expanding research on evidence of effectiveness, ensuring appropriate use of health services, and reducing all errors. Shareef, Dwivedi, and Kumar (2019:6) state that there is a need to review patients' expectations and improve health quality service. The initiatives of programs established, launched, and introduced have been focusing more on quality assurance which requires a quality improvement strategy to achieve national core health standards in South Africa. South Africa has seven core health standards: patient rights, safety, care, support, leadership, good governance, facilities, and infrastructure.

In 1993, the Department of Health established a quality assurance strategy through the Council for Health Services Accreditation of Southern Africa (COHSASA) to achieve safety and health care (COHSASA, 2019). According to the South African

Health Review (RSA, 2018), health quality is achieved through accreditation, standard-setting, audits, and maintenance programs. In 1996, the South African government established a democratic Constitution that speaks to all the services provided by public sector institutions. Chapter 10 of the RSA constitution states that democratic values and principles must govern the public administration sector regarding which people's needs must be responded to. In 2000, a Health Quality Assessment was established to evaluate quality health care and patient experiences. In 2008, the National Core Standards were developed for quality assurance based on the findings of poor performances in primary health care. In 2009 healthcare professionals formed a campaign called Best Care Always, which resulted in infection prevention and control. In 2013 ICRM (Ideal Clinic Realisation and Maintenance) was introduced to address the issue of poor primary health care by providing infrastructure, electricity, water, physical space, equipment, workloads, policies, and systems aligned with national core standards). In 2017, the National Commission was developed to galvanise research and action on providing quality care (National Core Standards, 2019)

The quality of service depends on what the patient is expecting and needs. The expectations change and are influenced by various factors such as technological backgrounds, religion, and social environment. The patient or family member must understand what the hospital can offer, and the nurses should listen to patients until they reach a mutual understanding. The hospital requires Total Quality Management programs such as sharing information and communication channels, encouraging employees to achieve zero mistakes, providing customer satisfaction surveys, job security, and improving patient-staff interpersonal relationships. Shareef, Dwivedi, and Kumar (2015:13) maintain that a hospital should hire new staff whenever there is an increase in the number of patients. There must be an increase in remuneration of the existing team. Then strikes over the wages would hardly be there.

Mahmud (2019:6) adds that the quality of service requires management to be emotionally intelligent and independent of smart information systems to deal with critical health care cases. All the employees should receive training in emotional intelligence workshops. Maphumulo and Bengu (2019:1) argue that the quality of health care in South Africa is compromised by various challenges such as quality errors, patient delays, lack of efficiency, and high cost of service delivery. Mihajlov and

Vejmelka (2017:264) contend that the prolonged waiting times and the shortage of human resources in public hospitals are caused by the unequal distribution of health professionals between private and public hospitals. Health professionals prefer the private sector to the public sector because of better facilities, environment, salaries, and appearance than in public hospitals. For example, at Cecilia Makiwane ((Ndamase, 2020), there was a leakage caused by poor infrastructure, and employees and patients were affected by a lack of water.

Moreover, other adverse events affect the hospital's quality of service. People are turned away from the hospital. For example, in 2018, a patient has turned away from Cecilia Makiwane Hospital with his family because his file could not be found. Poor hygiene and poor infection control measures are factors that compromise quality services. The infection comes from the poorly maintained infrastructure, poor control of disease and prevention practices, and lack of cleanliness. The increased litigation because of avoidable errors has a negative effect on the quality of health care services.

There have been many reports to the Department of Health about medical negligence litigations. In 2013, the National Department of Health reported a rise in misconduct cases against nurses that shows that the human rights of patients and their families are violated (NDoH, 2013). A shortage of medicine and equipment frustrates employees when they return to patients without service. McCabe, Schmit, Christen, D'Aeth, Lochen, Rizmie, Nayagam, Miraldo, Aylin, Bottle, and Perea-Guzman, 2020:1-20) reported that some members of the public raised concerns regarding the shortage of equipment in hospitals which leads to total delays in urgent services, work backlogs caused by extended delays for some patients awaiting the list of equipment. All these conditions negatively affect service quality. These developments run counter to national health goals, which are to provide quality health to everyone by fixing patients' health complications and minimising the loss of their lives. It has been noted that public hospitals have been a death trap for poor citizens. Manyiso and van Aswegen (2017:36) found a need to improve health service quality by solving the lack of administrative equipment and skilled professionals, adversely affecting the quality of care offered in health centers. For example, public hospitals have dysfunctional scan machines. The lack of administrative equipment could lead to poor record-keeping of patients. Poor record keeping causes unnecessary delays for patients. Public

hospitals often report missing patient files and lose patients' historical medication and treatment records. The national Department of Health has introduced many strategies to overcome the challenges that negatively influence health care quality.

The NHI of the Department of Health (2019) clearly states that the first five years of implementation will focus on service quality improvement of healthcare. The NHI finds that drug availability is the first area they should work on to improve health care quality. It is the most crucial element contributing to a gap in service quality. South Africa is faced with poor distribution of medication from provincial depots. The needs and expectations of patients should be concomitant with budget provisions and planning to obviate unnecessary hiccups in service delivery. There are pilot programs that can improve the public sector's balancing of finances and the needs of consumers. A public sector hospital could pilot with a private distributor in one province to assess the relative benefits of public and private distribution that will enable the ability to scale up services to the general hospital. Through working relations of public hospitals with private institutions, strategies for mutually beneficial knowledge and skills enhancement could be developed. This approach could lift the morale in the public health sector and transform the attitudes of disillusioned employees, who will then desire to perform their tasks well. The strategy will deal with poor morale and an ethos of lack of caring, which are existent in the hospitals (Honda, Ryan, van Niekerk & McIntyre, 2015:609).

The Western Cape Province has more drugs available for their patients than the Eastern Cape Province in the public and private hospitals, making people go to wherever they prefer and still receive quality service in terms of drug availability. In the Eastern Cape, people do not have options because drugs are costly in private hospitals, and public hospitals that offer affordable services have no drugs. The Eastern Cape Department of Health needs to attend to the shortages and challenges to save people's lives effectively.

Components of high-quality health care service are safety where patients are protected from harm, the effectiveness of evidence-based medicine to benefit patients and avoid underuse or overuse of resources, patient-centeredness based on clinical decisions, and respectful care to the patients and their values, needs, and preferences. According to Mthanti (2015:4-7), perceptions of service quality can be

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identified and measured by ease of use, friendliness, easy navigation, information matching the customer's needs, the accuracy of content, timeless response, innovation of innovation site/place, and privacy. They were, secondly, overhauling management systems and structures in the public hospitals, proper planning and management of human resources, strategic implementation of infrastructure development and maintenance initiatives, and key stakeholders to promote better health outcomes for all rebound on perceptions of service quality. Thirdly, the cleanliness levels of health institutions. Fourthly, the safety and security of patients and the attitudes of hospital employees. Lastly, waiting times, infection control measures, and prevention of drug stock-outs need to be improved.

According to the Health Quality Policy of South Africa (DoH, 2015), South Africa provides a reasonable standard for public hospitals. The policy states that South Africa requires a quality assurance approach and action. It is proposed that the district hospital nominates a person responsible for quality assurance in the district, and the person must ensure effective referral systems. The community must actively develop local health practices demonstrated to the governing authorities, such as the District Health Council metropolitan or district municipality council. The responsible person should also do inspections of health establishments to ensure that quality standards are met. The quality assurance office functions according to the prescribed principles, focusing on user needs, systems, processes, data-based decision making, public participation and teamwork, and a focus on leadership. Monitoring processes add value to the quality of service improvement. The complaint procedures should be taken through the monitoring process, an inspection of health establishments, hospital boards, staff satisfaction surveys, clinical audits, supervision audits, facility-based quality teams, and monitoring professional boards Policy on Health care for South Africa (Republic of South Africa, 2015:5313).

According to Havir (2017:269-271), the customer experience analysis measures service quality to measure the needs and wants of the consumers. The organisations must reach customer satisfaction as the first step, necessary for keeping customers and attaining a good reputation in the public eye. Customer satisfaction comes from their experience of using the service. The perception of the quality of service has a crucial role in service delivery. It also affects the performance of an organisation. There are three dimensions of service quality: technical and outcome. It refers to what

customers receive because of interaction with the service provider. There is the functional component, which is how the users and consumers receive technical service. The functionality process is important for customer evaluations of service quality. However, customer service outcomes depend on needs, expectations, and desires. By compromising the quality of service expected, we cannot conclude on providing the best service. The corporate image is the customer's view of the brand. It refers to how customers view the service and the image it brings. The idea of service consists of technical quality and functional quality of service. These are the factors that a hospital needs to manage to ensure a good image of service to the customers: traditional marketing such as advertising, pricing and public relations, ideology, and word of mouth.

After democracy, the National Department of Health ensured the realisation of all South Africans' rights by accessing health services guaranteed in the Constitution. The department is committed to upholding, promoting, and protecting this right by proclaiming patients' rights. The Patients' Rights Charter describes the following provision and rights of patients

(i) A healthy and safe environment provides well-being and includes adequate water supply, sanitation, waste disposal, environmental dangers, and pollution protection.

(i) Participation in decision-making affects their health.

(ii) Access to health, including timely emergency care treatment, rehabilitation, provision for special needs of vulnerable groups of patients, counseling on health matters, palliative care, health care professionals that demonstrate courtesy, dignity, patience, empathy, tolerance, and information on health services in a language that they understand.

(iii) Knowledge of their health insurance, medical aid scheme, and benefits entitlement.

(iv) Choice of health services and healthcare provider within ethical standards and services delivery guidelines.

(v) To be treated by a named and identified healthcare provider and to continue their care.

(vi) Maintain confidentiality and privacy of health information and informed consent for treatments to be provided or to refuse treatment and to be referred for the second option.

(vii) Complaints about health services have been investigated such complaints and received a full response.

(viii) The waiting times for emergency patients are above the requirements and provide a unique system for queues for the elderly and disabled.

(ix) Efficiency, systems for filing patient records to limit waiting times and improve the continuity of care.

(x) Booking for electric procedures.

(xi) Cleanliness and comfort.

Cleanliness is a major requirement with the optimum state of hygiene and a clean environment. It is crucial, especially in inpatient care areas and the infection control procedure, and inpatient harm-free care. (DPSA, 2019)The reports that the most important thing is to support the hospitals in managing the queues, waiting times, access to information, and redress, such as an apology to the patients when needed. Hospitals need an independent board with representatives from health care providers, professionals, and public funders to create trust, avoid conflicts of interest and offer neutral engagement between stakeholders and service providers.

Moreover, quality measurements and reporting have been mandated for quality service and willingness to engage with multi-stakeholders, harnessing intrinsic motivation and professionalism that enable high-quality service. Hospital managers must consider overall systems because quality is a fundamental attribute. Quality is seen as a measurement of performance. These measurements are referred to as the Triple Aim. The Triple Aim means improving the experience of health care, improving the health of populations, and reducing the cost of health care. Hospital leadership needs to set priorities, allocate funding and monitor the improvement of all those measures empowering health professionals, managers, and communities with information to improve health care through innovation. The six quality dimensions are efficiency, effectiveness, timeliness, safety, patient-centeredness, and equity. All these dimensions are now used as indicators of healthcare quality. The regulatory element of measuring the quality of service in SA is the National Core Standards. They are responsible for the office of health standards compliance (OHSC) and relate

to care's structure and process. They also play a role in reporting the quality of hospitals and insist on compliance with enabling legislation. Quality can be measured by licensing in the public sector. Under the National Health Act, the office of Health and Compliance has two main functions. These are to investigate complaints, ensure remedial action, and monitor and enforce compliance to norms and standards and the district health Information System (Ranchod, 2017:6-18).

Customer satisfaction is an overall evaluation based on the total purchase and consumption experience with the good or service over time. It also ascertains the customer's expectations on how an organisation facilitates the goods and services. Customer satisfaction is the barometer that predicts future customer behaviour. Mahmoud, Hinson, and Anin (2018) view customer satisfaction as the value of keeping customers, success, and reaching the goals and objectives of an organisation. However, Razak, Nirwanto, and Triatmanto (2017:60) refer to customer satisfaction as influencing repurchasing intentions and behaviour, leading to future revenue and profits. Repurchasing intentions refer to the customer's judgment of using a product or service from the same supplier again in the future. The customers often look for the value of what they are about to receive, which requires an internal collaboration within the hospital. The collaboration enables responsibility for sharing different offering elements, such as core product and delivering the product.

The departments should build customer relationships, so it is easy to get feedback. The department must identify the customer expectations and be aware of social changes and times shaping their behaviours and needs. Okpozo, Gong, Ennis, and Adenuga (2017) state that factors influence customer satisfaction such as quality of service provision, perception of equity and fairness, value for money, reliability, empathy, responsiveness, and personal factors, service, and consumer emotions. These factors have a direct positive impact on customer satisfaction. Griesel (2018:31) emphasises that for the public sector to satisfy its citizens, it needs to ensure employees are met by means of remuneration, benefits recognition, and appreciation and given high consideration on every decision and policy taken by an organisation, empowering employees with training and education and good working conditions and leadership. However, Shadeo and Subban (2018:157-172) argue that public servants should not just serve according to citizens' demands. Rather, they should concentrate

on constructively fostering trust and teamwork with and among citizens and serving citizens, not customers.

To better understand the business environment, the SWOT (strengths, weaknesses, opportunities, threats) analysis allows an organisation to be advanced, make correct decisions, and acquire more customer trust (Sharma and Sehrawat, 2020). Manik (2015:4310) defines customer satisfaction as a condition in which customers' wants, expectations, and needs are met. Service is considered satisfactory if the service received can meet customer needs and expectations. According to Beyari and Abareshi (2019), customer satisfaction refers to pleasure or disappointment from the product or service compared to what the customer needed and expected.

Quality of service aims to provide customer satisfaction, making the quality of health services close to customer satisfaction. Customer satisfaction is determined by customer interest before using the service, compared with customer perceptions of the service after the customer perceives the service performance above expectations, thus causing a sense of satisfaction. According to Mohammadipour, Atashzadeh-Shoordeh, Parvizy, and Hosseini (2017), the quality of service determines the customer. It is based on how the patient feels comfortable with the hospital's condition in the hospital context. The White Paper (RSA, 1997) established principles that customers/consumers/patients/clients should use to evaluate any service delivery from the public sector, called the Batho Pele principles.

Service delivery aims to ensure that the needs of all citizens served by a specific department or institution are met and that an organisation can identify what is required to improve to serve all citizens and its stakeholders with satisfaction, integrity, and excellence (Ehlers & Makanjee, 2018:32). In 1997, the South African government established the "Batho Pele" principles, meaning to put people (citizens/ customers and consumers of the public service) first. It was established during the Nelson Mandela Administration of South Africa. The principles were meant to apply to all government departments and spheres. The Batho Pele principles were a major departure from previous inequalities of the apartheid era (prior to 1994) to a democratic state of service, where people are treated equally.

Within the health department, the main purpose is to sustain and improve the quality of patient care and experience while undergoing healthcare services to implement

principle four of the RSA Constitution, which states that services must be provided equally, impartially, and without bias. The hospitals have a mandate to ensure a caring and healthy life for all South Africans, in accordance with values and principles as contained in the Constitution (Chapter 10 section (1) d, and Chapter 2 section 27) (RSA, 1996). It is mandated that they ensure that services are provided impartially, fairly, equitably and without bias, putting people first by means of consultation, service standards, access, information, and openness and transparency. Therefore, firstly, a department should consult with its consumers and customers.

Consultation in health service provision to patients and consumers means that stakeholders are informed about the treatment they will receive and how it will be conducted. Possible side effects are clearly explained and understood. Consumers and patients should be fully aware of the alternatives available. Hospital consumers should be consulted about the level and quality of a service before it is delivered to ensure it is aligned with their needs, expectations, and interests. They should be given a choice about the service they are offered. Service standards require that patients and consumers be educated about the level and quality of service delivery to ensure that their expectations and experience align with the standards of service of the profession and the institution. Access means that all citizens should have equal access to benefits regardless of race, gender, sex, religion, political organisation, and background. Information stipulates that health service consumers and customers are entitled to receive accurate and comprehensive information about their treatment and the service rendered. They should be given complete, accurate information about the service they are entitled to receive. Openness and transparency ensure that patients and consumers should be provided with information about risks associated with services they are getting before they receive the service. Benefits, advantages, and disadvantages should be outlined. Redress specifies that the valid comments and complaints from the consumers, patients, and stakeholders should be highly considered and addressed appropriately. If the promised standard of service is not delivered, consumers should be offered an apology, a full explanation, and a speedy and effective remedy. When consumers lodge complaints and comments, the department must deal with them sympathetically and offer positive responses.

2.5.5 Working conditions in public hospitals

Public hospitals are facing many challenges that negatively affect their working conditions. Working conditions refer to the working environment and all the existing circumstances affecting labour in the workplace, including job hours, physical aspects, legal rights, and responsibilities. The working environment involves employee satisfaction, occupational safety and infection control, working hours, salaries and wages, environmental facilities, equipment, and workload. A functional work environment ensures the well-being of employees. It enables them to exert themselves in all forces, translating to higher productivity. According to Mudallal, Othman, and Hassan (2017), nurses struggle with high burnout, emotional exhaustion, and low personal confidence due to workload. The increased workload is a major factor that negatively affects the hospital environment. The negative contribution of working conditions affects hospital productivity, leading to a hospital not achieving its goals. The study further affirms that hospitals' working conditions require identifying and dealing with working conditions to avoid or prevent chronic stress for the employees.

Chronic stress is a condition that employees suffer from when they negatively perceive their work environment. Health workers should serve with passion, patience, love, and empathy. However, it becomes hard to serve patients in unfavourable working conditions. This study adopts the definition of working conditions as the influence of the environment and aspects of employee terms and conditions of employment. The implementation of constitutional values and principles such as transparency, fairness, equity of service, response to consumer's needs, quality health care, professional ethics, efficiency, effectiveness and economical use of resources, and maximisation of human capital should create a motivating and positive environment for positive working conditions. Public hospitals provide the desired quality health care services (Ali and Adan, 2013:68). The key factors that affect working conditions include environmental facilities, workload, salaries and wages, employee satisfaction, working hours, safety, and infection control discussed below**.**

According to Rani, Baharum, Akbar, and Nawawi (2015:276), the maintenance strategy for the facilities and equipment of an organisation contributes to its success. A comfortable and sustained workplace environment motivates and promotes professionalism through positive attitudes towards the working space. (Reeves,

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Pelone, Harrison, Goldman, and Zwarenstein (2017:4) describe an organization's facilities as buildings, equipment, and related infrastructure that provide for a particular purpose. According to Smith (2000:252-255), facilities and maintenance require an ongoing maintenance strategy. There are two maintenance strategies, the planned strategy, which is done proactively, preventive, predictive, and corrective. The second maintenance strategy is an unplanned strategy that refers to maintenance that has to be done in an emergency. It is reactive maintenance, as was not expected.

The workload is the amount of work assigned within the given period. SAMA (2012) refers to workload as one of the biggest contributors to workplace stress. It is caused by the above normal workload that cannot be completed within normal working hours; thus, people who work under these conditions are stressed, especially if the work encroaches upon their private and family space.

Raza, Hussain, Azeem and Aziz (2017:702) argue that workload motivates people who work better and produce higher quality and productivity when under pressure. Shah, Jaffari, Aziz, Ejaz, Ul-Haq, and Raza (2011) add that people perform better under pressure when they have free time within their working hours. It is fulfilling and rewarding, especially when passionate about the work and the leadership acknowledges it over time. If workers are rewarded, the workload may result in a positive attitude that breeds a favourable working experience (Bruno and Lay, 2008:22)

Employee satisfaction is critical for quality service provision. Manyisa (2016:211-217) states that ten factors create poor working conditions in South African public hospitals. The nurses describe working conditions in the hospital as exhausting and traumatic, demotivating and demoralising. The leadership and management hardly talk to the staff nurses in a proper manner. Lack of support, being unresponsive to nurses, failure by management to recognise staff strengths, and good performance are antithetical to employee satisfaction. The support from management should be debriefing programs to prepare nurses and doctors for ill and dying patients. The overtime load does not build them up; instead, it breaks the employees down and causes poor service delivery. Burnout is a syndrome conceptualised because of a chronic workplace environment that has not been successfully managed. Feelings of envy characterise it, depletion, increased mental distance from one's job, and reduced professional

efficacy (Bianchi, Schonfeld & Laurent 2018:189). When management does not consider the safety and health of employees to be a priority, the employees are burned out from frustration and fear. Employees' complaints and inspection reports should be considered seriously and given a fast response. Unfair distribution of incentives causes dissatisfaction for an employee. Gerhart (2017:7) recommends that candidates for any post have recognised qualifications and incentives to be concomitant to performance.

Poor infrastructure limits productivity. Therefore, hospitals should have good infrastructure to minimise the chances of transmitting tuberculosis (TB) diseases. Employees will be disillusioned and under-performed if the hospital has insufficient isolation rooms, poor ventilation, an overflow of patients, and an unsafe working environment. The lack of knowledge of disease treatment guidelines and poor adherence to standard operating care procedures negatively affect staff morale, affecting patient service delivery.

The overcrowding in the public hospital wards, caused by inadequate infrastructure, increases the chances of spreading diseases from one patient to another and from patients to employees. South Africa needs interventions to protect hospital employees and provide a safe working environment. Nurses fear for their lives when criminals and unauthorised persons can enter hospitals. Public hospitals lack security measures to protect employees from being assaulted. Management is mostly silent about the lack of safety and risky working conditions. These poor interpersonal relations refer to the negative attitude of staff members towards each other, ineffective communication between managers, and centralisation of decision-making. Employees get psychologically affected by the lack of interpersonal relations. It leads to low morale, demoralisation, and absenteeism.

Budget constraints emanate from unplanned and unrealistic budget allocations, mismanagement of funds, insufficient budget, and lack of monitoring. The hospital CEO should be given powers rather than the provincial head offices having the power to control the hospital's budget.

2.5.6 Public hospital challenges in the Eastern Cape Province

Primary health care emphasises globally endorsed values such as universal access, equity, quality service and responsiveness, social cohesion, financial risk protection, and better hospital efficiency.

Diseases such as HIV/AIDS, tuberculosis, sexually transmitted diseases, maternal and child mortality, and non-communicable diseases mainly related to lifestyle, violence, injuries, and trauma challenge SA health services. The hospitals are challenged by the inability to get primary health care and district hospital systems to function effectively. Leadership does not value and respect its employees, and the community's expressed needs. The centralised management systems, lack of accountability, marginalisation of clinicians, low staff morale, and central control do not provide an opportunity to improve personal discipline. Supply chain management is one of the challenges detrimental to smooth operations because of the centralisation of hospital budgets, and so are income inequality, poverty, unemployment, and discrimination. The World Bank recommends that South Africa improve the conditions of daily life, tackle inequalities of distribution of resources, evaluate actions, expand the knowledge base and raise public awareness.

The distribution of scarce resources is a topical issue with ethical implications in hospitals when criteria such as age, social standing, and the instrumental value of patients seem discriminatory in an egalitarian society. According to Kukora and Laventhal (2016:877), the first-come, first-serve model effectively serves people equally in situations requiring rapid decision-making. Each patient is provided with an equal opportunity. The ethical principles of resource allocation in hospitals are important for the fair allocation of scarce resources. This should be based on sound ethical reasoning and a prioritisation framework to base such allocation decisions. An evidence-based recommendation should support the allocation of particular resources in given circumstances. Clinicians must fulfill and facilitate responsibilities to current patients while remaining mindful of obligations to potential future patients. They must consider how to utilise scarce resources across patients who differ in disease, age, and prognosis of other silent factors. The approaches to such decisions might be based on a utilitarian model that emphasises saving the most lives, life years, or quality-adjusted life years. Models that allocate resources to the neediest patients and consider urgency should be prioritised. Social value criteria are based on a patient's

perceptions or potential value to society. The utilitarian model maximises local benefits from available resources. It is valued as a widely accepted framework for allocating scarce resources.

According to Begg, Mamdoo, Dudley, Engelbrecht, Andrews, and Lebese (2018:77-79), hospitals have shortcomings that endanger the lives of South Africans. The citizens' confidence in the system is negatively affected. The poor service quality in public hospitals is linked to patient safety hazards, duplication of efforts, variable standards of care, unsafe work areas, and labour grievances. The study further mentions that the hospitals are operating under unfavourable circumstances such as understaffing and unitisation of services, limited resources, inadequate referral procedures, and inequalities between the private and public healthcare services. HOWEVER, the RSA Constitution (1996) states that everyone in South Africa has a right to quality health. The Constitution further provides policies, procedures, and legislation while promoting effective, efficient economic resources and sustained quality improvement.

Lovan, Murray, & Shaffer (2017) maintain that for the public health care services to improve their service delivery, proper planning should include policy decisions, clear goals, responsibilities, resourcing, checks, and balances to ensure accountability. Secondly, quality control that translates plans into guidelines, measures, and systems for professional oversight and tools such as standards and checklists, will assist change processes. Health care quality is understood in structure, processes, and health outcomes and in different dimensions such as safety, timeliness, equity, efficiency, effectiveness, access, and patient-centeredness. In 2003, the National Health Act recognised the need to ensure quality in the health care system. Yet, the absence of a solid regulatory framework to set goals, standards, and quality improvement measures persisted.

In 2010, the National Department of Health emphasised its commitment to prioritise a health system quality plan to improve access to the health sector and ease negotiations for a service delivery agreement. The aim was to improve patient satisfaction. In 2012, NDoH published the Quality Improvement Guide, which stated how standards should be tested, implemented, and sustained. Nevertheless, the NDoH hospitals face poor planning, unrealistic policies, and limited resources.

In 2013, the independent Office for Health Standards Compliance (OHSC) was established to ensure national quality standards across the public and private sectors. The Norms and Standard Regulations, which were gazetted and intended to promote quality service by providing a benchmark for compliance against multiple specific national guidelines, were published in 2017 to provide quality health care further. In addition, the National Health Insurance policy articulated the need to ensure universal access to quality health. According to Maphumulo (2018:2), the Department of Health in South Africa is faced with the following challenges:

Shortages of human resources cause a prolonged waiting time. South Africa has an unequal distribution of health professionals between the private and public sectors.
 This causes the following adverse event: hospitals turn people away from public hospitals and deny them healthcare access. There are poor hygiene and poor infection control measures**.** There are long waiting times, poor quality healthcare delivery, and a lack of cleanliness, including dirty toilets and poor infrastructure**.** Another problem is increased litigation because of avoidable errors. The medical negligence reports to the Department of Health display legal claims, such as the case of 2019, where the Eastern Cape Department of Health paid around R260 million for shares, not in the budget.

The shortage of equipment in public hospitals reflects a leadership crisis dating from the apartheid era. In 1997, Employment Equity Act was introduced to remove discriminatory practices and policies in the employment environment. Affirmative Action, presented as a redress measure, resulted in inexperienced managers and uneducated management in the health department. This area in the public hospitals requires urgent review. The hospital has many managers with no leadership capacity. A large number of managers leads to duplication of roles. The standard eight hours of working is not suitable for the community's 24-hour demand for health care services. The health professionals' working hours are not aligned with the community's needs (Employment Equity Act, 1997).

The Workforce is another challenge in the public sector, and all the departments face poor staff morale. The policy on remuneration of work outside public service needs to be reviewed because it affects the distribution of resources (Presidential Health Summit, 2018).

The Decentralisation of the Health Care System causes many delays. Like any other developing country, South Africa has adopted a decentralisation process. The health care system in South Africa is organised into three spheres. These are the national, provincial, and local spheres of government. The decentralised system shows ambivalent findings. However, it has intensified disparity problems in vulnerable populations, leading to poor quality health care delivery because of separating policy determinants from policy implementers.

Poor record-keeping has often been mentioned in this literary review. South Africa's President Ramaphosa, ever since becoming the president of South Africa, received numerous complaints about the poor quality of health care that people experience in the clinics and hospitals during their moments of vulnerability. The complaints revolve around inadequate access to medicine, equipment, and technology, unprofessional conduct of staff, labour unrest, corruption, theft of hospital property, and a dysfunctional health system that needs urgent rehabilitation.

There is a need for leadership and stewardship to chart a way forward at the highest level. The National Health Insurance system ensures universal health coverage so that all South Africans receive equal health care. Public health requires a multi-sectoral approach to pool technical know-how and expertise to bring much-needed solutions. The hospital should be strategically positioned to engage stakeholders such as government, business, labor, civil society, the private sector, health professionals, labour unions, health care services, statutory councils, academia, and researchers to canvass diverse conceptualisations of a functional national health insurance system.

In terms of human resources in the health sector, South Africa faces poor planning, inadequate remuneration, poor coordination in different spheres of government, lack of leadership, poor management and governance, and lack of delegated authority. There is maladministration of posts, overworked clinicians, and a lack of financial resources. Public hospitals have many managers with duplicate roles, and leadership has no capacity.

There is a gap between state policy and legislative commitments to improve public health care and close the public access gap. The National Department of Health is committed to improving access to health, but the necessary procurement and distribution remain inadequate in many health districts. Inexperienced and unqualified

personnel handle procurement and storage of medical supplies. In the Eastern Cape Province, public hospitals place interns who are ill-equipped and are not equal to working in the storerooms. The Eastern Cape Department of Health is experiencing a dearth of pharmacists. Medical equipment and consumables are in short supply, leading to hospitals sharing resources. Staff also have to use their own information technology devices and airtime to conduct work-related communication. Therefore, the province needs to have district, regional and provincial offices for monitoring and evaluation (Hodes, Price, Bungane, Toska & Cluver 2017:739).

The PSC (2019) reported that Cecilia Makiwane Hospital has been in disrepair with broken windows and uncovered electric wires where patients are served. These conditions, such as the uncovered wires, are unsafe and threaten patients and staff. The PSC visited Cecilia Makiwane to investigate the allegations in media reports further and found that CMH operated from unmaintained old structures that are no longer fit for purpose; patients, employees, and consumers bore the brunt of poor environmental conditions such as broken windows, dirty toilets, insufficient number of beds, patients lying on concrete and cemented floors and patients' filing in disarray. The PSC reported that Cecilia Makiwane Hospital, especially the mental health unit, was falling apart (Cleary, 2019). According to a news report ((Jacob, 2019:3), not only is the Cecilia Makiwane Hospital falling apart, but the whole Eastern Cape public hospitals are failing to serve their patients with immediate medical attention. The hospitals state that the root of their failures lies in staff shortages. At Cecilia Makiwane Hospital, there were 22 patients for operations, while only 16 doctors voluntarily availed themselves of work. Kahn (2019) reports that Eastern Cape (EC) hospitals said daily medical negligence. The Eastern Cape Province has paid R876.7m to successful claimants. The amount paid is 32% of national claimants for medical negligence. The reports further indicated that EC health has a huge gap to fill for appropriate quality service delivery. The management teams need to work on staff attitude towards patients and improve the cleanliness of work facilities.

Instead, the provincial health department should foster a spirit of providing service with dignity, care, and compassion. In recent years, the TAC and Section 27 have joined forces to devise a strategy to improve the quality of health care service delivery. In the Eastern Cape Province, the TAC has set the Human Rights Commission to investigate service delivery problems and recommend best practice strategies for improvement

(Heywood, 2009:14-36). However, the Eastern Cape Province is still reported for the same allegations that caused the poor service delivery. The TAC has partnered with doctors, nurses, and patient groups (Treatment Action Compaign, 2018). The PSC (2019) encouraged new leadership for the Department of Health in 2019 and that they must bring stability to the department by solving patient human rights issues. They were advised to take reasonable steps toward reducing medical negligence claims, ambulances, medical shortages, and lack of health facilities and clinic access.

The EC Department of Health adopted an anti-corruption strategy that confirms the province's zero-tolerance toward fraud and corruption activities. Channels to report corruption cases have also been developed, and there are 57 registers that record the cases reported and investigated. Once the case is investigated, an employee who is alleged to be guilty is subjected to disciplinary procedures. Then the case should be registered with the South African Police Service if it is considered a criminal case.

The department adheres to a strict code of conduct. It complies with the revised service regulations that introduce the prohibition of employees conducting business with the government or being directors of public or private companies working with the government. The department uses these strategies to minimise conflicts of interest.

The departmental code of conduct establishes good governance and ethical conduct in the public service. It raises respect for human rights, the rule of law, accountability, transparency, personal conduct, and professional ethics (Eastern Cape Department of Health, 2018:182). The Public Service Commission (PSC) investigated Cecilia Makiwane Hospital, and the following challenges were identified (PSC, 2019):

- Poor working conditions, including shortages of staff and lack of security;
- Lack of maintenance such as broken windows, disrepair, abandoned medical equipment, exposed electronic wires, and lack of recreational facilities;
- Patients lying on concrete floors that do not have carpets and mattresses, inadequate ventilation;
- The poor working condition of cameras in the CMH mental ward poses a danger to staff, patients, and hospital consumers;
- The hospital does not have specialists available full-time, while the regional hospitals should have specialists per the National Health Act.

To address the aforementioned challenges, the PSC made the following recommendations to the Cecilia Makiwane Hospital in 2019; the hospital should work on demanding the seclusion of wards and make them user-friendly with necessary equipment and facilities. Cameras in the hospital should be fixed by allocating specific funds to increase security. At the same time, beds and matrasses should instead be installed in the wards rather than being easily movable. The building is unclean and lacks maintenance; the hospital should significantly facelift existing buildings.

2.5.7 The impact of COVID-19 on the implementation of constitutional values and principles

In December 2019, they found a patient with pneumonia of an unknown origin in China, and the medical scientists and investigators linked the cause with seafood. COVID is a virus in humans, mammals, and birds. It causes respiratory, enteric, hepatic, and neurologic diseases (Zhu, Zhang, Wang, Li, Yang, Song, Zhao, Huang, Shi, Lu, and Nui, 2020:3). Due to the spread of COVID-19 in South Africa, the government has, since 26 March 2020, intermittently declared a state of national disaster and placed the country under different kinds of lockdown levels. This was done to stem the spread of the COVID-19 virus. The lockdown regulations have taken away the freedom of movement, right to quality health and unfair practices, dignity, equality, and due to earn a living. According to Labuschaigne (2020:1-11), the lockdown regulations are unconstitutional in South Africa.

In April 2020, the lockdown was extended for two more weeks to worsen matters. In May 2020, there were adjustments, including opening a few essential services and traveling between the provinces. People lost jobs and got frustrated because they could no longer move as they used to. Their rights had been taken away.

Moreover, the spread of the COVID-19 virus laid bare systemic weaknesses in the quality of service delivery in hospitals. The hospital employees, such as nurses and doctors, were scared of the virus because there was no cure or vaccine at the time. In the Eastern Cape, the hospital refused to treat patients they suspected had COVID-9, claiming they did not have protective clothes, leading to patients dying because of no help. According to Section 195 of the Constitution, the public hospital should respond to the needs of the people it serves. They should treat their consumers fairly, equally impartial, and without bias. However, the Bisho Hospital discriminated against the

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patients who were not treated equally compared to other patients who did not have symptoms of COVID-19 (Dayimani, 2020).

Furthermore, the health section of the Department of Health and safety inspectors ordered a shutdown at Frere hospital in May 2020 with concerns of a high risk of COVID-19 spreading. Concerned with the rise of COVID-19 infections, the Eastern Cape Department of Health shut down the Frere Hospital and some intensive care wards in Cecilia Makiwane hospital, which were the most affected (Hartle, 2020:3). This redounded negatively response rate of the hospital to the health needs of the hospital consumers. Nothing was done to resolve the shocking state of affairs in the affected hospitals, and no decontamination exercise was undertaken (Phandle, 2020:1).

Situations like these have a negative psychological impact on hospital employees who fear for their lives. Consumers and patients have their constitutional right to health care stripped from them. (SAMA,2020) reports that the health care service provider has an ethical dilemma due to human suffering. Moreover, ethical action is integral to individual professionalism. The positive cases of COVID-19 patients disrupted normal processes for supporting the implementation of the constitutional values and principles. The social justice theory contends that in-hospital justice services have two concepts: equity and fairness in distributing resources, opportunities, and outcomes. Equity refers to avoiding discrimination and exploitation. Fairness is based on a process of moral decision making including transparency, inclusiveness, community engagement, and oversight.

Efforts toward preventing COVID-19 in South Africa have challenged the national health department to use resources. Hospitals are expected to maintain the efficient, effective, and economical use of resources. The employment of Cuban medical doctors, at a high cost, while local doctors wallowed in unemployment, created inequalities and unfair practices. South African media reported that the country has unemployed local doctors and nurses and insufficient personal protective equipment for the employed doctors and nurses. Nevertheless, the government had to provide accommodation, transportation, and interpreters for the doctors from Cuba, which made their employment more expensive than training, employing local doctors and nurses, and providing protective equipment. According to Tsamakis, Rizo et al.

(2020:2), for the state to maintain constitutional values and principles, the government must prevent people from feeling panic, fear, and psychological trauma caused by the spread of COVID-19. To counteract this, the government had to increase knowledge about preventing and stemming the spread of COVID-19, create procedural developmental programs, introduce a treatment protocol, and develop educational activities within the health context. Health workers need to be morally conscious when dealing with the pandemic, and citizens must be aware of the dangers of the disease and how they should protect themselves. There are advantages and disadvantages to the COVID-19 lockdown regulations (Ipsen, Veldhoven, Kirchner, Hansen, 2021).

The advantages are:

a) Restrictions on alcohol sales reduced crime in South Africa.
b) The Reserve Bank decreased the prime lending rates to save the debtors.
c) Testing equipment and centers were increased, and isolation centers were introduced to help isolate the infected.
d) Cleanliness and infection control in the public areas were increased by promoting frequent hand washing, staying indoors, avoiding handshakes and body contact, and practicing personal hygiene.
e) Technology provides a solution to many things, such as health screening at home, online services, remote working, and contact tracing, all essential tools in curbing the spread of diseases in the future.
f) Hospitals were provided with more equipment such as ventilators and PPEs.

Disadvantages of lockdown:

a) Hospital employees were working in fear and panic for their lives.
b) Lockdowns increased the poverty in South Africa, no income earning capacity, and most people had to be self-employed.
c) An economic downgrade has led to South Africa's removal from the Global Bond Index and increased South Africa's cost of borrowing in international financial markets.
d) Human rights and freedoms have been restricted.

The National Assembly gave the government the responsibility to draft regulations for dealing with such pandemics without interfering with the constitutional rights of citizens (Brickhill, 2020:2).

2.6 CONCLUSION

The 1996 Constitution requires that public administration be governed by democratic values and principles, which include transparency and accountability, and the public officials are expected to uphold all the democratic values and principles enshrined in the Constitution (RSA, 1996 (Section 195(1)). Although Section 195(1) contains particular directives, as mentioned, fundamental rights in the Bill of Rights play a primary role in realising the purpose of these directives. In the case of hospitals, measures such as communication between facility staff and patients, hospital consumers, and education should be adopted to improve the system. When hospitals are faced with a lack of management support and supervision of the systems, it may lead to a lack of confidence, interest, and lack of implementation of the constitutional values and principles. The health workers' understanding of constitutional values and principles can easily be aligned with their implementation of these values and principles. The hospitals should mainly enforce a deep understanding of the constitutional values and principles by adapting the recruitment processes of management and directors. Hospitals need to employ strategies for developing better relationships with hospital consumers. Relations require full awareness of social developments and social changes. Currently, hospitals face the challenges of the Corona Virus, changing service delivery systems to be more technical and complex, adding to all the challenges such as staff shortages of stock and poor infrastructure. To provide quality health service aligned to the prescribed constitutional values and principles, they need to review the leadership values and consider re-aligning them to the RSA Constitutional values and principles.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

According to Snyder (2019:333-334), research is a collection of informational data intended to create new knowledge and use existing knowledge to generate new concepts and understanding. To reach the main aim of the research, a researcher needs to figure out how the research information will be collected, which is called research methodology. This research report section will explain this study's research design and methodology. It will indicate how the data was collected to assess the implementation of CMH's constitutional values and principles. The review of demographic data of the population, sampling techniques, instruments, and sample size will be presented. All the strategies of data collection and analysis were utilised. It will conclude with ethical considerations and delimitations of the study. The research methodology of this study is a combination of quantitative and qualitative research methods in the context of case study design.

3.2 CASE STUDY DESIGN

The case study design was used as an effective strategy for this research. According to Caulder, Mehta, Bookstaver, Sims, and Stevenson (2015:12-14), the case study design is a method of observing and exploring phenomena in a particular context and using that understanding to generate new information. Thomas (2021) further explains that the main aim of the case study design is to understand the complexity and intricacies of the issues to perceive meaningful features of real-life occurrences. The case study protocol will provide integrity, credibility, and reliability. The study developed a rational and semi-structured interview schedule from the literature, a theory to guide data collection, and a bibliography of the management questionnaire.

Harrison, Birks, Franklin, and Mills (2017: 7-9) describe the case study design as a data collection system that allows an in-depth review of unclear phenomena. It gives meaningful characteristics of real-life experiences to specific events. (Schoch,2020:246) further explains that case study design answers the questions of how and why, and the most appropriate design that best answers the questions is descriptive and explorative studies. Descriptive research within the context of case study design describes the process of individual and group behaviour (Borglin,

HewThach, Jeppsson & Sjogren Firss, 2020:3). According to Ridder (2017:285), the case study design maintains deep connections to values and intentions, and it is particularistic, descriptive, and explanatory. Furthermore, case studies are better used for studies intended to develop new ideas, explain new developments, and further extensions (Schoch, 2020:249). The research methodology that was used for this study will be discussed next.

3.3 RESEARCH METHODOLOGY

This study adopted mixed methods research as the methodology. A mixed-method is a type of research that combines qualitative and quantitative research approaches (Schoonenboom and Johnson, 2019). It provides a general purpose of breadth and depth of understanding and corroboration. According to Johnson and Christensen (2017:115), mixed methods ensure heightened knowledge and validity. A research methodology requires a researcher to select suitable tools to gather the data. The data collection tools for this study were semi-structured questionnaires for the hospital respondents and interviews with hospital consumers. The researcher also used reports from the South African National Department of Health, Eastern Cape Provincial Department of Health, and Cecilia Makiwane's annual reports.

3.3.1 Target population

The total target population for the study was 120 people, which included 80 respondents from Cecilia Makiwane hospital and 40 visiting hospital consumers.

Table 3.1: Population

Composition of the population	Number
Managers	20
Supervisors	20
Employees	40
Visiting hospital consumers	40
Total population	**120**

3.3.2 Sampling methods

The purposive sampling technique was used to select 80 respondents from the hospital, and a response rate of 50% was archived. The purposive sampling technique is a participant's deliberate choice due to the qualities the participant possesses. According to Asiamah, Mnesah, and Oteng-Abayie, 2017: 1607), the researcher decides what needs to be identified and sets out to find participants who can and are willing to provide the information by knowledge and practice. This involves identifying and selecting capable and well-informed individuals about the phenomenon of interest (Asiamah, Mnesah & Oteng-Abayie, 2017: 1607).

On the other hand, a convenience sampling technique selected 40 respondents from the hospital consumers (visiting clients). According to Yadav, Singh, and Gupta (2019:81), convenience sampling is an accidental or opportunity sampling used during research. It is when a researcher uses available and convenient participants during the time. It is used for target populations that are broad in terms of category. For example, this study targets anyone, irrespective of gender and social status. The common denominator is that the research participant is not a patient. In this method, there must be consent. Convenience sampling requires little effort, is not resource-intensive, and is time efficient and easy to approach.

3.3.3 Quantitative method

The purposive sampling technique was used to select a sample of 80 respondents from the hospital, and a response rate of 50% was achieved. The distribution of the quantitative sample was as follows:

Table 3.2: Purposive Sample for CMH

Composition of the sample	Number
Managers	20
Supervisors	20
Employees	40
Total sample	**80**

Quantitative research is a type of educational research. The researcher decides what to study, asks specific questions, narrows the questions down, collects quantitative data from participants, and conducts the research in an unbiased and objective manner. Its emphasis is on collecting scores that measure district attributes of individuals and organisations. The characteristics of quantitative research are descriptive/explanatory, literature review, specification of purpose, collecting data, analysing data, interpreting data, and reporting and evaluating findings from the data. It involves using the systematic and empirical investigation of the subject. The systematic aspect could use statistics, mathematics, an Excel spreadsheet, or numerical data. The numerical data provides the fundamental link between empirical findings, observations, and numerical data. It is used to verify hypotheses. It is carried out by distributing questionnaires. The questionnaires contain questions and short answers. The researcher needs to report the data collected in a quantified manner (Quack,2018). In this study, the data was processed through an Excel spreadsheet. Markey, Venture, Donnell, and Doody (2021) state that the researcher decides what needs to be identified and finds participants who can and are willing to provide the information by knowledge and practice. This involves identifying and selecting individuals who are capable and well-informed. The quantitative method collects information from existing and potential targeted people using collection methods such as questionnaires.

The advantage of quantitative data is that it starts from the response to the questions provided by means of a questionnaire. Personal feelings or opinions do not influence the answering of the questionnaire in representing facts. It simplifies the processing of large amounts of data collected. Quantitative data is easily compared. The analyst can identify the gap developmentally that the research intends to fill (Basias & Pollalis, 2018:90). Apuke (2018: 41-43) maintains that the quantitative research method has more than one of its types; the first one is survey research, then correlational research, experimental research, and casual-comparison research. Survey research is processed in questionnaires to measure the perceptions of the targeted population. A survey questionnaire focuses on vital facts, beliefs, opinions, attitudes, motivations, and behaviours. The survey research findings are then summarised to present the population's views. The word survey means to examine a situation or condition.

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3.3.4 Qualitative method

This method used convenience sampling to select 40 respondents from the hospital consumers (visiting clients). According to Alvi (2016:30), convenience sampling is an accidental or opportunity sampling used during qualitative data collection. It is utilised when a researcher uses available participants and is convenient to use them. It is used for a target population in terms of category. For example, this study targeted any female or male person as long as the person was not a patient. It shows consent, takes less effort, is not expensive, is less time-consuming, and is very easy to approach.

The qualitative research method brings a natural setting to interpreting research findings. It clearly states a natural understanding of people's views and experiences. The advantage of a qualitative method is that it allows the interviewer and interviewee to get to know each other through face-to-face interviews. The researcher gets a chance to describe the actions of those who participate. The purpose of the qualitative methodology in this study is to understand the perceptions of the commitment of the hospital leadership and management towards constitutional values and principles. It is beneficial in the health environment because it can provide new insights and knowledge in poorly understood, sensitive and complex areas and understand subjective experiences of health circumstances and treatments. The qualitative research method allows the researcher to contextualise understandings of subjective experiences. Part of this study aims to study things in their natural setting, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them. A qualitative method allows for an in-depth study of the dynamic and subtle interplay of the factors at the individual level.

Against this background, a qualitative method investigated how CMH has implemented constitutional values such as professional ethics. It is a strategic methodology for an in-depth investigation into management, key employees, and hospital consumers. This method has been chosen to allow observations and to know the real-life experiences of the respondents (Mayoh & Onwaegbuzie, 2015). According to Crowe, Inder, and Porter (2015:1), the qualitative research methodology enables researchers to study things, situations, and surroundings in their natural settings. Historically, qualitative research is a data collection method for studies intended to

answer the "why" question that will explain certain behaviour. The qualitative research method may investigate human behavior's reasons, attitudes, and motivations. Qualitative methods can use data collection methodologies such as observations, in-depth interviews, and focus groups. This study used interviews to collect data from visiting consumers.

3.3.5 Data collection methods

Different data collection methods for this study include semi-structured questionnaires, interviews, observations, and document analysis. The aforementioned methods will be discussed in more detail as follows.

3.3.5.1 Semi-structured questionnaire

A semi-structured questionnaire with open-ended and closed-ended questions was used to collect data from the 80 managers and supervisors of the hospital. The hospital managers arranged the appointments to explain the study's objectives and clarify the research questions. After the arranged meetings, managers and supervisors were given self-administered questionnaires. After seven days, the questionnaires were collected to give the respondents enough time to complete them.

A preliminary test was conducted to check the instrument's validity and reliability and ensure that the respondents quickly understood the questionnaire questions.

3.3.5.2 Interviews

In-depth interviews were conducted with 40 visiting consumers at Cecilia Makiwane Hospital.   The interviews with visiting consumers focused on their perceptions of the service quality and satisfaction level. All the ethical principles were observed, such as privacy and confidentiality. They were conducted using an interview schedule with open-ended questions to the sampled hospital consumers. The researcher interviewed the hospital consumers individually and anonymously to maintain confidentiality and privacy. All respondents were asked the same questions. The consumers were interviewed at the hospital gate on their way out, and the patients were not interviewed. The consumers were interviewed after they had visited their patients. The interview took a maximum of 10 minutes per person. They were recorded with tape record, and the researcher took notes. The advantage of personal interviews

is that they allow face-to-face, follow-up questions, and clarity where needed. The focus was on their perceptions of service quality and satisfaction level. According to McGrath, Palmgren, and Liljedahl (2019), interviews provide an in-depth understanding and are a key method to resolve conflict and share information. The researcher had direct contact to ask about the phenomena of the research study. Interviews allow the researcher to ask questions and emphasise the main issues that brought up the research. It includes expressing feelings, opinions, and views (DeJonckheere and Vaughn, 2019).

3.3.5.3 Research site observations and document analysis

The researcher visited various wards such as OPD and administrative offices to observe how they perform their functions. According to Driscoll (2011), It is also acceptable to observe without participation. Furthermore, this study used document analysis and content analysis, and the following documents were analysed:

- Annual report of Cecilia Makiwane Hospital;

- Complaints reports of Cecilia Makiwane Hospital;

- Annual reports of Department of Health;

- Annual reports of Public Service Commission;

- Critical articles on Cecilia Makiwane Hospital;

- Analysis of journal articles on CPVs;

- Analysis of relevant books on public health and administration;

- Annual reports of the Department of Monitoring and Evaluation; And

- Annual reports of the Office of the President.

3.3.6 Data analysis

The procedure used for the analysis of quantitative data and the procedure for qualitative data analysis will be discussed under the subheadings as follows.

3.3.6.1 Procedure for quantitative data analysis

An Excel spreadsheet was used to analyse the data through numbers, percentages, and graphs. This method allows a researcher to predict future scenarios and make recommendations that are not biased. A descriptive method was used to summarise data by means of graphs, percentages, and frequency tables to visualise and check trends and outliers. Furthermore, the researcher used the following table and color codes to analyze and interpret constitutional values and principles, ethical leadership values, and organisational values.

Table 3.3: Colour Codes and Meanings

Percentage of responses per statement	Colour codes	Meaning of colour codes
24 and less		Very poor implementation
25-49		Poor implementation
50-74		Partial and unsatisfactory implementation
75-99		Good implementation
100 and above		Excellent implementation

3.3.6.2 Procedure for qualitative data analysis

The researcher used open-ended questions to produce qualitative data from the sampled hospital consumer respondents. On the other hand, data from the sampled hospital consumers were gathered using standardized open-ended interview questions. Thematic analysis was used to identify patterns or themes across a dataset, and two themes were identified and discussed:

Theme 1 focused on barriers to the successful implementation of CPV. The following sub-themes were identified and discussed: lack of communication, shortage of resources, unethical leadership, poor working conditions, and poor service quality.

These two focused on remedial measures to successfully implement the CPV's and the following subthemes emerged: communication improvement, acquisition of more resources, leading by example, improvement of working conditions, and customer care. In addition to the above, qualitative was further analysed by using data extracts from the responses given by the visiting consumers in the hospital. Lastly, the annual hospital reports, Provincial Department of Health, National Department of Health, and Public Service Commission reports were gathered and analysed through qualitative data analysis.

3.3.7 Integrity, validity, and reliability

Integrity is honesty and probity in conducting qualitative research. It underpins ethical practice in all activities that comprise data collection and analysis. According to Shaw and Satalkar (2018:81-83), integrity is characterized by honesty and transparency. Honesty in academic research means being honest at a scientific level. The conduct of research should be honest, without data falsification. To ensure research integrity, one should follow all the ethical rules and avoid misconduct. On the other hand, reliability is the confidence with which conclusions can be drawn from the analysis and the consistency with which a research procedure will evaluate a phenomenon in the same way over several attempts (Brazil, 2019:109). In addition to the above, validity provides truth to the quality of results achieved in empirical studies Hayashi, Abib, and Hoppen, 2019:100; Cypress, 2017:4).

Using mixed research methods for this study will help improve the research findings' validity and reliability. Furthermore, the researcher adhered to all ethical standards to enhance the research findings' integrity, validity, and reliability. In the next paragraph, such ethical standards will be discussed under ethical considerations.

3.3.8 Ethical considerations

According to Ralane (2011:9), all academic research studies follow the code of ethics used over the years to accommodate researchers' varying values, ethos, needs, and expectations. Each research student at the University of Fort Hare must apply for ethical clearance from the University Research Ethical Committee (UREC). Accordingly, an application for ethical clearance was submitted and approved by

UREC after the proposal was assessed and approved by UREC. The UREC issued an ethical clearance certificate.

Against this background, the researcher followed the following ethical guidelines and considerations. Ethical considerations will be discussed in more detail in the following paragraphs.

3.3.8.1 Informed consent

Informed consent consists of three elements: information, understanding, and choice. The participants were fully informed about the scope of the study and its importance. The researcher had to ensure they understood the nature, purpose, duration, and material used, such as a tape recorder and data collection device. They were requested to participate, but participation was not obligatory. Participants had the option to withdraw at any time during the study. The official consent form was issued to participants who signaled voluntary participation in the study.

3.3.8.2 No harm

The research ensured that there was no maltreatment or harm to participants during the study regarding emotional and physical discomfort. This study did not include physical procedures. Since the study needed the participants to describe their experiences and feelings on implementing Chapter 10 of the South African Constitution, all the data collection steps were explained. The researcher used a sensitive questioning style to limit emotional discomfort.

3.3.8.3 Protection of rights

The human rights of the participants were not violated.

3.3.8.4 Confidentiality

According to Lancaster (2017:94), It means the researcher keeps information records confidentially and safely. During this study, the participants were guaranteed confidentiality, and their names would not be attached to any recorded information. The access to information gained is limited to the researcher, the supervisors, and the independent coder. The collected data is secured under lock and key at the researcher's home. The data will be destroyed through fire once the study is finished.

Should the researcher need to re-use the information for further studies, permission will be requested from the participants (Hammer & Schneider, 2010:5)

3.3.8.6 Anonymity

Personal and confidential information such as names and addresses will not be published for this study.

3.3.8.6 Privacy

The hospital employees and consumers who participated in this study were guaranteed privacy. All the information was protected and kept privately throughout the study. Audiotapes and notes are kept in a safe place at the researchers' home and will be destroyed on completion of the study. As per the studies of Summiak (2018:393), a code of ethics in research serves as a guideline for the researcher. It is required of the researcher to ensure that ethical boundaries are considered and respected.

3.4 CONCLUSION

This chapter outlined the research methodology, design, and data collection methods used to complete the study. The mixed research methodology, with a case study design, was used. The semi-structured questionnaires and interviews were the primary data collection method in terms of the data collection method. The questionnaires and interviews assisted the researcher in allowing the respondents enough time to answer independently and privately on their assessment of the implementation of the constitutional values and principles. The following chapter will provide how the data were analysed for the research.

CHAPTER 4: DATA ANALYSIS AND RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter will focus on the overall analysis of the research results for the Cecilia Makiwane Hospital. All questions covered during the interview will be analyzed briefly, but more attention will be given to those who answer the research questions.

The first data analysis will be the demographics that bar graphs will present. Then the study will present all the data and analyses of the hospital management questionnaire on the implementation of constitutional values and principles in the hospital and interviews of the visiting consumers. They were interviewed outside the hospital about the service standard that the CPVs should promote. The last part of the chapter will present the feelings of the hospital employees about their working conditions towards implementing CPVs at CMH. Their responses will be presented in direct quotations so readers can genuinely reflect on the hospital staff's feelings.

4.2 DEMOGRAPHIC ANALYSIS OF CMH RESPONDENTS

As indicated earlier, that sample of 80 respondents was selected at CMH, and a response rate of 50% was achieved. The following demographics analysis represents 40 out of 80 based on the number of questionnaires the hospital respondents returned. The demographic analysis starts from the functional areas of the respondents, occupations, period of employment, gender, age, and education level.

4.2.1 Functional area of the respondents

The table below provides an overview of the functional areas of the respondents of this research in hospital management.

Table 4.1: Functional areas of Respondents

Functional area	Frequency	Percentage
Administrative office	8	20
Nursing management office	22	55
Community Services	4	10
Infrastructural Planning and Development	4	10
Other (Specify)	2	5
Total	**40**	**100**

The distribution of the respondents across the functional areas is shown in table 4.1. It shows that a number of respondents come from nursing management offices, which is 55%, while administrative staff shows a 20% response rate. The largest group (55%) comes from nursing management. Then 'Others' refers to the doctors and nurses managing the wards in the absence of the nursing managers, while the questionnaires were distributed to 5%. The Community Services, infrastructural planning, and development areas showed the lowest responses (10%).
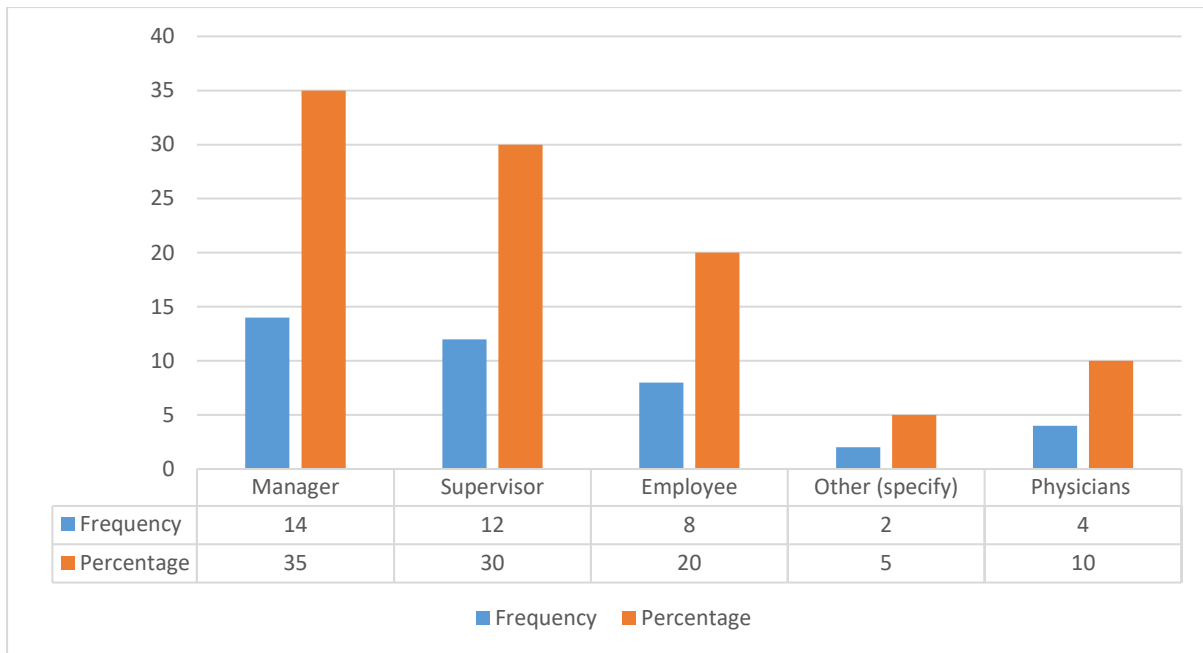
Figure 4.1: Position or Occupation in the Hospital

The highest percentage of respondents (35%) is from the hospital's managers (nursing management), followed by supervisors at 30%. Employees stand at 20 %; these are staff who acted in the manager's absence during data collection, and the 'Other' group is at 15%.
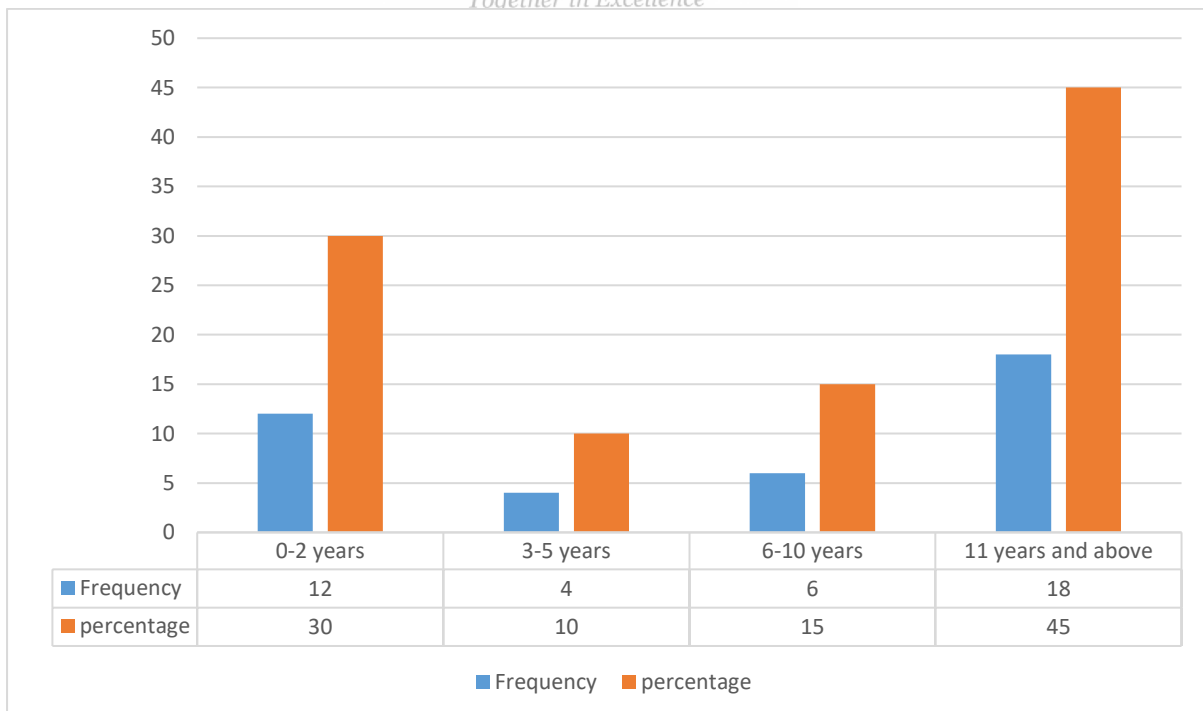
Figure 4.2: Period of Employment at the Hospital

Most of the respondents (45%) have been employed by Cecilia Makiwane for 11 years and above. The second largest group (30%) has worked in the hospital between 0-2 years. It means they started between 2018 to 2020. The total of the respondents who have been in the hospital for 6 to 10 years is 15%. The lowest percentage of the respondents (10%) has served Cecilia Makiwane for 3-5 years.
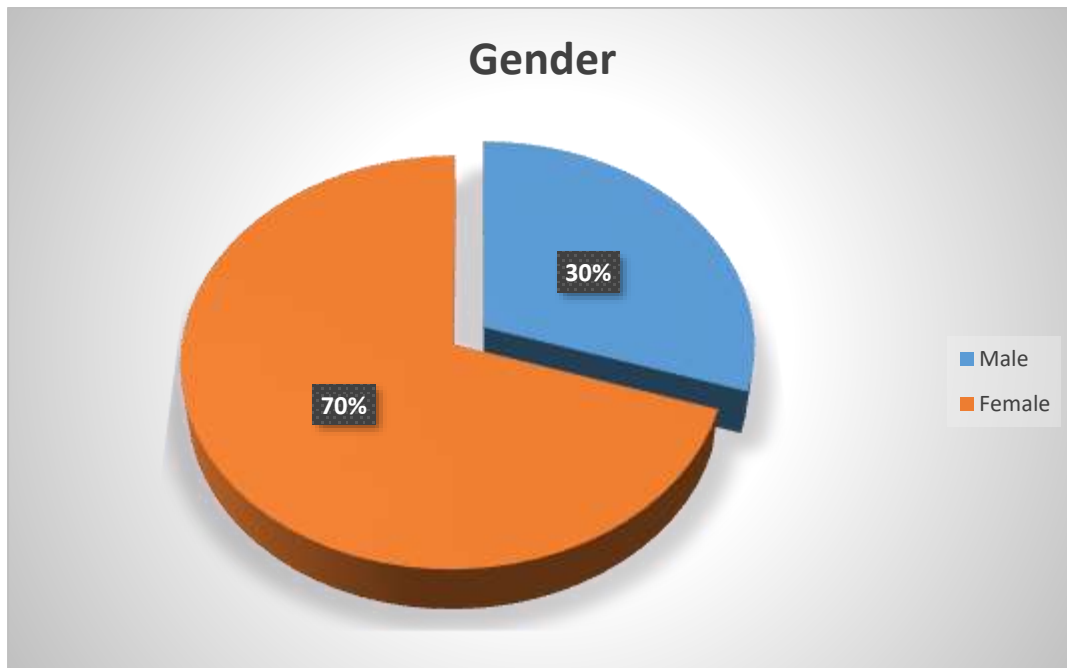
Figure 4.3: Gender of the Respondents

Figure 4.3 shows that 70 % of the respondents were female, and 30% were male. Therefore, both genders were considered and given an equal opportunity, as the study was not biased towards a particular gender. The higher percentage of females is not unusual in the healthcare sector, as many females opt for nurturing professions.
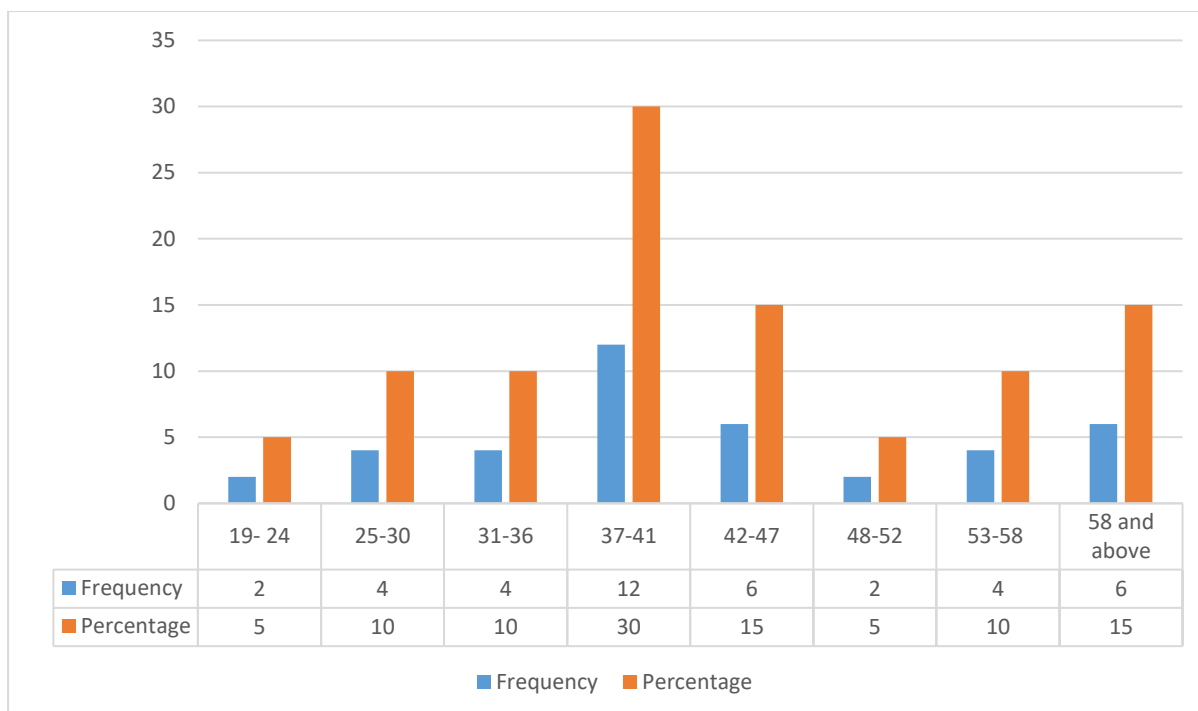
Figure 4.4: Respondents by Age

The highest percentage of respondents came from 37-41 years at 30%, followed by two age groups (42 to 47 and 58 and above years) which comprised 15% each. The age groups of 25-30, 31-36, and 53-58 show 10% responses, and the least populated age response is 5% from the age groups of 19-24 and 48-52 years.
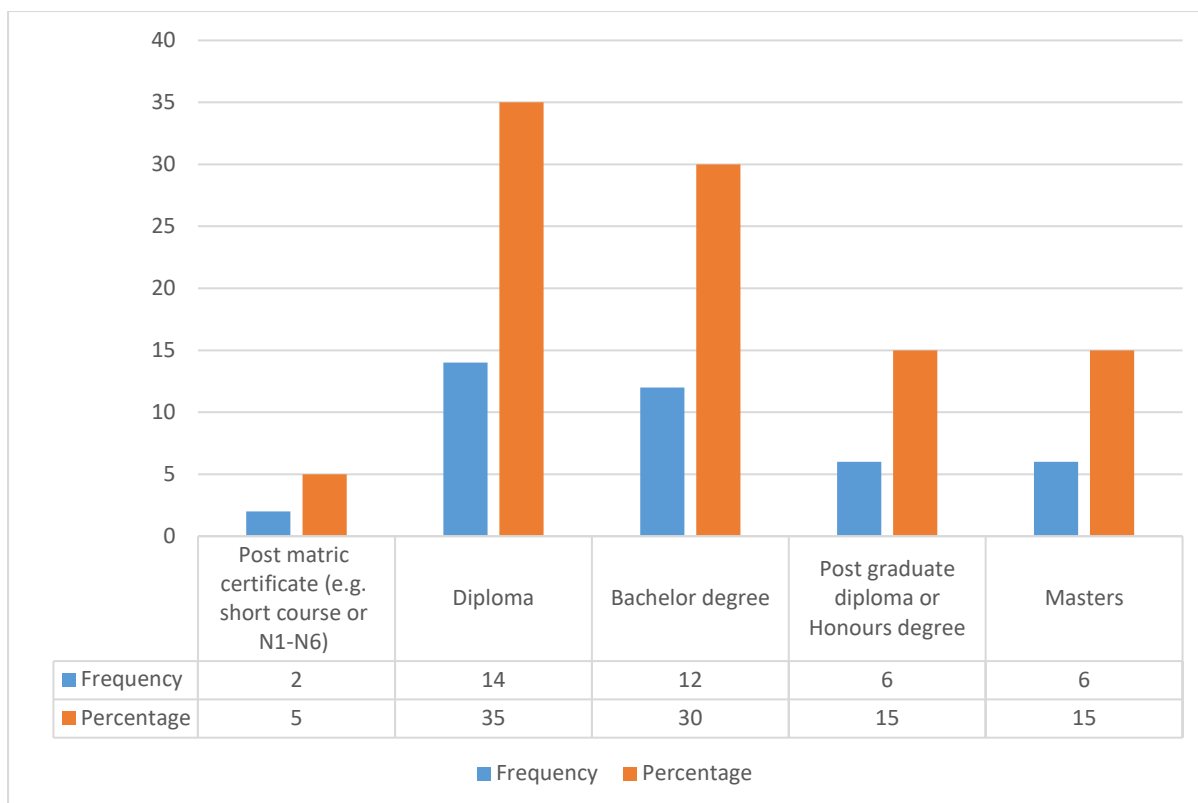
Figure 4.5: Educational Level

The respondents' most popular level of education is a National Diploma at 35%, followed by a Bachelor's Degree at 30%. The Post-graduate Diploma or Honours degree is represented by 15% of the respondents, and the master's, the highest qualification, was represented by 15%, which equals the percentage of post-graduate respondents. The lowest number of respondents owned post-matric certificates, meaning respondents who had obtained short courses or National Certificates (N1 to N6).

4.3 ANALYSIS OF LEADERSHIP VALUES AND ORGANISATIONAL VALUES

The researcher used the following table and color codes to analyze and interpret ethical leadership, organizational, and constitutional values and principles.

Table 4.2: Colour Codes Interpretation

Percentage of responses per statement	Colour codes	Meaning of colour codes
24 and less		Very poor implementation
25-49		Poor implementation
50-74		Partial and unsatisfactory implementation
75-99		Good implementation
100 and above		Excellent implementation

For statements confirmed by 24 and lower % of the respondents, the red colour code was used (implementation is very poor). Statements confirmed by 25-49 % (implementation is poor) will be color-coded yellow. Similarly, statements confirmed by 50-74% of the respondents will be colour-coded orange, meaning the implementation is partial and unsatisfactory. Lastly, statements confirmed by 75-99% of the respondents are given a blue colour code indicating the implementation is good. In contrast, statements confirmed by 100 and above will be labeled green, meaning excellent implementation.

4.3.1 Assessment of ethical leadership values

According to the ethical leadership theory, ethical leadership can demonstrate normatively appropriate conduct through personal actions and interpersonal relations and promote such conduct to followers through two-way communication, reinforcement, and decision-making (Dhar, 2016:140). Ethical leadership theory was used to assess the demonstration of ethical leadership in CMH. The table below indicates the data analysis of ethical leadership values per the hospital respondents.

Table 4.3: Responses to Ethical Leadership Values in the Hospital

No	Ethical leadership value statements from highest to lowest frequency	Colour codes based on implementation levels
1.	Leaders communicate clear ethical standards to their subordinates.	
2.	Leaders show commitment towards ethical and moral values.	
3.	Leaders set an example of ethical behaviour in their decisions and actions.	
4.	Leaders put the interests of the community before their interests.	
5.	Leaders act against everyone who behaves unethically in the workplace.	
6.	Leaders are honest and can be trusted to carry out promises and commitments.	
7.	Leaders are prepared to make self-sacrifice for the success of the hospital.	
8.	Leaders value ethical behaviour more than hospital success.	
9.	Leaders put the interests of employees before their interests.	
10	Leaders acknowledge their mistakes and take responsibility for them.	

Table 4.3 shows the ethical leadership values of CMH leaders arranged from highest to lowest frequency of responses. The above table indicates that implementing the first three value statements is good. Value statement 10 shows that leaders do not acknowledge their mistakes and take responsibility. According to the RSA Constitutional value and principle of 1996, chapter 10:1(f), the employees in the public institution must be accountable. The literature review of this study defines accountability as values that state all the employees must be able to answer and liable

for their actions. Batho Pele Principles further state that a leader who has made mistakes must be remedial action and public apology. According to Meyer, Sison, and Ferrero (2019:222), leadership to be ethical must be characterised by behavioural indicators of honesty, telling the truth, and accepting responsibility. An honest leader is a person who exposes their own mistakes. A leader who acknowledges mistakes builds trust in the subordinates. According to the ethical leadership theory, ethical leaders promote commitment, moral identity, and developmental teamwork techniques to succeed.

The direct responses from the respondents show mixed views about the demonstration of ethical leadership values in CMH, as confirmed by the following responses:

> *"CMH leadership always shows good ethical behaviour and leads by example. Their leadership is satisfactory."*
>
> *"The CMH hospital leaders need to improve their managerial skills."*
>
> *"Leaders comply with CMH's ethical values and encourage subordinates to comply."*
>
> *"Hospital leadership seems concerned about politics and good public appearance rather than genuine, high-quality care; they only care about what will benefit them."*

The most predominant colour code in Table 4.3 is orange, indicating that the demonstration of ethical leadership values in CMH is partial and unsatisfactory. According to Oleribe, Momoh, Uzochukwu, Mbofana, Adebiyi, Barbera, Williams, and Taylor-Robisonet (2019:395), poor leadership is not an institutional challenge to health organisations nor a national challenge but a global problem. The following paragraph focuses on assessing the implementation of organisational values to improve ethical leadership in CMH.

4.3.2 Organisational values

The table below shows the respondents' findings who assessed the organisational values' implementation.

Table 4.4: Percentage of Responses on Organisational Values

B2	Statements	Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly agree	Colour codes based on implementation levels
1.	Leaders are committed to the provision of high-quality services	0	5	25	25	45	
2.	Leaders ensure equity in the distribution of services	0	10	25	25	40	
3.	Leaders promote service excellence towards patients, visiting consumers, and the community	0	5	30	15	50	
4.	Leaders promote fair labour	0	15	20	40	25	

#							
	practices in hospital						
5.	Leaders always account to the public when the expected service standards have not been met	5	10	15	50	20	
6.	Leaders are open and transparent about their decisions	0	25	25	25	25	

Cecilia Makiwane Hospital has the following organisational values: high-quality service, equity, service excellence, fair labour practices, accountability, and transparency. All the shared institutional values in South Africa must be aligned to the CPVs as they govern. The respondents were asked how leaders uphold their organisational values, as depicted in Table 4.4. Out of five values statements in the above table, the respondents indicated that the CMH leadership is committed to providing high-quality service. In contrast, the other four organisational values are partially and unsatisfactorily implemented.

Sagiv, Roccas, Cieciuch, and Schwartz (2017:77) state that values are the guiding principles in the lives of human beings. In a hospital, a leader guides and facilitates the work of others to make a positive difference that promotes the organisational values and delivery of high-quality service. According to Walter, Ruiz, Tourse, Kress, Morningstar, MacArthur, and Daniels (2017:218), a leader should have personal values aligned with organisational values. An organisation can implement the

constitutional values and principles to satisfaction when leaders infuse the organisational values aligned to the CPVs in their daily practices.

4.4 ASSESSMENT OF CONSTITUTIONAL VALUES AND PRINCIPLES

Implementing Constitutional values and principles were assessed in the context of social justice. According to the theory of social justice, social justice is defined as the fair and equitable distribution of power, resources, and obligations in society to all people, regardless of race or ethnicity, age, gender, ability, status, sexual orientation, and religious or spiritual background (Lutfiya, and Bartlett, 2020). This definition's fundamental principles include inclusion, collaboration, cooperation, equal access, and equal opportunity. For this study, the constitutional values and principles that were assessed were the promotion of professional ethics in the hospital; followed by the promotion of efficient, effective, and economical use of resources; service must be provided impartially, fairly, equitably, and without bias; people's needs must be responded to, and the public must be encouraged to participate in policymaking, accountability, transparency and good human resource management. The respondents' responses are presented below.

4.4.1 A high standard of professional ethics must be promoted

The level at which the hospital promotes ethics in the hospital as per respondents will be shown below.

Table 4.5: Percentage of Responses on Professional Ethics

C1	A high standard of professional ethics must be promoted	Yes	No	Colour codes based on implementation levels
1.	Leaders set an example of ethical behaviour in their decisions and actions.	80	20	
2.	Leaders communicate clear ethical standards for members.	60	40	

3.	Leaders use their power wisely — they use power to help most people and not just benefit themselves and people close to them.	55	45	
4.	Disciplinary actions are taken against employees who commit acts of misconduct.	75	25	

Table 4 shows respondents' mixed views about promoting ethical standards in CMH. This implies that all leaders in CMH do not uphold high ethical standards. Cruz and Sawchuk (2021:201-245) state that leadership must promote professional ethics as these are described by an intra-professional approach which consists of values, duties, rights, and responsibilities. National legislation and international agreements regulate them. The respondents had strong views about the partial implementation of professional and ethical standards, and their direct responses are quoted as follows:

"All do not hold the level of professionalism. Many find it acceptable to arrive late for work and leave early."

"Employees at CMH always display high levels of professionalism and respect their leaders."

"Sometimes, we are just told what to do in the meeting. We are not given a chance to discuss issues. Leaders need to improve their levels of professionalism."

All leaders are expected to uphold high ethical standards; therefore, it is unacceptable that not all leaders uphold the required standards.

4.4.2 Effective, efficient and economical use of resources

Employees were asked to indicate how hospital resources are used to promote effective, efficient, and economic use per constitutional values and principles. Table 4.6 below shows the responses from the hospital management respondents.

Table 4.6: Percentage of Responses on Use of Resources

C2	Effective, efficient, and economical use of resources	YES	NO	Colour codes based on implementation levels
1.	The hospital always purchases and orders stock as per needs, has alternatives for emergencies and avoids borrowing from other hospitals.	45	55	
2.	Departmental resources are used to benefit departmental consumers and meet community expectations.	80	20	
3.	Procurement and financial departments have control measures to promote cost savings in the hospital.	75	25	
4.	Leaders promote anti-corruption measures in the department.	70	30	
5.	The hospital's budget is always allocated to functions that enable departments to meet the needs and expectations of the public.	70	30	
6.	Departmental staff members strive to achieve the department's objectives cost-effectively and in the public's interest.	80	20	

The respondents indicated that the use of resources for the benefit of the community, cost-effectiveness, interest of the public, and control measures that minimise costs are satisfactory implemented (80%). However, the hospital is still challenged by a lack of anti-corruption strategies, budget allocation, and stock purchase measures. The

challenges lead to the partial and unsatisfactory implementation of the resource principle. The table further shows that the hospital still borrows stock from other hospitals and does not have alternative sources for emergencies to avoid borrowing. The citizens value efficiency by evaluating how they are served and the quality received against the quality expected. An institution that promotes and practices citizen engagement and public participation achieves efficiency per the RSA Constitution (1996,1(e). People's needs must be responded to, and the public must be encouraged to participate in policymaking. However, it is very hard for public institutions to efficiently use resources to meet citizen expectations due to the limited resources of the state and the high expectations of the citizens (Muswede and Mpofu, 2020:267-283). Hence the hospital ends up borrowing from other hospitals. Ritonga (2018:22) once indicated that public institutions should be anticipatory, responsive, and results orientated to promote the general welfare of citizens.

Below are direct quotes from the respondents:

 "*Most resources are unavailable, and the available stock takes time to deliver to the hospital. The hospital is always out of stock. Secondly, nurses are not enough to serve with stock available even if ideal. For example, gloves, synergies, catheters, and films are currently out of stock while we are not supposed to help any client without gloves.*"

"*The demand for the resources exceeds the supply.*"

"*The CMH serves unemployed people and does not make money as a public institution; instead, the number of patients increases daily.*"

"*Resources are well managed in the hospital, but sometimes we borrow from other nearby hospitals when out of stock.*"

"*The budget constraints cause delays on arrival of the stock at the hospital. Allocated funds are insufficient, poor management of revenues, lack of maintenance of the hospital's equipment and resources are misused, but more often the hospital is out of stock.*"

According to Kjaer, Pigosso, Niero, Bech, and McAloone (2019:25), one way to promote the effective, efficient and economical use of resources is to provide support on operational functions through measures of alternative emergency stock availability

in the case of a hospital, providing maintenance to the hospital assets, repairs, and upgrades; product sharing within the hospital; sharing of resources among users and recycling. Another way is gathering feedback from the public to identify effective ways of using the hospital's resources effectively, efficiently, and economically to meet public expectations. As per Fourie and Poggenpoel (2017:169-180), public funds are not being managed effectively and efficiently when there is a lack of internal financial controls and capacity and skills within government finance departments.

The hospital does not meet the public's expected needs, which shows a partial and unsatisfactory implementation of resources.

4.4.3 Services must be provided impartially, fairly, equitably, and without bias

Employees were asked to indicate their feelings about impartiality, fairness, equitable service provision, and service provision without bias in the hospital. Table 4.7 below depicts the scores.

Table 4.7: Percentage of Responses on Provision of Services

C3	Services must be provided impartially, fairly, equitably, and without bias	Yes	No	Colour codes based on implementation levels
1.	The hospital officials serve the public unbiased and impartial to create confidence in the public service.	80	20	
2.	The departmental officials do not unfairly discriminate against any public member on race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture, or language.	95	5	
3.	Departmental consumers and patients are treated fairly, professionally, and equitably	95	5	

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irrespective of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture, or language.		

The table above shows that the hospital is good at implementing fair, impartial, and equitable service provision, with 95% of respondents agreeing with statements 2 and 3 (non-discrimination and fair treatment) and only 5% scoring for poor or partial implementation in terms of service equality. According to the Social Justice Theory, an institution reaches social justice by fair, equitable distribution of power, resources, and obligations in society to all people, regardless of race or ethnicity, age, gender, ability, status, sexual orientation, religion, and spiritual background.

Below are the direct quotes of respondents:

"Patients' rights are protected, they are treated equally, with dignity, and the hospital complies with the Constitution."

"The hospital officials respect patients' rights and do not discriminate against patients based on race, culture, beliefs, sex, age, disability or political background, economic status, and everyone is fairly treated. The hospital is encouraged to adhere to the Batho Pele principles that promote fair, equal, and impartial treatment."

In the context of public hospital service, promoting service provision that is equal, impartial, fair reflects social justice should be implemented; section 195(i) of the RSA Constitution (1996) states that the South African Representatives (Public service employees) must redress the imbalances of the past through serving all the people equally. This means that all people, irrespective of historical, economic, or social disadvantage, should receive equal service. Gruberg (2021:30) claims that pursuing health equity strives for the highest possible heath standard for all people.

4.4.4 People's needs must be responded to, and the public must be encouraged to participate in policymaking

The encouragement of public participation in hospital policy-making was assessed using various applicable statements. The finding is presented below in Table 4. 8.

Table 4.8: Percentage of Responses on CMH Responsiveness and Public Participation in Policymaking

C4	People's needs must be responded to, and the public must be encouraged to participate in policymaking.	Yes	No	Colour codes are based on implementation levels.
17.	The departmental leadership and employees are committed to the education and empowerment of communities about health awareness issues.	85	15	
18.	The department creates conditions for community members and stakeholders to participate in the policy development processes of the hospital.	60	40	
19.	The departmental leadership and employees are always responsive to the needs of the public.	80	20	

The 85% agreement with statement 17 shows that the empowerment of communities and response to their needs are satisfactorily implemented (good implementation). However, 15% of respondents are of the view that this principle is unsatisfactorily implemented in terms of creating conditions that allow and attract community members to participate in policymaking. The theory of social justice states that for a hospital to respond to the needs of the people with justice, it starts with leaders having respect, reverence, and love for their subordinates. Then the employees will be easily influenced, resulting in a spirit of sharing, love, passion, integrity and ethical conduct, and clear direction of hospital services. The more they feel good, the more they gain interest in responding to and serving the people. Then the social suffering will be

minimised, and social justice will be maximised (Dutta, 2017:4041). Respondents further explained by stating with direct quotes:

"I never saw a department or ward within the hospital with patient survey boxes, and there is no public interest at all. The hospital needs to improve transparency to the public to understand its role of public participation in the hospital."

"Due to unavailability of resources because of poor planning, the public is partially involved in developing policies, and the policies are there, but they are never implemented."

In contrast, there is a respondent who indicated that:

"The public is involved in the hospital development policies, and public consultation is satisfactory."

"The hospital has a fully functional community board representing the community in hospital development. There is awareness day in Mdantsane, and Mdantsane radio station is used for the hospital informing the community about wellness, as is the case with HIV/AIDS awareness."

According to Den Broeder, Uiters, Ten Have, Wagemakers, and Schuit (2017:33-42), participation includes arguments about knowledge and science as much as it means involvement in decision-making. It means critical questioning and debunking of aspects and claims to privileged understanding. Community participation is highly recognised as a regular aspect and core element of service rendered. Community participation contributes to the equity of service orientation by allowing full access to the people equally. It increases awareness and interest in service delivery. It also serves as a healing effect for the neglected members and community, building trust and confidence within the public towards the government. Training to capacitate community members through community empowerment is a long-term process that requires sustained and systematic support to manage changes that may impact an organisation and outside (Den Broeder et al., 2017:34-39).

4.4.5 Public administration must be accountable

Employees' perceptions about leadership accountability at the Cecilia Makiwane Hospital were assessed using applicable statements. Table 4. below shows the results.

Table 4.9: Percentage of Responses about Accountability at CMH

C5	Public administration must be accountable.	Yes	No	Colour codes are based on implementation levels.
21.	The hospital leadership and employees are honest and accountable in dealing with public funds and using public property and other resources effectively, efficiently, and only for authorised official purposes.	70	30	
22.	The hospital leadership ensures that fraud, corruption, nepotism, and maladministration are reported to the appropriate authorities to protect the public's interests.	75	25	
23.	The hospital leadership and officials are accountable to the community and its stakeholders and always ensure high-quality service delivery and good financial management.	90	10	

According to the Public Finance Management Act (PFMA) No.1 of 1999, accountability is classified by many measures such as legal, fiscal, and procedural accountability. The responsibility of the PFMA is to regulate financial management in the provincial

departments and institutions of the public sector. CMH is categorised as a provincial hospital, and it should thus comply with the PFMA. They are mandated by the Act to ensure that all resources, expenditures, assets, and liabilities are managed effectively and efficiently. According to Aij and Teunisses (2017), accountability is one of the principles that measures the success and failures of leaders. The lack of accountability in an institution could result in an abuse of power, corruption, under-productiveness, and citizens' ignorance. The RSA Constitution (1996) mandates the Public Service Commission to investigate, monitor, and evaluate all public institutions on their accountability.

Regarding accountability, the respondents scored statements 22 with 75% and 23 with 90%, indicating satisfactory implementation of this principle. Statement 21 is 70% suggesting that CMH management strives for high-quality service delivery, reporting fraud, corruption, nepotism, and maladministration to the appropriate authorities to protect the public's interest. The respondents scored statement 21 less positively, meaning they are somewhat ambivalent about leadership honesty with public funds, as depicted below:

"No, Very few public announcements, unless prodded by the media, the hospital leaders do not account.

In contrast, there is a respondent who stated as follows:

"Yes, the leaders redress the public when expected service has not been met and provide consumers with reasons, and CMH takes effective measures."

Accountability is a mechanism or system to hold managers and directors within departments obligated to explain and justify their conduct or actions (Spa, 2016).

4.4.6 Transparency must be fostered by providing the public with timely, accessible, and accurate information

The value of transparency that encourages all the public institutions to provide timely, accessible, and accurate information was assessed, and responses are shown in the table below.

Table 4.10: Percentage of Responses about Timeliness, Accessibility, and Accuracy of Information Provided

C6	Transparency must be fostered by providing the public with timely, accessible, and accurate information.	Yes	NO	Colour codes are based on implementation levels.
25.	They respect the public's right to access information, excluding information protected explicitly by law.	100	0	
26.	Leaders and employees are open and transparent about every aspect of operations to the community.	65	35	

The table shows that the hospital respects the public's right to information (100%) and enables them to access the hospital information, while only 35% indicated unsatisfactory openness and transparency towards the community. Below are the comments that show how respondents feel about hospital transparency:

"The leadership is not transparent to the employees, and they do not listen to their views while they are expected to be transparent about the changes that happen in the hospital."

"The information should be on the notice boards all over the hospital for the consumers and use feedback from the consumer's complaint boxes."

Rios, Bastida, and Benito (2016:547) emphasise that transparency is essential for poor and low-income citizens. They could benefit from developmental programs. Transparency requires that citizens understand public hospital activities such as budgets and policies and have full access to the information that will allow them to hold the hospital accountable. Transparency facilitates interaction between the hospital and the public, providing information and equipping the citizens to take an active role in public affairs (Braga, Bazerra, Pimenta, Nicolas, and Piuyeza, 2021:30). It enables citizens to communicate their views and complaints regarding public issues to influence the development or implementation of public policy. Access to information is accepted as a fundamental right protected by the national constitution in democratic countries (Apakhayev, Koishbaiuly, Khudai, Khamzina & Buribayev 2017:722)

4.4.7 Good human resource management and career development practices to maximise human potential

The respondents were asked about human resource management and career development, and the responses are presented below in Table 4.11.

Table 4.11: Percentage of Responses on Human Resource Practices at CMH

C7	Good Human resource management and career development practices maximize human potential.	Yes	No	Colour codes are based on implementation levels.
28.	The hospital empowers its employees through training and development programs.	75	25	
29.	Opportunities for promotion and career development are available at the hospital.	80	20	
30.	Leaders are fair and objective when evaluating employees' performance and providing rewards.	65	35	
31.	Leaders are fair and unbiased when assigning tasks to subordinates.	80	20	
32.	Leaders treat their subordinates fairly, professionally, and equitably irrespective of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture, or language.	75	25	

The results show that the hospital is good at implementing human resource management through the availability of promotion opportunities, career development, and fair and unbiased task assigned to the subordinates (statements 2, 29, 31 &32).

However, it is partially unsatisfactory performance evaluation and rewards (statement 30). Further comments are listed below:

"It is reliable and effective, well managed; the staff attends skills development courses, the hospital does skills audits and performance evaluations to meet the human resource standards."

"There are no promotions that the Human Resources Management office is doing; they only focus on training staff."

"The Human resource office fails us because of leadership favouritism."

"I am unhappy with HR because I still earn the same salary (grade) after years of service."

Training and development are key factors to maximise human potential. Khan, Jianguo, Ali, Saleem, and Usman, (2019) state that it is important for human resources to develop the personnel to implement organisational values. The training of the employees capacitates and educates the employees for developmental needs. Performance management is the responsibility of a manager or supervisor. They measure the performance of each employee in their sections and rate them according to their individual goals and target activities. Each supervisor in the public hospital has the mandate to submit a performance management plan for each employee. There must be feedback to the employees after they have been rated. According to performance management, the institution allocates rewards (Nxumalo, Goudge, Gilson & Eyles, 2018:6).

4.4.8 Working conditions

The table below presents the findings from the respondents about the hospital's working conditions.

Table 4.12: Percentage Responses on Working Conditions

No	Statement	Strongly disagree	Disagree	Neither agrees/disagree	Strongly agree	agree	Colour codes are based on

							implementation levels.
1	Employees do not work more than 45 hours per week.	5	15	10	35	30	
2	The salary levels justify the responsibilities given to employees.	30	0	20	30	25	
3	They pay staff for overtime.	5	5	15	50	25	
4	The hospital facilities are in good working condition.	5	10	25	25	25	
5	The hospital is safe and controls infections for the safety of the staff and hospital consumers.	5	25	25	50	15	
6	Deserving employees receive rewards and	20	20	30	30	5	

	get recognition for their good performance.						
7	All employees are treated equally. There is no favouritism.	20	10	20	40	20	
8	Employees are not given a workload that is beyond their capabilities.	15	10	20	25	30	

Table 4.12 shows that the working conditions are partial and unsatisfactory in terms of working hours, salary levels, hospital facility, infection control, equal employee treatment, and workload. There is poor implementation of rewards and recognition for the employees as per their performance. However, the respondents indicate good working conditions in terms of overtime payment. The respondents further explained below:

"Conditions are fair because we had improved from when we were short of consumables."

"Great working conditions, it has improved morale of the staff."

"The working conditions are bad because the hospital still has old machines and equipment, and other buildings are still being renovated."

"There is a shortage of staff (nurse and admin)."

"Sometimes nurses work overtime and pay back with off days when it is not that busy."

"Poor and fewer salaries for the level of jobs nurses do."

A positive work environment ensures the well-being of employees. It enables them to exert themselves in their roles with all forces that may translate to higher production. According to Manyisa and van Aswegen (2017:28-38), workload is one of the major factors that negatively impacts the hospital environment. The hospital's working conditions require identifying and dealing with working conditions to avoid or prevent chronic stress for the employees. Chronic stress is a disease that employees suffer from when they negatively perceive their work environment (Stuijfzand, Deforges, Sandoz, Sajin, Jaques, Elmers, Horsch (2020:16). Hospital workers should serve with passion, patience, love, and empathy. It is hard to help patients when the working conditions are bad. The hospital should ensure that the working conditions are good and aligned to the constitutional values that motivate and create a positive attitude towards work. The recognition and rewards as per performance are conditions that the hospital should improve to motivate their employees. Additionally, working hours, salary levels, infection control, and workload are important conditions the hospital should implement satisfactorily.

According to Smith (2008:9-10), applying social justice in hospitals requires management to practice service provision with human dignity, respect, and love for their subordinates, enabling nurses in the operational hospital services to do the same for their hospital consumers. The hospital employees could be willing to serve all public members equally, but the hospitals in South Africa operate in the context of limited and scarce resources. The lack of resources compromises equal quality service provision to all. Implementing the constitutional values and principles is intended to ensure the effective, efficient, and economical use of resources and to promote social justice in hospitals (Ucca-Silverira, 2016:4).

4.5 QUALITATIVE DATA ANALYSIS

Qualitative data analysis will cover the analysis of the hospital interviews conducted by the researcher with the consumers of the hospital. They were interviewed on consumer satisfaction, responsiveness to public complaints, perception of the hospital's appearance, access to information, and customer care.

4.5.1 Analysis of responses from the visiting hospital consumers

The researcher interviewed 40 visiting consumers to assess their views on service quality at CMH. Hertzberg's two-factor satisfaction theory was used as a guideline to evaluate service quality in CMH. Qualitative analysis of the research findings will be presented next.

4.5.1.1 Consumer satisfaction with service quality

The consumers outside the hospital's gate were interviewed and asked if they were satisfied with the service in the hospital. They responded positively and indicated the service they received matched their expectations. One interviewee elaborated by stating:

"*The CMH is beneficial, and I am always satisfied with the ward I visit. They give us information about the kind of help they are giving us and ensure we receive medication to ease the pain and feel better.*"

Another responded further compared CHM with other hospitals the consumer had visited before in the Eastern Cape Province and stated that:

"*CMH is number one in terms of quality to all the hospitals I have visited in our province.*"

And lastly, most respondents agreed that the hospital service is satisfactory and staff pays attention to them. In contrast, a few consumers had not experienced the quality service at CHM they expected. One consumer responded:

"*I am unhappy with how they serve us, especially the nurses. My husband was given the wrong treatment at the pharmaceutical ward; when we came back to ask for the right treatment, they sent us to the police station without explaining why we should go there and how they would assist us in getting the right treatment.*"

A consumer's satisfaction in the hospital is based on fulfilling the health needs of hospital consumers in line with their expectations. Consumers need to know the service they should expect from the hospital fully. Their understanding of the level of service determines their expectations from the hospital. When their expectations are met, then their satisfaction is reached. Suchanek and Kralova (2018:1248) write that

hospital leadership should ensure that consumer services are available and provided to the consumers to meet their expectations. According to Rabo and Ang (2018:2), a customer's satisfaction with health care services could improve the hospital's service quality. Once the consumers are satisfied and happy with their service, they become loyal to the hospital and easily share their experiences with their friends, family, colleagues, and community members. This in itself is a recommendation to the hospital. The hospital could use the consumer knowledge and experience as feedback from consumers.

Nguyen, Nguyen, Nguyen, and Phan (2018:3) believe that service quality is becoming an increasingly vital element of organisational success. They further state that the quest for service quality has management implications for hospital consumer care service. In line with this, one respondent who stated that CHM does not prioritise the elderly and the disabled stated the following:

"*Old people are not prioritised in the hospital. Our grandparents cannot stand for long a time like young people, but here at CMH, they make everyone wait in queues regardless of conditions*".

 According to the Old Person Act 13 of 2006, older adults should be served with respect, and their best interests, rights, and principles should be protected. Chapter 2:5 (d) of this Act states that older adults should be protected from unfair discrimination, including health status or disability. Section 9(d &h) further states that the multi-dimensional needs of older persons ensure that they should receive priority in the provision of basic services (Old Persons Act, 2006).

One consumer raised the issue of bad attitude:

"The hospital needs to improve customer care from the entrance gate (securities), nurses, and admin staff. They are rude, and it could be because they lack understanding of customer care services."

Attitude is a disposition or feeling concerning a person or thing or an orientation of the mind. Being rude, unfriendly, and not helpful to another person is a bad attitude (Cassam, 2018:35). All the staff in the hospital needs to have a positive, healthy attitude towards patients and consumers. Haskins, Phakathi, Grant, and Horwood (2016:32) maintain that hospital staff should serve with respect, compassion, wisdom,

sensitivity, and care. A hospital that provides high-quality care involves doing the right thing at the right time and improving health outcomes for the consumers and patients.

The respondents further motivated their responses as follows:

"Quality service requires improvement in waiting times and provision of good service to consumers, more staff and improvement on their attitude. Nurses are lazy."

"The service is good, fine, the hospital staff care enough, and we are happy and satisfied."

"Medicine and tablets should not be given for too long, about three months, because people need to be checked. It will be better if they give us one month to wait."

"Be diverse institution in terms of language; try to speak the language of an area rather than always speaking English, especially to people who cannot speak English."

"Improve quality by a system of tracing patient's records and visits of patients."

"The hospital should be flexible and have an adjusting strategy; for example, in the case of COVID-19, people are sent away and claim to be busy."

"Race is another challenge among black CMH employees and black patients. The hospital employees tend to undermine us and serve better other races."

"Improve on laboratory results and make them clear. Reduce the waiting time, about a month before we receive the results."

According to Aliman and Mohamad (2016:146), the hospital's service quality is determined by the behaviour of hospital consumers. Their behaviour, in turn, is determined by the quality that consumers expect compared to the quality of service received. The hospital consumers and patients need to understand what a hospital can offer, and the hospital should listen to its consumers until they reach mutual understanding.

4.5.1.2 CMH responsiveness to public complaints

The term complaint is defined as a statement that something is wrong or not satisfactory given by any other person on health care services being rendered and care being provided within the public health sector (Liu, Rotteau, Bell & Shojania,

2019: 894-900). A hospital should use the complaint and suggestion box system to improve. According to the Auditor General Act, any inappropriate action in the public service must not be hidden by public administration but should be reported, known, and investigated to promote governance and democracy (Auditor-General Act, 1995).

The direct responses of the vising consumers follow next:

"*CMH nurses and other staff do respond to complaints in person, for example, if they are complaining about long waiting time, clarity on services.*"

"*In my belief, the nurses or people responsible for complaint management box scratch them out and throw them away, especially those with negative feedback.*"

"*We have complained and have never seen any change, for example, bad attitude of certain nurses; one has to make sure you duck and dive that nurse and see another nurse.*"

The complaint management team could improve hospital service quality through fairness, honesty, boosting staff morale, resolving problems, respect, service quality improvement, and concern satisfaction, leading to easy implementation of the constitutional values and principles. The hospital must be committed to effective complaint management and value feedback from users. Transparency is critical to complain management.

Below are the quotes from the respondents:

"*They pay attention to the questions and our concerns as well. And they check suggestion boxes weekly, read them and respond because we have seen changes such as toilets being clean all the time and improving the nurse's attitudes.*"
"*They respond on time and very fast.*"

"*Yes, I complained, and there were changes.*"

"*People put complaints and suggestions on the complaint box, but they never see change, and it seems the hospital does not consider them.*"
"*The nurses are very rude and do not expect us to ask them questions that we do not understand; they will say, "what do you know."*"

A hospital should use the complaint and suggestion box system as a source of improvement. The complaint management box could improve hospital services through fairness, honesty, boosting staff morale, resolving problems, respect, service quality improvement, and concern satisfaction, leading to easy implementation of the constitutional values and principles. According to Simonofski, Asensio, Smedt, and Snoeck (2019:665-678), citizen participation is still a fundamental principle that could enable high-quality service and consumer satisfaction.

In the context of a public hospital, it is important to gather knowledge of consumers' demands and analyse consumer behaviour to respond to the needs of the people.

4.5.1.3 Consumer perceptions of the physical appearance of the hospital

The findings reveal that consumers are happy and partially satisfied with conditions. Some patients were sitting outside on green grass; others were sleeping on chairs, while others were sitting on stairs**.** However, below are some of the quotes from the respondents.

"*The hospital is in good condition and appearance inside and outside.*"

"The hospital physical appearance looks good, but you still get people sitting outside on the stairs, so they need to add more sitting areas."

"The hospital building looks good in appearance, and they have enough chairs inside the hospital, and patients have different wards per their needs."

When interviewed, consumers sitting on the stairs and looking tired responded that the chairs are not comfortable enough for people waiting hours for the hospital buses to pick them up (Ambulance).

"We wait for the whole day, and the bus will only pick us up   after 4 hours."

"Yes, inside the buildings and machine looks good; however, the hospital should have waiting areas suitable for sick people."

A hospital should have modern physical environment facilities such as highly maintained infrastructure, medical apparatus, vital patient health equipment, and organisational facilities. The hospital is responsible for providing an excellent appearance to patients in and out of the hospital. However, Javed, Anas, Abbas, and

Khan (2017: 31-41) view service quality as one area of customer satisfaction that depends on the consistency of opening times of the hospitals, courtesy during registration, respect for the patients, functional working environment and awareness of urgent community outreach programs.

Hospitals should have facilities that can create good working conditions, accommodate every kind of patient, and provide comfortable seats and spaces for those waiting for ambulances.

 Respondents further justified their responses with the following comments:
"Nurses must respect patients. They should always be humble. Here at CMH, the nurses have very bad attitudes towards patients."
"Conditions of the hospital are good, the hospital is clean, organised, and appearance of the hospital is good, and it has big spaces."
"The hospital has no porters available at all times for the disabled people."
"The hospital welfare has improved, and they must only add more securities."
"Sometimes you find toilets with no soap to wash hands after use of the toilet."

The hospital's appearance should meet all applicable regulations, such as the appropriate waiting area, adequate shelter, and patient seating. The hospital machines with electric power, water, and sewage systems should always be functional and ready for hospital patient needs. A hospital should have modern physical environment facilities such as well-trained and knowledgeable employees, highly maintained infrastructure, medical apparatus, and organisational facilities. The hospital's responsibility is always to ensure an excellent appearance to patients in and out of the hospital. (Gumende, Green & Dlamini, 2015:34-35).

4.5.1.4 Consumer perception of the accessibility of information in CMH

Consumers seem satisfied with access to information because the nurses and doctors explain how they should use the medicines and treatment. Nevertheless, health awareness, community educational programs, outreach, and awareness campaigns must be strengthened. The following are some of the statements from respondents:

"They provide us with enough information and how they will treat us, and we have never seen any community awareness programs in our community here."

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"The only access we know of is about the treatment when they tell us how we should use treatment, and we are not told about anything else."

"They explain enough about services they provide and how we should use treatment."

The patients, consumers, and stakeholders should be informed about the service they will receive, how it will be conducted, and how side effects must be clearly explained and understood in the case of health medication and treatment. Consumers and patients should be fully aware of alternatives and options should these be available. Citizens should be consulted about the level of service quality before it is delivered to ensure it is aligned with their needs, expectations, and interests.

Health service consumers and customers are entitled to receive accurate and comprehensive information about their treatment and the service rendered to them. They should be given full, accurate information about the service they are entitled to receive.

A hospital should inform patients about risks associated with the service they are getting before they receive the service, its benefits, and its advantages and disadvantages. The government must tell citizens how national and provincial departments are run, how much they cost, and who is in charge. Valid comments and complaints from the consumers, patients, and stakeholders should be highly considered and addressed appropriately. If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation, and a speedy and effective remedy.

The interviewees further explained by stating the following:

"We get information about CMH hospital service from the radio, internet CMH website, and they have a Facebook page."
"Nurses provide information when they help us, mostly during face-to-face service. They give us the medication information on how many times we should use them. The doctors also explain to us about sickness."
"There is a lack of access to the information when you are outside the hospital, no social media that is actively informing us about services provided at CMH."

"The hospital should have more posters, pamphlets, and magazines that tell us about hospital services."

"The hospital is huge, and they have securities and directional signage that helps us move around the hospital."

"Nurses and doctors do not explain the effects of the treatment or any medication when they give us. Some nurses even have attitudes that scare us to listen to them and ask further questions. Instead, the doctor will give more depressing information than solution-driven."

"The hospital should add more interpretation skills such as different languages and sign language to accommodate us all.

"There is no community service that we know of that informs people about health awareness from CMH."

The citizens should be consulted about the level and quality of hospital service before it is delivered to ensure it aligns with their needs, expectations, and interests. They should be given choices about the service they are offered. In public hospitals, the patients and consumers should be informed about the treatment they will receive, how they should use it, and the side effects should be clearly explained to ensure understanding. Consumers and patients should be fully aware of alternatives and options available.

4.5.1.5 Consumers' views on customer care at CMH

The responses indicate that patients are well treated at CMH, and only staff members, as per previous questions, need to improve customer care.

"They are very helpful, polite, and friendly and have excellent customer care."

"Yes, they are helpful, but they can be late and take long to attend to us, or sometimes you are told the doctor will arrive in 3 hours."

The treatment of employees from the frontline staff, nurses, management, and administrators should promote service excellence and reliability, contributing to the quality of service provided. Additionally, for the staff to treat patients in a friendly manner, they should have a professional appearance, feel good and be confident. The staff appearance must always be neat, presentable, resourceful and helpful, friendly

and knowledgeable, and available during working hours. The knowledge can be assured by training, skills improvement, and capacity-building workshops (Fatima, Malik & Shabbir, 2018:1200).

According to Aliman and Mohamad (2016:146), once the citizens notice poor service quality, they lose interest and trust, making it hard for the hospital to provide reliable service. Reliability means receiving the service as per the time promised. A hospital has capable staff, competent in delivering accurate services, always being ready, and good management skills such as being on time at work and avoiding being late and absent without a reasonable explanation. It is the responsibility of management to ensure that they always have staff on standby.

The comments below show the consumers' responses to how the hospital staff treats them. The responses indicate the need for improvement in treating patients and hospital consumers. They should employ more doctors to attend to all the consumers on time. The progress of staff attitude can be fostered through customer care training. Below are the direct quotes from the hospital consumers:

"The hospital employees are friendly, helpful, and have a good attitude and customer care."

"The service and treatment from the doctors and nurses are satisfactory; they need to add more doctors rather than a lot of patients waiting for one doctor. For example, I have brought a family relative today, and we are happy because we received as we expected."

"They are not friendly and polite. The way we are treated as patients is unsatisfactory because the hospital lacks medication most of the time."

"The hospital treats us with dignity and fairness."

"Some staff is friendly, and sometimes you are served by a person with a very bad attitude, and they should be taught how to treat people."

"The nurses are friendly, they pay attention to patients, and there is access to information."

"The hospital has new buildings and physical working conditions."

The patient and hospital consumers should receive sincerity. Sincerity refers to the absence of pretense and deceit. In the case of health workers, it means someone who serves genuinely, without wanting to be unfaithful to one's calling. The hospital staff should always be willing to help and respond to customers' needs.

4.5.1.6   Consumer suggestions to improve service quality at CMH

CMH consumers provided recommendations and suggestions for quality improvements for consideration at the hospital. According to the National Core Standards of Health Source, 2011), a hospital should serve with respect and dignity and consider human rights to provide quality service. Each institution should evaluate itself against the national core standards and improve. The National Core Standards were established to deal with health challenges such as patient rights, patient safety; clinical support; lack of professional and ethical leadership; operational management, and poor facilities and infrastructure.

The respondents stated the following:

"*The hospital management should add more chairs for people waiting outside for the ambulance that will take them back to their hometowns. These are patients that were referred from district hospitals.*"

"*They should provide information and let old people come with their food to the hospital and allow relatives to bring them some food in case they are not used to eating what the hospital provides. People who have accompanied their relatives should be given food, and pregnant people to be prioritized.*"

"*We need more chairs for people waiting outside for an ambulance instead of sitting on the stairs.*"

"*The nurses should have respect for patients and hospital consumers. The hospital management should ensure nurses understand their mandate. They need to be trained on how they should behave. The hospital should ensure no patient is sitting outside.*"

"*Employ more staff such as doctors and specialists.*"

"*The hospital is trustworthy because it has many hospital equipment needed.*"

"Separate wards for critical and better-coping patients because it can make their situation worse, and they lose hope when they look at others who are critical."

The nurses play their role in society as productive members by providing care and services simultaneously consumed and produced and cannot be stored or later marketed. They must be satisfied to perform their jobs efficiently and to the required quality level. The job satisfaction level of nurses impacts the quality of health of the nursing professional, institution, and patients. The nurses are exposed to material burdens that can cause dissatisfaction and negative attitudes towards work. (Somense and Duran, 2014:83). Hertzberg's two-factor theory of satisfaction implies that improving the working conditions of the hospital staff members will lead to high job satisfaction and improved quality of service.

4.6   DOCUMENT ANALYSIS

According to Kapur (2019:1), the ethical leadership theory proposes that leaders consider their institution's values when carrying out their duties and conveying the same to their subordinates. It means the leadership practices should align with the constitutional values that govern each public hospital, such as CMH. The leaders such as managers and supervisors should know how to implement constitutional values and promote quality health care services. Their subordinates are supposed to be influenced by them by being honest, truthful, trustworthy, responsible, reliable, courageous, fair, and authentic. According to Meyer, Sison, and Ferrero (2019:390-403), leadership is the art of persuading followers. The authors view ethical leadership as enabling to encourage people to do the right thing. A leader should investigate what is appropriate in the hospital to implement the constitutional values. The design and structures of a hospital should energise powers of dedication toward implementing the CVPs. The systems and structures can easily be influenced by the outcomes of the institutional leadership (Kapur, 2019:17).

Sotarauta (2001:71) posits that leaders should be value-based, not self–serving. Once the leaders fully understand their expectations to implement the constitutional values, they can establish ethical expectations to set systems and structures to implement CVPs. They could hold themselves and their subordinates accountable and make

decisions that reflect the best interests of implementing these CVPs aligned to their daily practices.

The social justice theory proposes fair treatment and equal access to resources for all. Once the hospitals are overcrowded, the patients and other hospital consumers can go back home without accessing services for their health needs. It is unfair because people's needs must be responded to (Hage, Ring, and Lants, 2011:2797).

Patient satisfaction is better if patients stay for fewer hours in the hospital than patients who stay for more than eight hours. The study further states that blood test results often cause long waiting times in the hospital. In South Africa, there are also long waiting times that consumers complain about, as indicated in earlier comments, where waiting times of up to one month were mentioned.

The main factor that affects the implementation of the CVPs in a hospital is working conditions. For example, on 18 September 2017, (Republic of South Africa, 2017) reported that the CHM was upgraded with new infrastructures such as new buildings, technologies, and innovations. These were intended to improve the hospital's working conditions and service quality. The news reports state that the CMH has 526 beds. The developments of working conditions in the hospital, such as new buildings, will significantly improve the implementation of the constitutional values and principles in the hospital. According to Mahlala (2019:35), infrastructure is the essential provision for delivering public health activities in a productive and meaningful manner. It will influence alignment with CVPs.

According to the EC Health Annual Report (EC DoSD,2017), the Department of Health put up new buildings, developed new systems, renovated CMH's infrastructure, and introduced innovations. However, the PSC report (2019) states that there are still wards with old infrastructures, such as the mental care unit. This study also found that in 2020, there were wards that were not yet renovated that still had broken windows and old chairs. Physical infrastructure is still in disrepair and has not been maintained all these years in the other ward of the hospital. There are areas in the hospital that are neat and held, such as the Outpatient Department and psychiatric ward (PSC report, 2019).

It is hard for the Eastern Cape Provincial Department to implement the CVPs because of pending and continuing challenges that they have been facing. The EC Annual Report (EC DoSD, 2017) stipulates that they had difficulties such as long waiting queues, poor infrastructure, shortages of stock, and staff shortages. The report further details that EC hospitals have no proper waiting areas for patients, as they are often found with patients in narrow corridor spaces, waiting under carports, and outside in the sun. This study found that respondents complain about long waiting times, lack of medication, poor treatment, and poor communication at CMH. The quantitative responses of the hospital staff reflected a lack of effective and efficient use of resources from budget constraints and a lack of transparency and accountability from the hospital's management.

The staff vacancy rates in some hospitals were alarming in the Eastern Cape, at around 46%. The waiting room or areas are also not spacious enough for the patients, and the nurses share consulting rooms in some facilities. The space and sharing do not adhere to COVID-19 precautions such as social distancing. (Lekharaj Rampal and Seng, 2020:95).

The district hospitals refer their patients to regional hospitals for specialist attention. CMH is one of the regional hospitals in the EC. Louw (2019:351) indicates that the EC Health Department could not reach its target because hospitals are always overcrowded and have limited staff and admissions. In 2020, the hospital ran out of BCG, polio vaccine, and TD vaccine supplies. Some hospitals in the Eastern Cape do not have regular electricity connectivity to maintain the cold chain, such as vaccine-compliant refrigerators.

Poor recording keeping creates inaccurate and incomplete information being kept in the hospital. However, hospital reports state that the staff is trained on the patient electronic register and information management records. The incomplete forms of dispensed contraceptives and chronic medication is a case in point, as there would only be single entries after several distributions to consumers. In cases of the EMS interdisciplinary transfer rate, demand exceeded supply in the EC hospitals.

In 2018 and 2019, community forum members who were supposed to attend council meetings were unavailable, creating a lack of public participation in hospital affairs (EC DoSD, 2018/2019). The challenges in EC Hospitals are as follows:

- Budgets are often so unrealistic that hospital managers do not take them seriously.
- Personnel management systems are inadequate and unresponsive.
- Training, career paths, remuneration, and job satisfaction are inadequate to attract and retain motivated, good hospital managers.
- There is systematic underdevelopment of management skills and operational systems.
- Existing management structures of nurses, medical staff, and general workers undermine appropriate and efficient management teams.
- Several essential management hospital functions such as procurement, maintenance, and transport are located outside other priority hospital functions.
- Under-resourcing, poor management, and other problems have led to widespread hospital under-preparedness to provide good quality care, especially in rural areas.

There has not been much progress with the decentralisation of management authority and responsibility within the hospitals. In large hospitals, many managers may report to a senior manager. They have achieved decentralisation of management tasks, but this does not effectively represent a shift of absolute management authority to lower hospital levels. Management tasks in the hospital seem to tilt towards administrative functions rather than strategic decision-making.

According to Naidoo (2016), CEOs in South African hospitals are departmental functionaries in an administrative hierarchy rather than managers and leaders such as CEOs in private hospitals. This study proposes decentralisation of authority to senior management where all the staff within the hospital units can report to senior managers. The influence of management in the hospitals needs to be balanced by greater accountability, recognition of and addressing funding constraints, and adherence to national norms and standards. Naidoo (2016) study found that public hospitals in SA

are functioning well even while poorly resourced. The limited information points to the fact that this could function as good leadership.

4.7 DEVELOPMENT OF THEMES AND THEMATIC ANALYSIS

This section focuses on the development of themes with data extracted from direct quotes of the respondents with the following research questions:

- To what extent are the leadership values at Cecilia Makiwane Hospital aligned with Section 195 of the Constitution?
- To what extent have the constitutional values and principles been implemented at Cecilia Makiwane Hospital?
- Are the working conditions at the hospital in line with Chapter 10 of the Constitution?
- To what extent are the customers (consumers) satisfied with the services they receive from Cecilia Makiwane Hospital?
- What measures and strategies can be implemented to promote efficiency, effectiveness, and economical use of resources at Cecilia Makiwane Hospital?

Table 4.13: Empirical Themes

PRE-EXISTING CODING FRAME	CODING DESCRIPTION	DATA EXTRACTS (DIRECT QUOTES)
Professional ethics	Professional ethics in this context promotes good conduct by having ethics infrastructure and integrity systems in place. The hospital leadership must lead by that infrastructure and management measures to manage behaviours.	*"The Hospital leadership seems concerned about politics and good public appearance rather than genuine, high-quality care; there are few repercussions for inappropriate behaviour. And they only care about what will benefit them."*

Effective, efficient, and economical use of resources	Effectiveness, economy, and efficiency mean the hospital should be aligned with value for money and have cost-effective production and quality service delivery measures. The hospital needs to achieve its outcomes and provide service that affects the people's lives it serves.	*"Here at CMH, most resources are unavailable, and the available stock takes time to deliver. The hospital is always out of stock; sometimes, the nurses are not enough to serve with stock available even if they are ideal. For example, gloves, synergies, catheters, and films are currently out of stock, negatively impacting the people we serve."*
Equality	Everyone is equal before the law and has the right to equal protection and benefit. The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, and birth. Equality in the hospital starts from resource allocation by ensuring the resources are aligned to the needs and demands of the hospital in consideration of everyone affected equally. It further extends to how employees are treated and hospital consumers' service. The treatment shall be equal regardless of gender,	*"The hospital officials respect patients' rights, do not discriminate against patients based on race, culture, beliefs, sex, age disability or political background or economic status, everyone is fairly treated."*

	background, religion, culture, economic status, and sex.	
Accountability	Accountability is the responsibility of public officials to account for their duties and provide information about decisions and actions taken. Officials should explain and justify their choices and accept responsibility for them.	"*In this hospital, we do not get to be informed about things happening, such as new changes and their reasoning. There are very few public announcements about accountability, which happens when the media exposes it. The hospital does not account.*"
Public Participation	Public participation is when the hospital decision-making involves citizens' views and interests in their policymaking. It is a legal requirement in every decision taken in a public hospital.	"*Hospital has a fully functional community board representing the community in hospital developments; there is also awareness day in Mdantsane. The other platform used in this hospital is the radio station. We inform the community about hospital developments and health awareness. for example, HIV/AIDS awareness.*"
Transparency	The hospital employees and consumers need to understand where the hospital stands, and worthwhile and valuable information should always be available to them. There should be	"*There is no transparency to the employees, management does not listen to their views, and*

	transparency in the nature, type, and extent of services the department offers. It must be clear to the consumers when, where, and how they will receive the benefits.	*they should be transparent about the changes."* *"The hospital needs to improve transparency for the public to understand its role of public participation in the hospital."*
Service quality	Service quality refers to hospital consumers' perceptions and experiences of the service they receive from the hospital. It is determined by what they have received against what they expected and informed about using the hospital service. The hospital determines how service is delivered to consumers from the manner and procedures. For example, the attitude of hospital staff towards consumers is a crucial ingredient in the service quality and success of the hospital.	*"The nurses must respect patients; they should be humble always. And here at CMH, the nurses have a very bad attitude towards patients."*

Two themes have emerged from qualitative data analysis that hospitals can consider aligning their practices to constitutional values and principles. Namely, themes emanate from consumer dissatisfaction and themes stemming from measures proposed by the visiting consumers to improve service quality that will allow hospitals to implement CPVs. Therefore, the emerging themes will be discussed under the abovementioned groupings: Theme 1- barriers to the successful implementation of the CVPs (demotivating factors), and Theme 2- remedial measures (motivating factors).

Theme 1: Barriers to the successful implementation of CVPs (Demotivating
 Factors)

Sub-theme 1 (a): Lack of communication

The researcher experienced general complaints about poor communication. This mostly starts from hospital leadership to management and lacks communication channels with the hospital consumers. There are very few notice boards and pamphlets within the hospital. Therefore, the hospital is lacking in communication strategies. Notice boards and brochures should be all over the hospital and be translated into the languages of the citizens it serves. Very few consumer respondents were aware of developments, and few listened to the radio station or participated in the community outreach in Mdantsane. Cecilia Makiwane hospital is based in Mdantsane in the Eastern Cape Province. A regional hospital receives referrals from 21 district hospitals, community health centers, and 11 municipal clinics (Sajan, Haeusler & Parrish, 2020:396). According to Sajan, Haeusler, and Parrish (2020:397), a hospital referral is a patient and consumer sent from a district hospital to a regional hospital for specialist attention. A district hospital cannot deliver. Much information must be shared between the referring and the receiving hospital to provide quality service aligned to CPVs to the referrals. The information must be communicated with professional ethics, cost-effective, responsive to the needs of citizens, public participation, accountability, transparency, and equality with the reliable communication protocol.

The hospital management respondents raised the issue of getting orders more often than being involved in open discussions during meetings. One CVP states that transparency must be fostered with timely, accurate, and accessible information. One respondent said that sometimes they are just told what to do in a meeting and are not given a chance to raise their views and experiences. According to Tiwary, Rimal, Paudyal, Sigdel, and Basnyat (2019), communication in an organisation is one of the critical factors that could lead to implementing professional ethics. It means the hospital staff has a right to the information they are entitled to. The leadership should allow access to and provide input during the meetings for easy understanding.

Sub-theme 1 (b): Shortage of resources

The hospital respondents complained about staff shortages, which caused a workload burden. According to Geerligs, Rankin, Shepherd, and Butow (2018:1), there must be enough hospital staff to provide patients with proper care. It is dangerous for the hospital to be short of staff. The budget constraints are a barrier to their service to the

consumers. Leeper (2010) defines a budget constraint as an accounting identity linking financial resources to financial demands and the hospital's needs. There is always a delay in the arrival of the stock to the hospital and insufficient funds to purchase hospital consumables. One of the respondents indicated, "The hospital resources are misused, and the hospital is always out of stock." The use of resources in the hospital is supposed to promote its operations' efficiency, effectiveness, and economy.

Sub-theme 1 (c): Unethical leadership

The study findings reveal that CMH faces unethical leadership caused by favouritism, misconduct, and lack of disciplinary actions. Unethical administration could lead to an under-productive organisation, demotivated staff, and negative attitudes. Implementing the constitutional values and principles does not depend on the employees' conduct at work but also requires ethical leadership that sets an example of what they preach. Leadership at CMH needs to start behaving ethically as management and discipline themselves before looking at subordinates. Leadership expects employees to follow their instructions and fulfill their duties and responsibilities in the workplace.

Once the employees note that selected people benefit from favouritism, negative attitudes, lack of trust, and disrespect towards leadership development. According to the Constitutional values and principles of the RSA Constitution (RSA Chapter 10, 1996), all employees should be treated equally regardless of gender, sex, background, economic status, religion, and race. One of the respondents stated that the human resource practices are not fair at CMH due to favouritism. The respondent said the human resources office failed them because of leadership favouritism. Other respondents raised an issue of misconduct in the hospital where the leaders and some employees would fall foul of rules and regulations and not face charges of misconduct. The misconduct in the workplace could be discrimination, theft, imbalance of relationships, insubordination, and breaching confidentially.

Sub-theme 1 (d): Poor working conditions

According to the literature, salaries, attitude, and infrastructure are some of the critical functions that constitute the working conditions of an organisation. At CMH, the

findings reveal that job functions are not commensurate with salaries, affecting staff morale. Patients find nurses with a bad attitude, such as being rude, not explaining procedures and processes, and not prioritising older adults in queues. There are wards within the hospital, such as the mental ward at the back of the hospital, that still have the old unmaintained infrastructure. A hospital requires good working conditions such as functional infrastructure and salaries aligned to their duties. If the staff is motivated, they can implement the constitutional values and principles.

Sub-theme 1 (e): Poor service quality (customer care)

The hospital staff and leadership need to understand the importance of quality. The purpose of the constitutional values in the hospital is to strengthen service quality. The respondents and literature from CMH indicate long waiting times for consumers before they get service and lazy nurses. At the same time, they are supposed to be helping patients and consumers. The quality of service requires improvement in the waiting times and care they provide to the consumers.

Sub-theme 1 (f): Lack of access to information

There is a lack of access to information in the hospital. When consumers and patients return to the hospital, staff cannot find the files with their historical medical records. Also, social media platforms such as Mdantsane radio and Facebook are ineffective in distributing information to consumers served by CMH. The CMH is a regional hospital that receives patients from surrounding district hospitals. They need an information facility to accommodate all their patients, such as notice boards for public notices, magazines, pamphlets, and posters.

Access to healthcare information in the hospital could result in quality patient care, reduced operational costs, improved work-life balance, more efficient health care, and enhanced continuity of care during disasters.

Theme 2: Remedial measures (motivating factors)

Theme 2 (a): Communication improvement

The hospital should always communicate openly between the leadership, management, and staff. During hospital meetings, there should be open discussions where all the people are given a chance to comment and make suggestions. At the

following meetings, there should be feedback on all the matters that arise in the previous meetings and a review of agreed action plans. The hospital could empower management with training on communication skills.

Once the hospital staff feel confident and recognised in the meetings and see that their views are considered, they can easily communicate with consumers and patients. The confidence will create more willingness on the part of hospital staff to understand the needs of the patients and consumers. Communication between the hospital consumers and staff could improve the hospital's response to the needs of the people it serves per CPVs. According to Burgener (2020:128-132), to enhance communication between the hospital staff and hospital consumers, the following must be done:

- The hospital must inform the patients and families about scheduled opportunities to meet with doctors, specialists, and other relevant staff. The whiteboard can be used as a tool for information on scheduled times.
- A face-to-face interaction where a person checks with them if they understand what was said and written on the notice board and make follow-up questions to ensure they fully understand. Understanding schedules and service times could make consumers arrange their visits as per schedule rather than waiting at the hospital for four hours.

Sub-themes 2 (b): Acquisition of more resources

The hospital needs to employ more staff and provide training aligned to service quality and implementation of the CVPs. Consumers complain about long waiting times. Pressure on doctors and nurses can be relieved if the human resource shortage is addressed. This would improve service delivery and benefit consumers. The management respondents recommend that the hospital provide skills development services and training to existing, staff while employing more staff. They should ensure the existing staff is satisfied and capacitated enough to deliver quality service and implement the CVPs. Together with all the hospitals in the province, the Department of Health should consider developing new systems such as transparency of the mechanism of the public finances. The transparent system will inform all the stakeholders about the hospital's capacity and allow them to understand the hospital's priorities.

Sub-theme 2 (c): Leading by an example

The CMH leadership should instead lead by example and not just give instructions. To lead by example, they should involve themselves in work, listen to the team, take responsibility, allow the team space to do their job, take care of themselves and deliver as promised. When the leadership shows efforts toward implementing CVPs, such as professional ethics, transparency, and accountability, their subordinates can easily show commitment and willingness to improve and enforce them. Leaders must respect and trust their subordinates (Connell, 2020).

Leaders should encourage their staff through evidence of practice and effective communication. One respondent indicated that the leadership in the hospital needs to start behaving ethically and be able to discipline themselves before they look at their subordinates.

Sub-theme 2 (d): Improvement of working conditions

This study suggests that CMH leadership must find a way to address the challenges that create bad working conditions. The issues of workloads, absenteeism of employees without valid cause, and labour practices such as incentives and rewards distribution must be considered. The leadership must consider employee promotion and recognition as per the performance rather than favouritism (Manyisa, 2017).

Sub-theme 2 (e): Customer care training

Customer service training is key to a health organisation, as the workers need to be patient and at ease to understand people in pain. It would improve the interaction between the health worker and consumer or patient. The staff would be more confident seeing their consumers happy after serving them. It can increase understanding of newly developed ways of communicating with patients. Customer training capacitates employees to do remedial action on any weakness they may face. The consumers who responded to this research study recommended that the only thing that could help hospital staff from a bad attitude and unfriendliness is customer service training.

4.8 CONCLUSION

The research findings reveal that CMH provides services impartially, fairly, equitably, and without bias. Implementing constitutional values and principles such as professional ethics, accountability, and human resource management was poor. It would be difficult for CMH to fully implement the constitutional values and principles if leaders do not lead by example, comply with organisational values, and align with the CPVs. There were mixed feelings about service quality. Some visiting consumers indicated they were happy with the service, while others felt that the CMH staff members needed to improve their attitude towards visiting consumers. The findings also reveal that the staff shortage concerns hospital respondents and visiting consumers. Other critical challenges that the visiting consumers highlighted include long waiting times and a shortage of hospital stock. The findings show that the challenges mentioned above negatively affect implementing the constitutional values and principles and the quality of services CMH offers.

The next chapter will discuss the findings revealed and close off the study.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS.

This section will summarise all the findings on implementing the constitutional values and principles at Cecilia Makiwane Hospital. Furthermore, the researcher will recommend strategies that should be put in place to improve the performance of constitutional values and principles and service quality at Cecilia Makiwane Hospital.

5.1   SUMMARY OF THE FINDINGS

The objectives of the study were to assess the leadership values at Cecilia Makiwane Hospital; determine their alignment with Section 195 of the Constitution; determine the level of the implementation of the constitutional values and principles enshrined in Chapter 10 of the Constitution; to examine the working conditions of the hospital; to evaluate service quality at Cecilia Makiwane Hospital; to recommend measures and strategies that can be implemented to promote efficiency, effectiveness and economical use of resources at Cecilia Makiwane Hospital. The findings revealed the following:

- The leadership values of CMH are not promoting professional, ethical conduct in the hospital because leaders do not put the community's interests before their interests. They priorities their interests; they do not take action against unethical behaviour and do not promote ethical behaviour. According to the literature review, ethical leadership theory clearly shows high moral values, trustworthiness, characterizing leadership, honesty, integrity, serving justice, putting people first before their interest, and promoting ethical behaviour.

- Implementing the constitutional values and principles of Chapter 10 of the Constitution requires collaboration and cooperation between the hospital leadership and the staff and the involvement of the public in the policymaking process. CHM lacks human resource strategies such as fair career growth, equal opportunities for promotion, and skills that are fair to all. As per the literature review, the social justice theory provides that people shall be treated equally and with justice regardless of gender, race, age, sex, background, and religion. The findings reveal unequal opportunities and unfair practices in the promotion opportunities in the hospital.

- The findings indicate that the hospital working conditions are not sufficiently encouraging and motivational for staff. Nursing staff work for more than forty-

five hours per week, which runs counter to the prescripts of the Basic Conditions of Employment Act no 75 of 1997. The salary levels do not justify the responsibilities they are given. While the front part of the hospital has a good physical appearance, the wards at the back of the hospital are still operating in old buildings, with old machines and furniture. Some employees deserve awards in line with their performance, but this is not because of favoritism.

- The service quality of the hospital is challenged by long waiting times. Consumers complain about staying at the hospital the whole day because only one or two doctors look after all the patients in the section. Doctors sometimes come late to attend to patients who have been in the hospital since the morning. The hospital staff displays bad attitudes towards patients and consumers. They neither fully explain procedures nor give proper instructions to consumers unfamiliar with the hospital processes. Not everyone who visits CMH understands English, and some consumers are scared to ask for a translation into their language. This often presents a language barrier, which leads to communication breakdown.

- In March 2020, the country started suffering from COVID-19, which affected everyone and gave rise to unanticipated health demands and needs. The CMH lacks advanced strategies to manage unforeseen challenges and to be able to continue with health providers to meet the new demands. The level of response to the complaints of the consumers is very poor. Consumers have never seen any change based on their suggestions and complaints and are not even convinced that the hospital management looks at the complaints and suggestions in the box. There are no social media updates such as active Facebook and radio stations that provide information per the consumers' needs. Critically sick people are placed in one ward with people in much better condition, which scares those whose health status improves. In the case of CMH, hospital staff respondents raised the issue of working more than 45 hours per week. According to the Basic Conditions of Employment (Act 97 of 1997), the employee should work a maximum of 45 hours per week. Their salaries do not justify the responsibilities given to them. Deserving employees do not

receive rewards and do not get recognition for their good performance, and there are staff members who have workloads beyond their capabilities.

5.2 RECOMMENDATIONS FOR THE IMPLEMENTATION OF THE CONSTITUTIONAL VALUES AND PRINCIPLES AT CMH

The study presents the recommendations as per the findings from the research on implementing the CPVs at CMH. Each of the six selected values will have a recommended strategy per its finding. The study recommends the hospital's strategy to improve service quality and working conditions.

5.2.1 Recommendations on how to improve the selected constitutional values and principles at CMH

- **Strategy One: A high standard of professional ethics must be promoted and maintained**

- The study recommends that leaders and employees at CMH get workshops and training on the Public Service Code of conduct to improve the employees' understanding. The Public Service Code of Conduct provides ethical rules that public hospitals should govern by adherence to the Constitution and other laws to perform ethical duties. Islam, Ahmed, and Ali (2018:45) indicate that as per ethical leadership theory, a leader should be characterised by authentic, transformational, and positive leadership, be professionally grounded, and have social responsibility. Ethical leadership theory contends that for an organisation to implement its values, it must have excellent and dutiful leadership. The social theory proposes that there should be social learning. Social learning is when managers, subordinates, and employees are influenced by the actions and behaviour of their leaders (Dhar, 2016:140). Ethical leadership implies two main roles for an ethical leader, the moral person and the moral manager. The moral person refers to the ethical values, and the moral manager relates to the activities that the manager performs to show their ethical values and influence the followers:

- According to the Public Service Code of Conduct, employees should serve politely, be helpful, reasonable, and accessible. All senior public administrators must implement management measures to address the real ethical issues

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employees and patients confront. It should be of interest for senior administrators to see how employees treat each other and how employees treat hospital consumers. The employees should give honest, true, and impartial advice based on relevant information in executing their duties. The tone of leadership conduct and behaviour are key to influencing their subordinates to implement professional ethics.

- The hospital should employ communication strategies that facilitate openness to create a positive work environment. A positive attitude toward a leader is essential to infuse professionalism amongst employees. Leaders should ensure that their personal lives do not interfere with the working environment. They must maintain a positive attitude and infuse it into the consciousness of the subordinates. Leaders should always avoid destructive and negative influences. Employees should know that they are assured of the support of their leadership. Leaders should see their work as a calling rather than a job and engender confidence with subordinates. The lack of confidence leads to unprofessional behaviour. To improve professionalism, hospital leaders should build a strong relationships with subordinates.

- Effective time management for leaders is critical as they set an example for their subordinates. There are five dimensions that the hospital leadership can consider to implement effective time management, which are stated as *Arrive early at work*: When one arrives twenty minutes earlier, it allows time to review what is happening, prepare oneself, organise time effectively, and check with other co-workers regarding reports. It makes it easy to accomplish the necessary skills on schedule. *Make a plan*: Once a person arrives on time, they have time to write down a to-do list for the day. A written list assists in making sure the activities of the day are appropriately organised. *Prioritise tasks:* Hospital work is primarily unpredictable. A person should always be prepared for the unexpected. When the unexpected comes, one should be quick to prioritise within schedule. *Take breaks*: Hospitals require a person to take breaks during working because they are working physically; they also use their brains to make hard decisions and manage patients, equipment, and tasks. The brain and the body need to relax and take a break. Taking a short break from tasks improves the ability to focus for a long time. *Take care of yourself*: To

practice successful leadership means starting with yourself. People should manage time outside work as well and manage themselves.

- **Strategy Two: Effective, economic, and efficient use of resources must be promoted**

- According to the Public Administration Act 11 (2014), public institutions should perform their functions efficiently, qualitatively, collaboratively, and accountable. The findings reveal that CMH is weak in stock shortages, and staff borrows from other hospitals. Moreover, the hospital does not have anti-corruption measures. The Act further states that when the institution finds actions not aligned with promoting the effective, economic and efficient use of resources, they must immediately report this for police investigation. The report can be used with applicable laws such as the Prevention and Combating of Corrupt Activities Act 12 of 2004. The Public Protector Act 23 of 1993 is meant to ensure that public resources are used in the interests of the public and are not misused and that there is no dishonesty, maladministration, or conflict of interest. Once a complaint is lodged with the office of the Public Protector, an investigation must ensue, findings made, and remedial actions taken. This ensures that state resources are used effectively, efficiently, and economically. The following are additional recommendations for effective, efficient, and economical use of resources in the hospital:

- The hospital should improve efficiency by matching capacity and delivery demands, timeous procurement of hospital consumables, medicines, and other stock, effective utilisation of hospital equipment, applying advanced technologies, ensuring quality control, project management, and monitoring and evaluation of each project.

- Hospital management must ensure they fulfill their respective roles and determine the outcomes of the policy process. The hospital should get all the inputs enablers for quality service delivery at the right time through supply chain management, effective payroll management, and looking for quality services/products in the market at the best possible price.

- The hospital leadership should work together and have workshops to educate the team that manages the hospital resources on managing the budget and hospital resources effectively. Managers must learn to avoid borrowing from other hospitals and effectively, efficiently, and economically maximize their

resources' utility. A budget team should educate everyone who uses hospital resources to prevent waste and maximise usage. They should align their projects with the hospital's needs and be realistic within the budget. Some principles could help the hospital minimise costs and maximise output, such as Just in time delivering stock and looking for discounts when purchasing (Moons, Waeyenbergh & Pintelon (2019:4-5). The hospital will thus not have to borrow from other hospitals but will benefit from discounted items and allocate the extra funds for other uses.

For the stock to be always available in the hospital, the procurement office should always place their orders in good time. They should employ different methodologies to improve financial management, such as using more computerised systems for budget preparations, estimations, and allocations. They should consider ordering stock in large quantities to avoid stock shortages and attract discounts. Leadership needs to be transparent about budgets. They should communicate the budget plan to the team, who must understand the budget. The whole hospital should understand the hospital's budget to maximise the use of scarce resources. They must understand the hospital goals and values, what budgetary allocations have been made, and how their activities must overlap with activities in other teams. The hospital operational managers should be fully involved in the budget planning and management to decide on possible options for managing the budget that allows the hospital to meet the needs of the consumers. The leadership and hospital management should critically analyse and weigh the costs and benefits of each decision taken and its effect on the hospital community. The EEE strategy means a hospital should ensure value for money or cost-saving and the extent to which the hospital achieves its outcomes and positively impacts the lives of the people it serves. The CMH hospital should consider alternative financial models, expenditure reviews, and service delivery models.

- **Strategy Three: Services must be provided impartially, fairly, equitably, and without bias**
- According to social justice theory, a hospital should have equal access to liberties, rights, and health opportunities. There is a lack of justice, increased physical and emotional suffering, and greater vulnerability to illness (Rahman, 2020:25). The findings from the respondents' input show that this principle of

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fairness is satisfactorily implemented at CMH. However, there is always room for improvement. The following are a few recommendations to add to the implementation of the principle:

- The hospital should improve service impartiality and equity by understanding consumer needs. Weekly surveys could be conducted using questionnaires to establish satisfaction levels of visiting consumers based on their expectations. An analysis of the surveys could signpost improvement milestones. It will allow them to see other angles of their needs, such as older adults who wait with young people in the same queues and the fact that they end up getting hungry while waiting in the hospital for the whole day. It will also show that public consumers primarily live in poverty and are financially disadvantaged. The hospital could review the policies, budget, and administrative procedures and make supportive adjustments.

- The hospital should highly consider the Promotion of Administrative Justice Act (PAJA) and ensure that all the staff clearly understand their expectations. It would assist in mapping out administrative decision-making processes.

- **Strategy Four: Public administration must be accountable**

- The accountability process for hospitals should be developed to determine how each policy affects citizens. In doing so, leadership will have to be honest and have new strategies to meet the needs of the citizens and account accordingly. They should be agents of change for the citizens and can significantly influence change in their subordinates.

- To improve accountability, the hospital leadership must be honest and align its values with organisational and constitutional matters. The hospital leadership should employ anti-corruption measures. Unrealistic invoices could cause corruption in the hospital for goods and services, collusion in out-sourcing contracts, embezzlement, theft, absence from work, selling of positions, and favouritism. Everything in the hospital should be traceable, transparent, and open to authorised to understand.

- The hospital leadership should attend and host workshops on leadership accountability, which could address challenges such as lack of honesty and favouritism.

- **Strategy Five: Transparency must be fostered by providing the public with timely, accessible, and accurate information**

- The hospital staff should provide patients with descriptions of alternatives for tests and treatments and the pros and cons for each.

- When hospital staff communicates with patients and consumers, they should use understandable language and terminology.

- The hospital leadership should support the staff in everything to implement CVP. Once the team is supported and confident about management, it will be easy to serve constitutional values and principles.

- Transparency can be effected by publishing reports and monitoring the adherence of private companies to ethical regulations.

- When corruption is detected, the response must be deterrent action with both preventive and restraining effects so that no incentive remains to continue with corruption.

- The hospital leadership should be consistently transparent, use innovative data dissemination means, and promote independent narratives to improve understanding.

- **Strategy Six: People's needs must be responded to, and the public must be encouraged to participate in policymaking**

- According to the RSA Constitution (1996 S7 -39), people's needs must be responded to. It contains the Bill of Rights (Chapter two of the RSA Constitution), which states that people must be served with human dignity, freedom, security, empathy, tolerance, and just administrative action. The patients should be served in a clean and safe environment, and hospital staff should feel safe and secure to respond to the needs of the hospital consumers with a good attitude. The White Paper on Public Health Transformation (Notice 1459 of 1997) states that, per the Batho Pele principles, public institutions should put people first and involve the public in policymaking. According to the World Health Organisation (World Health Organisation, 2016), these are vital areas to improve public participation in policy-making; thus, leadership should always consult employees about all the changes in the workplace and involve them in meetings where they discuss policy issues; furthermore, community members should be aware of programs that enable their participation. The

hospital can use notice boards, media network pages, radio, and TV. At the same time, the unions and community representatives should be supported and encouraged to inform the workers and community about all the hospital changes and make them feel ownership of the process of changes and outcomes.

- The hospital should create group information and feedback sessions between the staff, the community, and management, such as regular meetings and focus groups. The challenges will be raised in groups rather than individually to make everyone comfortable.

- In the case of employees' consultation, management should make timeous submission of their proposals so that employees can sufficiently engage with the recommendations before implementation

- The hospital needs to improve the involvement of the citizens. They need to show evidence that they have considered the inputs in the suggestion boxes. That will encourage others to participate in the hospital's activities.

- The citizens should participate and be responsible for policymaking, service delivery models, and implementation strategies.

- Citizens should know which policies they have participated in and changed the system.

- The proof and evidence of feedback provision to the community should be provided. The community should be allowed to produce reports on the impact of the policy /project in their lives and what improvements they would like to see.

- The hospital should allow flexible program adjustments to accommodate public participation.

- The hospital can empower local community leaders to represent the hospital policy-making process actively. That could create change agents in the community.

- The performance awards should be based on actual performance, and favouritism must be eliminated. Furthermore, an increase in workload should be followed by a salary adjustment to keep the employees motivated. Employees should not be given responsibilities beyond their capabilities to improve service quality. Also, CMH should re-consider the performance appraisal system to ensure that it meets the expectations of all hospital employees and that it eliminates favouritism and bias.

- The hospital should encourage employees and consumers to use the complaint and suggestion boxes. Management should respond to inputs thus made and provide regular updates through notice boards, meetings, and community awareness sessions.

- Planning sessions should include public community involvement and health awareness inside and outside the hospital. Consultation, redress, and feedback sessions should be held. Hospital staff and consumers should be inducted into Batho Pele Principles.

- The hospital leadership should be sensitive to patients' concerns and views and respond appropriately.

- The hospital should consult with the community it serves to have policies aligned to their expectations. This way, the hospital management will provide high-quality service to the consumer. Consumers should be encouraged to give feedback on how the service has affected their lives.

- Consultation and feedback would assist in consumer satisfaction and further public participation in policy development in the hospital.

- **Strategy Seven: Good human-resource management and career-development practices, to maximise human potential, must be cultivated**

The hospital should:

- Ensure that it recruits and maintains human resources by focusing on the right people and avoiding nepotism and favouritism.

- Ensure the hospital has highly competent staff, has a good attitude, and values aligned to organisational values.
- Support existing staff with equal opportunities through training, skills development, and workshops.
- Nurture and support staff through creating a workplace that is motivating.
- Create skills programs that provide a basis for their career systems with credible projections of current systems and future staff needs.
- Leaders should be fair and objective when evaluating employees' performance and offer rewards.
- There should be training and development workshops available to all the hospital staff. Training in the workplace is very important for staff in the health industry. The health staff is directly involved in offering their services daily. On-the-job training of employees in health care or hospitals will help improve their overall performance while carrying out their work responsibilities. Developing and training health workers help expose their weaknesses and provide professional development opportunities. Staff training in the health industry makes it easier for managers to integrate their staff into the working process of their organisation.
- Promotion opportunities should be open, transparent, and open to all employees.

- **Strategy Eight: How to improve working conditions at CMH**

The hospital leadership should consider Herzberg's two-factor theory of satisfaction. This theory aims to determine if the working conditions allow job satisfaction, leading to positive attitudes towards implementing the constitutional values and principles in the hospital. Job satisfaction is defined as a pleasurable or positive emotional state. It results from the appraisal of one's job or job experiences. In hospitals, attaining health objectives in the population depends largely on providing effective, accessible, viable, and quality services. The lack of explicit human resources management policies has produced imbalances that threaten hospital systems' capacity to attain their objectives. Below are further recommendations to improve working conditions in the hospital:

- Provide training, compensation, and rewards to produce a working environment that motivates employees to implement the CVPs. Below are further recommendations to improve working conditions in the hospital:

- Establish a task team to deepen the investigation of working conditions at CMH with a focus on promotions, overtime payments, salary increases, awards, and performance recognition. Working shifts should be adjusted to be more flexible shifts. The flexible shifts could reduce absenteeism, increase commitment, and work satisfaction. For example, management could work from home where possible, rather than being absent and not responding when needed at the hospital.
- Provide coaching and mentoring programs to improve skills, attitude, and organisational commitment.
- Arrange frequent meetings between hospital leadership and staff members to discuss problems and solutions.
- Improve the participation of nurses in hospital affairs and provide access to management and leadership training and posts.
- Foster an open working relationship between leadership, management, nurses, and doctors.
- Give the employees more leisure time to avoid burnout.

The challenges are presented in the table below (Table 5.1) regarding consumer satisfaction. The hospital could look at the table below for recommendations and evaluate itself for improvement in certain areas:

Table 5.1: Challenges and recommendations for customer satisfaction in the hospital to improve implementation of the constitutional values and principles

Challenges	Recommendation
➢ Long waiting times	➢ Add more staff to enable more people to attend to consumers while another staff is busy.
	➢ Improve attitude of the staff.
	➢ Nurses should be active and not loiter.
	➢ Treatment to be given for one month instead of two months
➢ Language barrier	➢ Hire people who can speak the area's language, train those who

	cannot speak it, and have interpreters.
➢ Complaint boxes	➢ Increase the client's response level and notice information informing consumers about what will change, how it will change, and the time frames.

Table 5.1 shows the three strategies that CMH hospital can use to improve the implementation of constitutional values and principles. Consumer satisfaction is a critical barrier that affects the implementation of the CVPs and is affected by service issues such as long waiting times, language barriers, and unattended complaint boxes. The table presents a recommendation for each consumer satisfaction that could assist the hospital in improving the CVPs implementation.

- **Strategy Nine: How to improve service quality**
- CMH leadership should establish a monitoring and evaluation committee to oversee the implementation of CVP and monitor adherence to acceptable service standards in all hospital areas.
- There should not be areas or wards in the hospital that are well maintained while others still reside in an old building with old machines. Patients should receive equal treatment regardless of ward and kind of sickness. The hospital staff and management are responsible for ensuring the implementation of the CVPs. Implementing the CVPs can guarantee safe, competent, and ethical care to the hospital consumers and patients. All public servants are expected to abide by the rule of law as outlined in the Constitution and other legal frameworks to execute their duties. Once there is a lack of compliance in any hospital, the Department of Health should take reasonable steps in accordance with the law to correct the situation. That will help the hospital implement the constitutional values and principles and improve service quality.
- Incorporating the Batho Pele principles in implementing the CVPs is very important. They can be incorporated into the job descriptions of staff and performance evaluations. The hospital leadership and human resource management should communicate the incorporation to all staff upon signing their contracts and during induction. Communication with staff regarding the

implementation of the CVPs is very important to ensure that not only a few are aware of the procedures and processes in implementing the CVPs and high-quality service delivery.

- This study recommends that the Department of Health and hospital management train staff on career development and constitutional obligations. However, respect for the constitutional mandate is very important. They must assess different mechanisms of empowering staff to understand the implementation of these values. They should also develop monitoring and evaluation systems to monitor progress when aligning daily staff duty with implementing these values.

- When there is staff training in the hospital, it should also include training or induction on constitutional values. Each training workshop should indicate how it will promote good governance (CVPs). The developmental system that assists in identifying the training needs of each employee should be a system that also indicates the level of understanding of CVPs for each employee. The hospital can even have orientation lectures that orient all employees on CVPs. And these lectures should be recorded in the employee's performance folder. Each ward in the hospital can appoint one person responsible for ensuring their daily work is aligned to CVP implementation through understanding, knowledge, and training. The appointed person must check to see if the staff is well versed with the principles promoting the CVPs.

- The hospital leadership, management, and supervisors should receive training on ethical leadership, CVPs, management skills, communication, conflict management, and instructions on aligning organisational values and practices to constitutional values. The training will empower the hospital leadership with effective management skills to ensure the employees are knowledgeable and empowered to provide insightful performance.

- According to Kahn (2019:5), the institution should ensure employees are happy with working conditions such as salaries, housing, opportunities for promotion, skills development, security, effective assistance programs, discipline, and recognition for hard work.

- With all the hospital managers, the Department of Health should identify all the obstacles that may hinder the implementation of the CVPs in each hospital and

support them in removing them to enable the hospital to function optimally. The help desk of each hospital should have information on CVPs to avoid staff being sent from pillar to post when looking for them.

- The frontline hospital staff who interact with clients should be involved in CVPs' strategic plan and induction so their daily interactions with clients align with them. Their involvement will build confidence and morale, and the hospital values their contribution. Opinions and views of the clients and front-line officials should be considered when formulating service delivery-related policies in the Department.

All nine strategies are discussed and presented based on the findings of this research which were found to be practical barriers that negatively affect the implementation of the CVPs in the hospital. They are key issues that are critical for hospital governance. The study further recommends more research in areas that can add substance to implementing the constitutional values and principles in the hospitals across the province.

5.3 RECOMMENDATIONS FOR FURTHER RESEARCH

This study focused on implementing constitutional values and principles in CMH only, a level two hospital located in Buffalo City Municipality. Level one and level three hospitals were not sampled. For this reason, the researcher recommends that future studies focus on assessing the implementation of CVP at all three levels of the hospitals (levels 1, 2, and 3) to make a comparative analysis across all hospital levels. Moreover, future studies may still explore the causes of service quality challenges and recommend measures to improve customer satisfaction in all public hospitals. In addition, the researcher believes that bigger sample size can better understand the nature and depth of public hospitals' problems in implementing the CVPs.

5.4 CONCLUDING REMARKS

The primary purpose of this study was to assess the implementation of constitutional values and principles at CMH. The study focused on assessing leadership values and determining alignment to the constitutional values and principles, assessing the implementation of the constitutional values and principles in the RSA Constitution and working conditions. The study further evaluated service quality in the hospital.

The significance of this study is that health professionals must deliver high-quality service to the community aligned with the implementation of constitutional values and principles. To implement constitutional values and regulations mandated by the RSA Constitution, managers in a public institution should ensure that leadership values and organisational values align with the CVPs. The assessment of the implementation of the CVPs at CMH indicates a lack of alignment with leadership values. The emphasis on implementing CVPs and an in-depth understanding could improve service quality and enable the hospital staff to easily align their daily activities to the expectations of their consumers. The CVPs serve as fundamental principles in providing hospital services to the public. Therefore, clear communication and clarification of how the hospital staff could align their daily practice to CVPs are needed in the hospital.

The leadership role is crucial for a hospital to implement CVPs. The leadership's alignment with the CVPs could easily influence their subordinates. The hospital must ensure that the working conditions are enablers of fairness and motivation for employees. The staff should believe that there is clear communication and education on implementing the CVPs. The study reveals that as much as management knows about CVPs, their daily activities indicate a lack of alignment to some CVPs, such as EEE of resources, transparency, and good human resources. Their activities are also not aligned with leadership and organisational values, which compromises the quality of service. It must be noted that the only principle which indicates implementation is the one that enjoins the hospital management and staff to provide quality service impartially, fairly, equitably, and without bias in line with the Constitution.

Finally, the hospital must translate the constitutional values and principles for the employees and ensure that their daily activities are aligned to CVPs. The impact of activities aligned to the CVPs will create high-quality service and positive outcomes in the lives of those served.

LIST OF REFERENCES

Abala, I.J., Kimosop, P., Koti, F., Luvaga, E.S., Maina, F.W., Manyara, C., Mose, P., Nasong'o, W.S., Ndonye, R., Ongeri, E.M. and Otenyo, E.E., 2021. Kenya Studies Review. Kenya School and Studies Association, *8*(1):1-78.

Abbas, A.F. and Ayub, R.M., 2021. Moderating effect of corporate code of conduct related ethical behaviour on organizational justice and employee deviance with context to the banking sector of Pakistan. *International Journal of Information, Business and Management*, 13(2):72-82.

Abd Rani, N.A., Baharum, M.R., Akbar, A.R.N. and Nawawi, A.H., 2015. Perception of maintenance management strategy on healthcare facilities. *Procedia-Social and Behavioural Sciences*, *170*:272-281.

Adegbite, E., 2015. Good corporate governance in Nigeria: Antecedents, propositions and peculiarities. *International Business Review*, *24*(2): 319-330.

Adeleke, A.Q., Bahaudin, A.Y., Kamaruddeen, A.M., Bamgbade, J.A. and Ali, M.W., 2019. An empirical analysis of organizational external factors on construction risk management. *International Journal of Supply Chain Management*, 8(1): 932.

Adler, N.E., Glymour, M.M. and Fielding, J., 2016. Addressing social determinants of health and health inequalities. *Jama*, *316*(16):1641-1642.

Adua, E., Frimpong, K., Li, X., and Wang, W., 2017. Emerging issues in public health: a perspective on Ghana's healthcare expenditure, policies and outcomes. *EPMA Journal*, *8*(3): 197-206.

Africa Health, 2019. Industry Insights: South African Health Market Overview. Online: [Accessed 07 October 2020], p. 5.

Agarwal, P. and Sajid, S.M., 2017. A study of job satisfaction, organizational commitment, and turnover intention among public and private sector employees. *Journal of Management Research*, *17*(3): 123-136.

Agarwal, V., 2017. Implementing quality healthcare strategies for improving service delivery at private hospitals in India. *Journal of Health Management*, *19*(1): 159-169.

Aij, K.H. and Teunissen, M., 2017. Lean leadership attributes, a systematic review of the literature. *Journal of Health Organization and Management, 31*(7): 713-229

Aisyah, M., 2018. Islamic bank service quality and its impact on Indonesian customers' satisfaction and loyalty. *Al-Iqtishad Journal of Islamic Economics*, *10*(2): 367-388.

Akokuwebe, M.E. and Adekanbi, D.M., 2017. Corruption in the health sector and implications for service delivery in Oyo State public hospitals. *Ilorin Journal of Sociology, 9*(1), pp.200-217.

Al Khajeh, E.H., 2018. Impact of leadership styles on organizational performance. *Journal of Human Resources Management Research*, 2018(2018): 1-10.

Alami, R., Iran, B., Sohaei, R, Berneti, A.K.M., Younesi, A., Farnia, M. and Mirzajani, H., 2015. The effectiveness of human resource management in improving the performance of education staff. *International Journal of Business and Social Science*, *6*(5): 251-254.

Alcaide Muñoz, L., Rodríguez Bolívar, M.P. and López Hernández, A.M., 2017. Transparency in governments: a meta-analytic review of incentives for digital versus hard-copy public financial disclosures. *The American Review of Public Administration*, 47(5): 550-573.

Alcaide Muñoz, L., Rodríguez Bolívar, M.P. and López Hernández, A.M., 2017. Transparency in governments: a meta-analytic review of incentives for digital versus hard-copy public financial disclosures. *The American Review of Public Administration*, *47*(5): 550-573.

Al-Damen, R., 2017. Health care services quality and its impact on patient satisfaction "case of Al-Bashir Hospital." International Journal of Business and Management, *12*(9): 136-150.

Alert, S.E., 2017. Inadequate hand-off communication. *Sentinel Event Alert*, *58*:1-6.

Alford, J., 2016. Co-Production, Interdependence and Publicness: Extending public service-dominant logic. *Public Management Review*, *18*(5): 673-691.

Alford, J., 2016. Co-Production, Interdependence and Publicness: Extending public service-dominant logic. *Public Management Review*, *18*(5): 673-691.

Ali, 2012. Leadership and its influence in organizations–a review of intellections. *International Journal of Learning and Development*, *2*(6): 73-85.

Ali, and Adan, A.A., 2013. Working conditions and employees' productivity in manufacturing companies in sub-Saharan African context: Case of Somalia. *Educational Research International*, *2*(2): .67-78.

Ali, F., Kim, and Jeon, H.M., 2018. Make it delightful: Customers' experience, satisfaction and loyalty in Malaysian theme parks—*Journal of destination marketing & management*, *7*:1-11.

Aliman, N.K. and Mohamad, W.N., 2016. Linking service quality, patients' satisfaction and behavioral intentions: an investigation on private healthcare in Malaysia. *Procedia-Social and Behavioural Sciences*, *224*: 141-148.

Alshmemri, M., Shahwan-Akl, L. and Maude, P., 2017. Herzberg's two-factor theory. *Life Science Journal*, *14*(5): 12-16.

Alvi, M., 2016. A manual for selecting sampling techniques in research. *Munich Personal Repec Archive,* Pakistan: University of Karachi.

Anderson, C.B., Lee, H.Y., Byars-Winston, A., Baldwin, C.D., Cameron, C. and Chang, S., 2016. Assessment of scientific communication self-efficacy, interest, and outcome expectations for career development in academic medicine. *Journal of Career Assessment*, *24*(1): 182-196.

Antonacopoulou, E.P., Moldjord, C., Steiro, T.J. and Stokkeland, C., 2019. The New Learning Organisation: PART I–Institutional Reflexivity, High Agility Organising and Learning Leadership. *The Learning Organisation, 26*(3): 304-318*.*

Apakhayev, N., Koishybaiuly, K., Khudaiberdina, G., Urisbayeva, A., Khamzina, Z.A. and Buribayev, Y.A., 2017. Legal basis for ensuring freedom of access to information on the operation of state administration bodies in Kazakhstan. *Journal of Advanced Research in Law and Economics, 8.3*(25): 722.

Apuke, O.D., 2017. Quantitative research methods: A synopsis approach. *Kuwait Chapter of Arabian Journal of Business and Management Review*, *33*(5471): 1-8.

Armstrong, M. and Brown, D., 2019. *Strategic Human Resource Management: back to the future. A literature review (Report No. 517).*, United Kingdom:: Institute for Employment Studies.

Asare, E.N. and Prempeh, K.B., 2016. Measures of ensuring value for money in public procurement: A case of selected polytechnics in Ghana. *Journal of Logistics Management*, *5*(1): 22-31.

Ashworth, P. and Saxton, J., 2020. *Managing work experience*. England: Routledge.

Asiamah, N., Mensah, H.K. and Oteng-Abayie, E.F., 2017. General, target, and accessible population: Demystifying the concepts for effective sampling. *The Qualitative Report*, *22*(6): 1607.

Auditor-General Act 12 of 1995. (No.882), Republic of South Africa: president's office.

Baio, G. and Dawid, A.P., 2015. Probabilistic sensitivity analysis in health economics. *Statistical methods in medical research*, *24*(6): 615-634.

Barbosa, F.D.H. and de Lima Junior, L.A., 2020. Government Budget Constraint. In *Workbook for Macroeconomic Theory* (pp. 201-228). Springer, Cham.

Barrientos-Trigo, S., Vega-Vázquez, L., De Diego-Cordero, R., Badanta-Romero, B. and Porcel-Gálvez, A.M., 2018. Interventions to improve working conditions of nursing staff in acute care hospitals: Scoping review. *Journal of nursing management*, *26*(2): 94-107.

Barron, P. and Padarath, A., 2017. Twenty years of the South African Health Review. *South African Health Review*, *2017*(1): 1-10.

Basias, N. and Pollalis, Y., 2018. Quantitative and qualitative research in business & technology: Justifying a suitable research methodology. *Review of Integrative Business and Economics Research*, *7*:91-105.

Beach, M.C., Forbes, L., Branyon, E., Aboumatar, H., Carrese, J., Sugarman, J., and Geller, G., 2015. Patient and family perspectives on respect and dignity in the intensive care unit. *Narrative inquiry in bioethics*, *5*(1): 15A-25A.

Bedi, A., Alpaslan, C.M. and Green, S., 2016. A meta-analytic review of ethical leadership outcomes and moderators. *Journal of Business Ethics*, *139*(3):517-536.

Begg, K., Mamdoo, P., Dudley, L., Engelbrecht, J., Andrews, G. and Lebese, L., 2018. Develop a national strategic framework for a high-quality health system in South Africa. *South African Health Review*, *2018*(1):77-85.

Berman, E.M. ed., 2016. Public Administration in Southeast Asia: *Thailand, Philippines, Malaysia, Hong Kong, and Macao*, London: CRC Press.

Berman, P., Pallas, S., Smith, A.L., Curry, L. and Bradley, E.H., 2011. Improving the delivery of health services: a guide to choosing strategies. Washington: *International Bank for Reconstruction and Development*

Bernardi, R., 2017. Health information systems and accountability in Kenya: A structuration theory perspective. *Journal of the Association for Information Systems*, *18*(12), p.1

Bernstein, E.S., 2017. Making transparency transparent: The evolution of observation in management theory. *Academy of Management Annals*, *11*(1): 217-266.

Betsch, C., Böhm, R., Airhihenbuwa, C.O., Butler, R., Chapman, G.B., Haase, N., Herrmann, B., Igarashi, T., Kitayama, S., Korn, L. and Nurm, Ü.K., 2016. Improving medical decision making and health promotion through culture-sensitive health communication: an agenda for science and practice. *Medical Decision Making*, *36*(7): 811-833.

Beyari, H. and Abareshi, A., 2018, June. An empirical study of how social influence impacts customer satisfaction with social commerce sites. In *International Conference of Reliable Information and Communication Technology* (pp. 973-984). South Africa: Springer, Cham.

Bianchi, R., Schonfeld, I.S. and Laurent, E., 2018. Burnout syndrome and depression. In *Understanding depression* (pp. 187-202). Singapore: Springer.

The Republic of South Africa. 1996. *Chapter 2*: *Bill of Acts*. Pretoria: Government Gazette. (No.17678).

Borglin, G., Hew Thach, E., Jeppsson, M. and Sjögren Forss, K., 2020. Registered nurse's experiences of continence care for older people: a qualitative descriptive study. *International Journal of Older People Nursing*, *15*(1): 12275.

Bouville, M., 2017. Codes of professional ethics and duty towards the population. World Health Organisation.

Braga, L.P., Bezerra, I.N.M., Pimenta, I.D.S.F., Nicolás, I.M. and Piuvezam, G., 2021. Training in communication skills for self-efficacy of health professionals: a systematic review. *Human resources for health*, *19*(1): 30-30.

Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., and Plough, A., 2018. What is health equity?. *Behavioral Science & Policy*, *4*(1): 1-14.

Brest, P., 2014. Processes of Constitutional decision-making. *Cases and Materials*, Neitherlands: Wolters Kluwer.

Brickhill, J., 2020. *Constitutional Implications of COVID-19*. South Africa: Juta Pty ltd.

Brinkmann, S. and Kvale, S., 2018. *Doing interviews* (Vol. 2). London: Sage.

Broeder, J.D., 2017. *Citizen science for health in all policies: Engaging communities in knowledge development.* Unpublished doctoral dissertation. Amsterdam: Proefschrift Vrije Universiteit.

Brown, M.E., Treviño, L.K. and Harrison, D.A., 2005. Ethical leadership: A social learning perspective for construct development and testing. *Organizational Behaviour and Human Decision Processes*, *97*(2): 117-134.

Brownson, R.C., Baker, E.A., Deshpande, A.D. and Gillespie, K.N., 2017. *Evidence-based public health*. Europe: Oxford University Press.

Bruno, L.F. and Lay, E.G., 2008. Personal values and leadership effectiveness. *Journal of Business Research*, *61*(6), pp.678-683.

Brunsson, N. and Olsen, J.P., 2018. *The Reforming organization: making sense of administrative change*. London: Routledge.

Buchanan, A., 2017. A critical introduction to Rawls' theory of justice. In *Distributive Justice* (pp. 175-211). London: Routledge.

Bucknor-Ferron, P. and Zagaja, L., 2016. Five strategies to combat unconscious bias. *Nursing 2020*, 46(11): 61-62.

Bucknor-Ferron, P. and Zagaja, L., 2016. Five strategies to combat unconscious bias. *Nursing2020*, 46(11): 61-62.

Burgener, A.M., 2020. Enhancing communication to improve patient safety and increase patient satisfaction. *The health care manager, 39*(3): 128-132.

Burger, A.P., 2018. *A framework for factoring citizen perceptions in local public service value systems to improve service quality.* Unpublished Doctoral Dissertation. Stellenbosch: Stellenbosch University.

Burma, Z.A., 2014. Human resource management and its importance for today's organizations. *International Journal of Education and Social Science*, *1*(2), pp.85-94.

Burns, D.P., Leung, C., Parsons, L., Singh, G., and Yeung, B., 2012. Limitations of the case study approach to pedagogical ethics education. *Transformative Dialogues: Teaching and Learning Journal*, 6(1): 388.

Burrowes, D.P., Medellin, A., Harris, A.C., Milot, L. and Wilson, S.R., 2017. Contrast-enhanced US approach to the diagnosis of focal liver masses. *Radiographics*, 37(5): 1388-1400.

Burrowes, D.P., Medellin, A., Harris, A.C., Milot, L. and Wilson, S.R., 2017. Contrast-enhanced US approach to the diagnosis of focal liver masses. *Radiographics*, *37*(5):1388-1400.

Bussolari, J.R., 2018. *Take Three: Lessons of Leadership from the Big and Small Screen.* United States: Naval War College.

Caldero, M.A., Dailey, J.D. and Withrow, B.L., 2018. *Police ethics: The corruption of noble cause.* London and New York: Routledge.

Canda, E.R., Furman, L.D. and Canda, H.J., 2019. *Spiritual diversity in social work practice: The heart of helping.* United State of America: Oxford University Press.

Cashman, K., 2017. *Leadership from the inside out: Becoming a leader for life.* Oakland: Berrett-Koehler Publishers.

Cassam, Q., 2018. *Vices of the Mind: From the Intellectual to the Political.* United Kingdom: Oxford University Press.

Cassam, Q., 2018. *Vices of the Mind: From the Intellectual to the Political.* Oxford University Press.

Castelli, A., Chalkley, M.J. and Rodriguez Santana, I.D.L.N., 2018. Productivity of the English National Health Service: 2015/16 update.

Castelli, P.A., 2016. Reflective leadership review: a framework for improving organisational performance. *Journal of Management Development*, 35(2): 217-236.

Castelli, P.A., 2016. Reflective leadership review: a framework for improving organisational performance. *Journal of Management Development*, *35*(2): 217-236.

Caulder, C.R., Mehta, B., Bookstaver, P.B., Sims, L.D., Stevenson, B. and South Carolina Society of Health-System Pharmacists., 2015. Impact of drug shortages on health system pharmacies in the South-eastern United States. *Hospital Pharmacy*, *50*(4): 279-286.

Caulder, C.R., Mehta, B., Bookstaver, P.B., Sims, L.D., Stevenson, B. and South Carolina Society Of Health-System Pharmacists, 2015. Impact of drug shortages on health system pharmacies in the Southeastern United States. *Hospital pharmacy*, *50*(4): 279-286.

Chinnery, F., Dunham, K.M., van der Linden, B., Westmore, M., and Whitlock, E., 2018. Ensuring value in health-related research. *The Lancet*, *391*(10123): 836-837.

Chughtai, A.A., 2015. Creating safer workplaces: The role of ethical leadership. *Safety Science*, 73: 92-98.

Clarke, N., 2018. *Relational leadership: Theory, practice and development*. London: Routledge.

Connell, C.P., 2020. Lead by Bloody Example: forensic Industrial Hygienist, 17 April.

Cornerstone, A.U. and Adesina, A.A., 2017. Wants in Economics (I). Ibaden: University of Ibaden.

Cots, S. and Casadesús, M., 2015. Exploring the service management standard ISO 20000. *Total Quality Management & Business Excellence*, 26(5-6), pp.515-533.

Council for Health Services Accreditation of Southern Africa (COHSASA). 2019.The quality improvement in Health care: *Annual report 01 July 2018 -30 June 2019*, Southern Africa: Institutional society for quality in health care.

Crowe, M., Inder, M. and Porter, R., 2015. Conducting qualitative research in mental health: Thematic and content analyses. *Australian & New Zealand Journal of Psychiatry*, *49*(7): 616-623.

Cruz, E.V. and Sawchuk, P.H., 2021. Nurses, Skills, and Intra-Professional Inequalities. In *Professional Power and Skill Use in the 'Knowledge Economy'* (pp. 201-245). Netherlands: Brill.

Cucciniello, M., Porumbescu, G.A. and Grimmelikhuijsen, S., 2017. 25 years of transparency research: Evidence and future directions. *Public Administration Review, 77*(1): 32-44.

Cullinan, K., 2006. Health services in South Africa: A basic introduction. *Health-e-News Service*, 1(1-38).

Cypress, B.S., 2017. Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing, 36*(4): 253-263.

Cypress, B.S., 2017. Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of critical care nursing, 36*(4): 253-263.

Czabanowska, K.M. and Rethmeier, K., 2016. Value-based leadership an integral part of a public health leadership curriculum. *European Journal of Public Health*, 26(suppl_1).
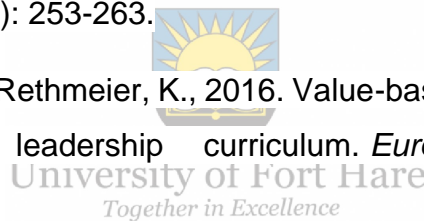
Da Cruz, N.F., Tavares, A.F., Marques, R.C., Jorge, S. and De Sousa, L., 2016. Measuring local government transparency. *Public Management Review*, 18(6): 866-893.

Dall'Ora, C., Ball, J., Reinius, M. and Griffiths, P., 2020. Burnout in nursing: a theoretical review. *Human Resources for Health, 18*: 1-17.

Dasí, À., Pedersen, T., Barakat, L.L. and Alves, T.R., 2021. Teams and project performance: An ability, motivation, and opportunity approach. *Project Management Journal, 52*(1), pp.75-89.

Dasí, À., Pedersen, T., Barakat, L.L. and Alves, T.R., 2021. Teams and project performance: An ability, motivation, and opportunity approach. *Project Management Journal, 52*(1): 75-89.

Datta, A., Sen, S. and Zick, Y., 2016, May. Algorithmic transparency via quantitative input influence: Theory and experiments with learning systems. In the *2016 IEEE symposium on security and privacy (SP)* (pp. 598-617). United State of America: IEEE.
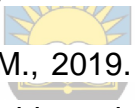
Dawi, N.M., Jusoh, A., Streimikis, J. and Mardani, A., 2018. The influence of service quality on customer satisfaction and customer behavioural intentions by moderating the role of switching barriers in satellite pay-TV market. *Economics & Sociology*, *11*(4): 198.

De Houwer, J., 2019. Implicit bias is behavior: A functional-cognitive perspective on implicit bias. *Perspectives on Psychological Science*, 14(5): 835-840.

De Houwer, J., 2019. Implicit bias is behaviour: A functional-cognitive perspective on implicit bias. *Perspectives on Psychological Science*, *14*(5): 835-840.

De Simone, S., Planta, A. and Cicotto, G., 2018. The role of job satisfaction, work engagement, self-efficacy, and agentic capacities on nurses' turnover intention and patient satisfaction. *Applied Nursing Research*, *39*: 130-140.

DeJonckheere, M. and Vaughn, L.M., 2019. Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*, *7*(2): 1-8.

Dekker, S., 2016. *Just culture: Balancing safety and accountability*. London: CRC Press.

Della Corte, V., Del Gaudio, G., Sepe, F. and Zamparelli, G., 2017. The role and implications of values-based leadership. *Journal of Organisational Transformation & Social Change*, *14*(3): 187-213.

Den Broeder, L., Uiters, E., Ten Have, W., Wagemakers, A. and Schuit, A.J., 2017. Community participation in Health Impact Assessment. A scoping review of the literature. *Environmental Impact Assessment Review*, *66*: 33-42.

Denhardt, J.V. and Denhardt, R.B., 2015. The new public service revisited. *Public Administration Review*, 75(5): 664-672.

Department of Health (RSA DoH)., 2018. *South African Health Review 2018*. Republic of South Africa: Health Systems Trust.

Department of Health. 2019. *South Africa Health Market Overview*. Republic of South Africa: Health Systems Trust

Department of Health. (2019). *Fact Sheet: Funding the right to health (Section27 of the Constitution of South Africa)* South Africa: Institute of Economic Justice.

Dhai, A., Veller, M., Ballot, D. and Mokhachane, M., 2020. Pandemics, professionalism and the duty of care: Concerns from the coalface. *South African Medical Journal*, 110(6): 450-452.

Dhar, R.L., 2016. Ethical leadership and its impact on service innovative behaviour: The role of LMX and job autonomy. *Tourism Management*, *57*: 139-148.

Dimant, E. and Tosato, G., 2018. Causes and effects of corruption: what has past decade's empirical research taught us. A survey. *Journal of Economic Surveys*, 32(2): 335-356.

Dovgot'ko, N.A.E., Kusakina, O.N. and Skiperskaja, E.V., 2014. Use of natural resources as an object of economic incentive. *Life Science Journal*, *11*(1s): 166-170.

Driscoll, D.L., 2011. Introduction to primary research: Observations, surveys, and interviews. *Writing spaces: Readings on Writing*, *2*: 153-174.

Drucker, P.F. and Maciariello, J.A., 2018. *The daily Drucker: 366 days of insight and motivation for getting the right things done*. London: Routledge.

Du, M., Zhang, X. and Mora, L., 2021. Strategic planning for smart city development: assessing spatial inequalities in the basic service provision of metropolitan cities. *Journal of Urban Technology*, *28*(1-2): 115-134.

Durojaye, E. and Agaba, D.K., 2018. Contribution of the Health Ombud to accountability: The Life Esidimeni tragedy in South Africa. *Health and Human Rights*, *20*(2): 161.

Dutta, S., 2017. Rawls' Theory of Justice: An Analysis. *Journal of Humanities and Social Science (IOSR-JHSS)*, *22*(4): 40-43.

Dzau, V.J., McClellan, M.B., McGinnis, J.M., Burke, S.P., Coye, M.J., Diaz, A., Daschle, T.A., Frist, W.H., Gaines, M., Hamburg, M.A. and Henney, J.E., 2017. Vital

directions for health and health care: priorities from a National Academy of Medicine initiative. *Jama*, 317(14): 1461-1470.

Department Health. 2018. Eastern Department of Health Annual Report, 2017/18, p.181-182.

Department of Health., 2018. *Eastern Cape Department of Health Annual Report, 2017/2018*.: Government Printer.

Department of Social Development EC DoSD). 2017. *DoH Eastern Cape Annual Report 2016/17 Vote 3*. King William's Town, South Africa: Eastern Cape Department of Social Development pp. 1–421.

Republic of South Africa, 2014. *Eastern Cape vision 2030: Provincial development plan: Flourishing people in a Thriving province*. South Africa: Government Printer

Department of Health., 2017. Annual Report of the Department of Health for the period 1st April 2016 to 31st March 2017 in compliance with Section 40 (I) (d) of the Public Financial Management Act (PFMA). Republic of South Africa: Government Gazette.

Ehlers, A. and Makanjee, C.R., 2018. Patient-centered care during gynecological brachytherapy in terms of Batho Pele principles. *South African Radiographer*, 56(2): 32-37.

Republic of South Afric.1997. *Employment Equity Act 1997*. (c.5), Republic of South Africa: Government Printer.

Engelbrecht, A.S., Heine, G. and Mahembe, B., 2017. Integrity, ethical leadership, trust, and work engagement. *Leadership & Organization Development Journal,* 38(3): 368-379.

Etikan, I., Musa, S.A. and Alkassim, R.S., 2016. Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1): 1-4.

Fan, J. and Smith, A.P., 2017, June. The impact of workload and fatigue on performance. In *International symposium on human mental workload: Models and applications* (pp. 90-105). United Kingdom: Springer, Cham.

Farazmand, A. (Ed.)., 2018. *Global encyclopaedia of public administration, public policy, and governance*. New York, NY: Springer.

Farmer, J., Taylor, J., Stewart, E. and Kenny, A., 2018. Citizen participation in health services co-production: a roadmap for navigating participation types and outcomes. *Australian Journal of Primary Health*, 23(6):509-515.

Farooq, M.S., Salam, M., Fayolle, A., Jaafar, N. and Ayupp, K., 2018. Impact of service quality on customer satisfaction in Malaysia airlines: A PLS-SEM approach. *Journal of Air Transport Management*, *67*: 169-180.

Fatima, T., Malik, S.A. and Shabbir, A., 2018. Hospital healthcare service quality, patient satisfaction, and loyalty: An investigation in the context of private healthcare systems. *International Journal of Quality & Reliability Management,*35(6*: 1195-1214.*

Ferry, L. and Murphy, P., 2018. What about the financial sustainability of local government!—a critical review of accountability, transparency, and public assurance arrangements in England during Austerity. *International Journal of Public Administration*, *41*(8): 619-629.

FitzGerald, C. and Hurst, S., 2017. Implicit bias in healthcare professionals: a systematic review. *BMC medical ethics,* 18(1): 1-18.

Foley, M. and Williamson, S., 2019. Managerial perspectives on implicit bias, affirmative action, and merit. *Public Administration Review*, *79*(1): 35-45.

Fourie, D. and Poggenpoel, W., 2017. Public sector inefficiencies: Are we addressing the root causes? *South African Journal of Accounting Research*, *31*(3): 169-180.

Frangeskou, M., Lewis, M.A. and Vasilakis, C., 2020. Implementing standardised flow: navigating operational and professional dependencies. *International Journal of Operations & Production Management,* 40(7/8): 1177-4199.

Frederickson, H.G., Smith, K.B., Larimer, C.W. and Licari, M.J., 2018. *The public administration theory primer*, New York: Routledge.

French, P.E., 2011. Enhancing the legitimacy of local government pandemic influenza planning through transparency and public engagement. *Public Administration Review*, 71(2): 253-264.

Funani, Y., (July 2018). Security guards at Cecilia Makiwane hospital down tools. *SABC news online*, [13 May 2019.]

Gallagher, A., 2004. Dignity and respect for dignity-two key health professional values: implications for nursing practice. *Nursing Ethics*, *11*(6): 587-599.

Gandolfi, F. and Stone, S., 2018. Leadership, leadership styles, and servant leadership. *Journal of Management Research*, 18(4): 261-269.

Geerligs, L., Rankin, N.M., Shepherd, H.L., and Butow, P., 2018. Hospital-based interventions: a systematic review of staff-reported barriers and facilitators to implementation processes. *Implementation Science*, 13(1): 1-17.

Geissdoerfer, M., Savaget, P., Bocken, N.M. and Hultink, E.J., 2017. The Circular Economy–A new sustainability paradigm?. *Journal of cleaner production*, *143*: 757-768.

Gerhart, B., 2017. Incentives and pay for performance in the workplace. In *Advances in Motivation Science,* 9(4): 91-140.

German New Guinea. The Annual Reports. In P. Sack and D. Clark (Eds), Australia: Australian National University.

Gilson, L. and Agyepong, I.A., 2018. Strengthening health system leadership for better governance: what does it take. Health Policy and Planning, 33(suppl_2): ii1-ii4.

Gleenson, B., 2017. How values-based leadership transforms organisational cultures—United State of America: Deloitte.

Gnan, L. and Flamini, G. eds., 2021. *Designing and Implementing HR Management Systems in Family Businesses.* Italy: IGI Global.

Govender, S., Proches, C.N.G. and Kader, A., 2018. Examining leadership as a strategy to enhance health care service delivery in regional hospitals in South Africa. *Journal of Multidisciplinary Healthcare*, 11: 157.

Gower, K.K., 2017. *Legal and ethical considerations for public relations.* United State of America: Waveland Press.

Griesel, S.M., 2018. *Investigating staff morale and Batho Pele compliance of public oral healthcare professionals* (Doctoral dissertation, North-West University).

Grube, D.C. and Howard, C., 2016. Promiscuously partisan? Public service impartiality and responsiveness in Westminster systems. *Governance, 29*(4): 517-533.

Grube, D.C. and Howard, C., 2016. Promiscuously partisan? Public service impartiality and responsiveness in Westminster systems. *Governance*, *29*(4): 517-533.

Gruberg, J., 2021. *Universal Healthcare: A Path to Health Equity in the United States.* Unpublished Masters dissertation. New York: Mailman School of Public Health, Columbia University.

Grumbach, K., Braveman, P., Adler, N. and Bindman, A.B., 2016. Vulnerable Populations, Health Disparities, and Health Equity: An Overview. *Medical Management of Vulnerable and Underserved Patients: Principles, Practice, Populations*, p.1.

Guimarães, T., Lucas, K. and Timms, P., 2019. Understanding how low-income communities gain access to healthcare services: A qualitative study in São Paulo, Brazil. *Journal of Transport & Health*, 15, p.100658.

Gumede, P., Green, P. and Dlamini, B., 2015. Evaluation of healthcare services: cross-sectional case in KwaZulu-Natal, South Africa. *Journal of Human Ecology*, 52(1-2): 32-38.

Gupta, K.S. and Rokade, V., 2016. Importance of quality in health care sector: A review. *Journal of Health Management*, *18*(1): 84-94.

Gupta, K.S. and Rokade, V., 2016. Importance of quality in health care sector: A review. *Journal of Health Management*, *18*(1): 84-94.

Gustafsson, J., 2017. Single case studies vs. multiple case studies: A comparative study. Sweden: Halmstad University.

Gwanzura, O., 2012. *An Exploration of Ethical Conduct in the South African Public Sector: A Case of The Eastern Cape Department of Education (2009-2010).* Unpublished Doctoral Dissertation. Alice: University of Fort Hare.

Hage, S.M., Ring, E.E. and Lantz, M.M., 2011. Social justice theory. *Differences*, *15*: 11-23.

Hammer, J.H & Schneider, G. 2010. On the definition and policies of confidentiality. Norway: University of Oslo.

Harrell, M.C. and Bradley, M.A., 2009. *Data collection methods. Semi-structured interviews and focus groups*. Santa Monica, CA: Rand National Defence Research Institute.

Harrison, H., Birks, M., Franklin, R. and Mills, J., 2017, January. Case study research: Foundations and methodological orientations. In *Forum Qualitative Sozialforschung /Forum: Qualitative Social Research, 18*(1): 1-120.

Hartle, R., 2020. Covid-19: Shut down Frere Hospital now, labour department insists. Dispatchlive: 23 May 2021.

Haskins, J.L.M., Phakathi, S., Grant, M. and Horwood, C.M., 2014. Nurses' attitudes towards patient care at a rural district hospital in the KwaZulu-Natal province of South Africa. *Africa Journal of Nursing and Midwifery, 16*(1): 32-44.

Havíř, D., 2017. A Comparison of the Approaches to Customer Experience Analysis. *Economics & Business*, *31*(1): 82-92.

Hayashi Jr, P., Abib, G. and Hoppen, N., 2019. Validity in qualitative research: A processual approach. *The Qualitative Report*, *24*(1): 98-112.

The Republic of South Africa. 1947. *Health Professions Act 56 of 1974*. (s.57 of 1975). Pretoria: Government Printer.

Health sector forum probes corruption, fraud.2017. *South Africa News*. 7 December, p.7.

Heath, J., Williamson, H., Williams, L. and Harcourt, D., 2018. "It's just more personal": Using multiple methods of qualitative data collection to facilitate participation in research focusing on sensitive subjects. *Applied Nursing Research*, *43*: 30-35.

Heathfield, D.F., 2016. *An introduction to cost and production functions*. London: Macmillan International Higher Education.

Heathfield, S. (2018). Leadership values and workplace ethics. Available at: https://www.thebalancecareers.com/leadership-values-and-workplace-ethics-1918615 (Accessed on 2018- 10-12).

Heathfield, S.M., 2008. Leadership values and ethics: Secrets of leadership success

Heidelberg, R.L., 2017. Public administration and the logic of resolution. *Critical Policy Studies*, 11(3): 272-290.

Heller, A., 2018. *The theory of Need in Marx*. London: Verso Books.

Hemsley, B., Georgiou, A., Hill, S., Rollo, M., Steel, J., and Balandin, S., 2016. An integrative review of patient safety in studies on the care and safety of patients with communication disabilities in hospital. *Patient education and counseling*, *99*(4):501-511.

Hentrich, S., Zimber, A., Garbade, S.F., Gregersen, S., Nienhaus, A. and Petermann, F., 2017. Relationships between transformational leadership and health: The mediating role of perceived job demands and occupational self-efficacy. *International Journal of Stress Management*, 24(1): 34.

Heywood, M., 2009. South Africa's treatment action campaign: combining law and social mobilization to realize the right to health. *Journal of Human Rights Practice*, *1*(1): 14-36.

Hill, K., 2018. *Managerial Accountability in the Western Balkans: A comparative analysis of the barriers and,* Paris Cedex: SIGMA.

Hocking, C., 2017. Occupational justice as social justice: The moral claim for inclusion. *Journal of Occupational Science*, 24(1): 29-42.

Hodes, R., Price, I., Bungane, N., Toska, E. and Cluver, L., 2017. How front-line healthcare workers respond to stock-outs of essential medicines in the Eastern Cape Province of South Africa. *South African Medical Journal*, *107*(9): 738-740.

Hoffman, K.M., Trawalter, S., Axt, J.R. and Oliver, M.N., 2016. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences*, *113*(16): 4296-4301.

Honda, A., Ryan, M., van Niekerk, R. and McIntyre, D., 2015. Improving the public health sector in South Africa: eliciting public preferences using a discrete choice experiment. *Health Policy and Planning*, *30*(5): 600-611.

Hsiung, V., 2012. Importance of values and attitudes in the workplace. *National Academy of Civil Service-T&D*, 152.

Huffman, J.B., Olivier, D.F., Wang, T., Chen, P., Hairon, S. and Pang, N., 2016. Global conceptualization of the professional learning community process: Transitioning from country perspectives to international commonalities. *International Journal of Leadership in Education*, 19(3): 327-351.

Hunter, J.R., Chandran, T.M., Asmall, S., Tucker, J.M., Ravhengani, N.M. and Mokgalagadi, Y., 2017. The Ideal Clinic in South Africa: progress and challenges in implementation. *South African Health Review*, 2017(1): 111-123.

Hur, Y., 2018. Testing Herzberg's two-factor theory of motivation in the public sector: Is it applicable to public managers?. *Public Organization Review*, *18*(3): 329-343.

Igboke, S.A. and Kulo, V.A., 2018. Corruption and unethical practices: The bane to national development. *Nigerian Journal of Business Education (NIGJBED)*, 5(2): 308-315.

Ingrams, A., 2017. Assessing Open Government Performance through Three Public Administration Perspectives: Efficiency, Democratic Responsiveness, and Legal-rational Process. *Chinese Public Administration Review*, 7(1): 110-145.

Institute for economic and justice, 2019. *Fact Sheet: Funding the right to health,* South Africa: Research Policy Advocacy.

Ipsen, C., van Veldhoven, M., Kirchner, K. and Hansen, J.P., 2021. Six key advantages and disadvantages of working from home in Europe during COVID-19. *International Journal of Environmental Research and Public Health*, *18*(4): 1826.

Islam, T., Ahmed, I. and Ali, G., 2018. Effects of ethical leadership on bullying and voice behaviour among nurses: mediating role of organizational identification, poor working condition and workload. *Leadership in Health Services*. 32(1): 2-17

Jacob, B., 2019. Cecilia gets a shot in the arm: Team of volunteer doctors steps up to the plate over this long weekend. *Premium News*. 09 August 2019.

Jaques, E., 2017. *Requisite organization: A total system for effective managerial organization and managerial leadership for the 21st century*. London: Routledge.

Jardien-Baboo, S., van Rooyen, D., Ricks, E. and Jordan, P., 2016. Perceptions of patient-centered care at public hospitals in Nelson Mandela Bay. *Health SA Gesondheid*, 21: 397-405.

Javanparast, S., Maddern, J., Baum, F., Freeman, T., Lawless, A., Labonté, R., and Sanders, D., 2018. Change management in an environment of ongoing primary health care system reform: A case study of Australian primary health care services—t*he International Journal of Health Planning and Management*, 33(1): e76-e88.

Javed, A., Anas, M., Abbas, M., and Khan, A.I., 2017. Flexible human resource management and firm innovativeness: The mediating role of innovative work behavior. *Journal of human resource management, 20*(1): 31-41.

Jazairy, I., 2019. Unilateral economic sanctions, international law, and human rights. *Ethics & International Affairs*, *33*(3): 291-302.

Jordan, M., Yusuf, J.E.W., Mayer, M. and Mahar, K., 2016. Citizens want to know about their government's finances: Closing the information gap. *The Social Science Journal*, 53(3):301-308.

Joseph, R., 2020. Toward a Pragmatic Understanding of Rawls' Social Justice Theory in Social Work: A Critical Evaluation. *Journal of Human Rights and Social Work*, 5(3): 147-156.

Kahn, K., 2018. Work and Wealth. *A Report from the 2017 Aspen Institute Economic Security*. South Africa: Aspen Institute.?

Kahn, T., 2019. Eastern Cape MEC summons hospital bosses in bid to improve health care: *Province's health department told to improve the services provided by state facilities as it faces a high number of medical negligence claims*. Business Day: 24 June 2019.

Kapur, R., 2021. Understanding Meaning and Significance of Job Analysis and Job Design. *International Journal of Information, Business and Management*, 13(4):98-107.

Kashif, M., Ramayah, T. and Sarifuddin, S., 2016. PAKSERV–measuring higher education service quality in a collectivist cultural context. *Total Quality Management & Business Excellence*, 27(3-4): 265-278.

Kashif, M., Rehman, M.A. and Pileliene, L., 2016. Customer perceived service quality and loyalty in Islamic banks: A collectivist cultural perspective. *The Total Quality Management Journal*. 28(1): 65-78.

Kassahun, C.W., Kerie, M.W. and Hailu, F.B., 2017, February. Perceived Nurse—Physician Communication in Patient Care and Associated Factors in Public Hospitals of Jimma Zone, South West Ethiopia: Cross-Sectional Study. In *28th Annual conference, 2016*.

Keown, D., 2016. *The nature of Buddhist ethics*. Springer. United States of America: Library of Catalogue.

Khambhati, R.K. and Kumar, S., 2018. Service Quality Measurement of Public Healthcare Facility: A Comparative Study on Urban and Rural Consumers of Surat District. Gujarat Technological University: Rupal Kantilal Khambhati.

Khan, M.A.S., Jianguo, D., Ali, M., Saleem, S., and Usman, M., 2019. Interrelations between ethical leadership, green psychological climate, and organizational environmental citizenship behavior: A moderated mediation model. *Frontiers in psychology*, *10*:1977.

Khoza, V.L., 2008. *The implementation of the Batho Pele principles from patients' experiences.* Unpublished Doctoral Dissertation. South Africa: University of South Africa.

Kinicki, A. and Fugate, M., 2017. *Loose Leaf for Organizational Behaviour: A Practical, Problem-Solving Approach*. New York: McGraw-Hill Education.

Kjaer, L.L., Pigosso, D.C., Niero, M., Bech, N.M. and McAloone, T.C., 2019. Product/service-systems for a circular economy: The route to decoupling economic growth from resource consumption? *Journal of Industrial Ecology*, 23(1): 22-35.

Kjaer, L.L., Pigosso, D.C., Niero, M., Bech, N.M. and McAloone, T.C., 2019. Product/service-systems for a circular economy: The route to decoupling economic growth from resource consumption?. *Journal of Industrial Ecology*, *23*(1): 22-35.

Klijn, E.H. and Koppenjan, J.F., 2017. Rediscovering the citizen: new roles for politicians in interactive policymaking. *Public participation and innovations in community governance* (pp. 141-164). London: Routledge.

Korhonen, J., Honkasalo, A. and Seppälä, J., 2018. Circular economy: the concept and its limitations. *Ecological economics*, *143*: 37-46.

Kossivi, B., Xu, M. and Kalgora, B., 2016. Study on determining factors of employee retention. *Open Journal of Social Sciences*, 4(05):261.

Kratcoski, P.C. and Edelbacher, M., 2021. Perspectives on Elderly Crime and Victimization in the Future. In *Crime Prevention and Justice in 2030* (pp. 85-106). Europe: Springer, Cham.

Krueger, R.A., 2014. *Focus groups: A practical guide for applied research*. Washington: Sage Publications.

Krütli, P., Rosemann, T., Törnblom, K.Y. and Smieszek, T., 2016. How to fairly allocate scarce medical resources: ethical argumentation under scrutiny by health professionals and lay people. *PloS one*, *11*(7): 0159086.

Kuhn, E., van der Meer, C., Owen, J.E., Hoffman, J.E., Cash, R., Carrese, P., Olff, M., Bakker, A., Schellong, J., Lorenz, P. and Schopp, M., 2018. PTSD Coach around the world. *Health*, 4: 1-33.

Kukora, S. and Laventhal, N., 2016. Choosing wisely: should past medical decisions impact the allocation of scarce. *ECMO resources*, 105: 876-878.

Lambrou, P., Kontodimopoulos, N. and Niakas, D., 2010. Motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital. *Human resources for health*, *8*(1), pp.1-9.

Lancaster, K., 2017. Confidentiality, anonymity and power relations in elite interviewing: conducting qualitative policy research in a politicised domain. *International Journal of Social Research Methodology*, *20*(1): 93-103.

Leder, B., OHSCO at Concordia. Student Publication of Concordia College, 20(5)

Leeper, E.M., 2021. Shifting Policy Norms and Policy Interactions. In Federal Reserve Bank of Kansas City Jackson Hole Symposium, "Macroeconomic Policy in an Uneven Economy." Forthcoming.

Lekhraj Rampal, M.B.B.S. and Seng, L.B., 2020. Coronavirus disease (COVID-19) pandemic. *Med. J. Malays*, *75*(2): 95.

Leuz, C. and Wysocki, P.D., 2016. The economics of disclosure and financial reporting regulation: Evidence and suggestions for future research. *Journal of Accounting Research*, 54(2): 525-622.

Liu, J.J., Rotteau, L., Bell, C.M. and Shojania, K.G., 2019. Putting out fires: a qualitative study exploring the use of patient complaints to drive improvement at three academic hospitals. *BMJ Quality & Safety*, 28(11): 894-900.

Ljungholm, D.P., 2015. The impact of transparency in enhancing public sector performance. *Contemporary Readings in Law and Social Justice*, *7*(1): 172-178.

Loozekoot, A. and Dijkstra, G., 2017. Public accountability and the Public Expenditure and Financial Accountability tool: an assessment. *International Review of Administrative Sciences*, 83(4): 806-825.

Lopez, F.J.D., Bastein, T. and Tukker, A., 2019. Business model innovation for resource-efficiency, circularity and cleaner production: What 143 cases tell us. *Ecological Economics*, 155(Vol):20-35.

Louw, A.M., The Employment Equity Act, 1998 (and other Myths about the Pursuit of" Equality, " Equity" and" Dignity" in Post-Apartheid South Africa)(PART 2)[2015] PER 29.

Louw, J., 2019. Building a mental hospital in apartheid South Africa. *History of psychology*, *22*(4): 351.

Lovan, W.R., Murray, M. and Shaffer, R. (Eds)., 2017. *Participatory governance: planning, conflict mediation and public decision-making in civil society*. London::Routledge.

Lowe, T. and Wilson, R., 2017. Playing the game of outcomes-based performance management. Is competitiveness inevitable? Evidence from theory and practice. *Social Policy & Administration*, 51(7): 981-1001.

Lu, X. and Guy, M.E., 2014. How emotional labour and ethical leadership affect job engagement for Chinese public servants. *Public Personnel Management*, 43(1): .3-24.

Lucca-Silveira, M.P.D., 2016. The subject of social justice: a defense of the basic structure of society. *Brazilian Political Science Review*, 10(2): 1-26

Lutfiyya, Z.M. and Bartlett, N.A., 2020. Inclusive Societies. In *Oxford Research Encyclopedia of Education*. England: Oxford University Press.

Luyten Ruegg, T., 2017. *Stress and its effects in management training performance* (Bachelor's thesis, University of Twente), Netherlands: Univerity of Twente.

Lynn, M.R. and Redman, R.W., 2005. Faces of the nursing shortage: influences on staff nurses' intentions to leave their positions or nursing. *JONA: The Journal of Nursing Administration*, *35*(5): 264-270.

Macanda, M., (June 2019). Eastern Cape Department of Health faces collapse. *City Press*. Available from: https://www.news24.com/citypress/news/ec-department-of-health-faces-collapse. [16 September 2020].

Magrani, E., 2019. New perspectives on ethics and the laws of artificial intelligence. *Internet Policy Review*, 8(3).

MAH, L. C. S., 2018. *Understanding the Public and Private interests roles of professional accounting bodies' disciplinary process*, London: RMT University.

Mah, L.C.S., 2018. *Understanding the Public and Private Interest Roles of Professional Accounting Bodies' Disciplinary Processes: A Review of the Australian Experience.* Unpublished Doctoral Dissertation. Melbourne: RMIT University.

Mahmoud, M.A., Hinson, R.E. and Anim, P.A., 2018. Service innovation and customer satisfaction: the role of customer value creation. *European Journal of Innovation Management*.

Makgoba, M.W., 2017. The Report into the Circumstances Surrounding the Deaths of Mentally Ill Patients. Johannesburg, Gauteng Province: Gauteng Department of Health.

Malchow, E., 2017. The Fight for Black Gold: How Foreign Interference Sparked the Iranian Revolution. *ESSAI*, 15(1): 25.

Maloa, F., 2016. *An evaluation of a performance management system in a freight rail organisation* (Doctoral dissertation).

Management and firm innovativeness: The mediating role of innovative work behaviour. *Journal of Human Resource Management*, 20(1): 31-41.

Manona-Nkanjeni, N.Y., 2015. *The investigation of perceptions of professional nurses regarding the care of mental health care users in a general hospital setting.* Unpublished Doctoral Dissertation. Alice: University of Fort Hare.

Manyisa, Z.M. and van Aswegen, E.J., 2017. Factors affecting working conditions in public hospitals: A literature review. *International Journal of Africa Nursing Sciences*, *6*: 28-38.

Manzer, R., 2019. *Public School and Political Ideas*. Canada: University of Toronto Press.

Manzoor, A., 2014. A look at efficiency in public administration: Past and future. *Sage Open*, 4(4): 2158244014564936.

Maphumulo, W.T. and Bhengu, B.R., 2019. Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. *Curations*, 42(1): 1-9.

Maphumulo, W.T. and Bhengu, B.R., 2019. Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. *Curationis*, *42*(1): 1-9.

Maqbool, R., 2018. Efficiency and effectiveness of factors affecting renewable energy projects; an empirical perspective. *Energy*, *158*:944-956.

Marais, D.L. and Petersen, I., 2015. Health system governance to support integrated mental health care in South Africa: challenges and opportunities. *International Journal of Mental Health Systems*, 9(1): 1-21.

Markey, K., Ventura, C.A.A., Donnell, C.O. and Doody, O., 2021. Cultivating ethical leadership in the recovery of COVID-19. *Journal of nursing management*, *29*(2): 351-355.

Masango, R.S. and Mfene, P.N., 2017. Inculcating values of the constitution in public administration and the society: a South African perspective. *Journal of Public Administration*, 52(3): 589-600.

Mashlah, S.A. 2015. The role of people's personal values in the workplace. *International Journal of Management and Applied Science*, 1(9), pp.158-64.

Matjasko, J.L., Cawley, J.H., Baker-Goering, M.M. and Yokum, D.V., 2016. Applying behavioural economics to public health policy: illustrative examples and promising directions. *American Journal of Preventative Medicine*, 50(5): S13-S19.

McCabe, R., Schmit, N., Christen, P., D'Aeth, J.C., Løchen, A., Rizmie, D., Nayagam, S., Miraldo, M., Aylin, P., Bottle, A. and Perez-Guzman, P.N., 2020. Adapting hospital capacity to meet changing demands during the COVID-19 pandemic. *BMC medicine*, *18*(1): 1-12.

McGrath, C., Palmgren, P.J. and Liljedahl, M., 2019. Twelve tips for conducting qualitative research interviews. *Medical Teacher*, 41(9):1002-1006.

McLaverty, P. (Ed.)., 2017. *Public participation and innovations in community governance.*London and New York: Routledge.

McMahon, S.A. and Winch, P.J., 2018. Systematic debriefing after qualitative encounters: an essential analysis step in applied qualitative research. *BMJ Global Health*, 3(5): e000837.

McWhirter, E.H., and McWha-Hermann, I., 2021. Social justice and career development: Progress, problems, and possibilities. *Journal of Vocational Behaviour*, 126: 103492.

Medical Schemes Act (Act 131 of 1998). Republic of South Africa: Government gazette.

Meier, D., 2016. Situational Leadership Theory as a Foundation for a Blended Learning Framework. *Journal of Education and Practice*, 7(10): 25-30.

Meijer, A., Hart, P. and Worthy, B., 2018. Assessing government transparency: an interpretive framework. *Administration & Society*, 50(4): 501-526.

Mejia, J. and Parker, C., 2021. When transparency fails: Bias and financial incentives in ridesharing platforms. *Management Science*, 67(1): 166-184.

Meloncon, L.., 2019. Empirical research in technical and professional communication: A 5-year examination of research methods and a call for research sustainability. *Journal of Technical Writing and Communication,* 49(2): 128-155.

Memarian, R., Salsali, M., Vanaki, Z., Ahmadi, F. and Hajizadeh, E., 2007. Professional ethics as an important factor in clinical competency in nursing. *Nursing Ethics*, 14(2): 203-214.

Meyer, M., Sison, A.J.G. and Ferrero, I., 2019. How Positive and Neo-Aristotelian leadership can contribute to ethical leadership. *Canadian Journal of Administrative Sciences/Revue Canadienne des Sciences de l'Administration*, 36(3): 390-403.

Mihajlov, M. and Vejmelka, L., 2017. Internet addiction: A review of the first twenty years. *Psychiatria Danubina*, *29*(3): 260-272.

Mihas, P., 2019. Qualitative data analysis. In *Oxford research encyclopaedia of education.* Place: England: Oxford Univerity Press.

Miles, S., 2017. Stakeholder theory classification: A theoretical and empirical evaluation of definitions. *Journal of Business Ethics*, 142(3): 437-459.

Milevska Kostova, N., Chichevalieva, S., Ponce, N.A., van Ginneken, E., Winkelmann, J. and World Health Organization, 2017. *The former Yugoslav Republic of Macedonia: a health system review.* New York: WHO.

Misztal, B.A., 2005. The new importance of the relationship between formality and informality. *Feminist Theory*, *6*(2):173-194.

Miza, T.M., 2011. *The Experiences of Professional Nurses Working in Outpatient Departments of the Introduction of the Batho Pele Principles in State Hospitals.* Masters Dissertation.

Mlambo, V.H. and Masuku, M.M., 2020. Governance, corruption, and COVID-19: the final nail in the coffin for South Africa's dwindling public finances. *Journal of Public Administration*, 55(3-1): 549-565.

Mlambo, V.H. and Masuku, M.M., 2020. Governance, corruption and COVID-19: the final nail in the coffin for South Africa's dwindling public finances. *Journal of Public Administration*, *55*(3-1): 549-565.

Mmutle, T. and Shonhe, L., 2017. Customers' perception of service quality and its impact on reputation in the hospitality industry. *African Journal of Hospitality,*6(3): 1-24.
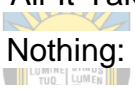
Modesto, J.G. and Pilati, R., 2020. "Why are the Corrupt, Corrupt?" The Multilevel Analytical Model of Corruption. *The Spanish Journal of Psychology*, 23.

Modesto, J.G. and Pilati, R., 2020. "Why are the Corrupt, Corrupt?" The Multilevel Analytical Model of Corruption. *The Spanish Journal of Psychology*, 23(5): 1-13.

Mohammadipour, F., Atashzadeh-Shoorideh, F., Parvizy, S. and Hosseini, M., 2017. An explanatory study on the concept of nursing presence from the perspective of patients admitted to hospitals. *Journal of clinical nursing*, *26*(23-24): 4313-4324.

Moons, K., Waeyenbergh, G. and Pintelon, L., 2019. Measuring the logistics performance of internal hospital supply chains–a literature study. *Omega*, *82*: 205-217.

Morilla, M.D.R., Sans, M., Casasa, A. and Giménez, N., 2017. Implementing technology in healthcare: insights from physicians. *BMC medical informatics and decision making*, *17*(1):1-9.

Mostert, S. and Kaspers, G., 2019. All It Takes for Corruption in Health Systems to Triumph, Is Good People Who Do Nothing: Comment on" We Need to Talk About Corruption in Health Systems." *International Journal of Health Policy and Management*, *8*(10): 610.

Mouzas, S., 2016. Performance-based contracting in long-term supply relationships. *Industrial Marketing Management*, 59 (Vol): 50-62.

Mthanti, S.M., 2015. *Exploring the healthcare service quality in a provincial hospital.* Unpublished Doctoral Dissertation. Potchefstroom Campus: North-West University.

Mudallal, R.H., Othman, W.A.M. and Al Hassan, N.F., 2017. Nurses' burnout: the influence of leader empowering behaviors, work conditions, and demographic traits. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, *54*, p.0046958017724944.

Muhammad, I., Shamsudin, M.F. and Hadi, N.U., 2016. How important is customer satisfaction? Quantitative evidence from the mobile telecommunication market. *International Journal of Business and Management*, *11*(6): 57.

Mulazid, A.S., Mufraini, M.A., Saharuddin, D. and Wicaksono, A.T.S., 2020. Attributes of Islamic Bank Service Quality: A Survey to Map Metropolitan Customer Satisfaction. *International Journal of Business and Society*, *21*(2): 883-897.

Murray, A., Skene, K. and Haynes, K., 2017. The circular economy: an interdisciplinary exploration of the concept and application in a global context. *Journal of business ethics*, *140*(3): 369-380.

Muswede, T. and Mpofu, S., 2020. Complicity and Condonation: The Tabloid Press and Reporting of Migrant Access to Public Health in South Africa. In *Mediating Xenophobia in Africa* (pp. 267-283). Place: Palgrave Macmillan, Cham.

Muswede, T. and Mpofu, S., 2020. Complicity and Condonation: The Tabloid Press and Reporting of Migrant Access to Public Health in South Africa. In *Mediating Xenophobia in Africa* (pp. 267-283). Palgrave Macmillan, Cham.

Muthuri, R. 2021. Predictors of health-related quality of life among healthcare workers in the context of health system strengthening in Kenya. *Multidisciplinary Digital,* 9(1): 18.

Naher, 2020. The influence of corruption and governance in the delivery of frontline health care services in the public sector: a scoping review of current and future prospects in the public sector: *A scoping review of current and future prospects in low and middle-nco,* Bangladesh: BMC public health.

Naidoo, S., 2016. *Chief executive officers and public hospital management in South Africa* (Doctoral dissertation, University of the Witwatersrand, Faculty of Commerce, Law and Management, Wits School of Governance).

Nash-Pearce, S., 2020. Teachers Supporting New Immigrant ESL Learners. The Organisational Improvement Plan at Western University.

Department of Health (SANDoH). 1994. *Patient Rights Charter.* Republic of South Africa: Government gazette.

Department of Health. 1999. National Development Plan Vision 2030: National Planning Commission. Pretoria: Government Gazette.

Department of Health. 2015. Policy on health care for South Africa, (2015:5313). South Africa: Government Gazette

Department of Health. 2018*. National Core Standards for Health Establishment in South Africa.* Republic of South Africa: Government gazette.

National Department of Health. Annual Report with Deputy Minister: NCOP Health and Social Services. [14 April 2020].

National Department of Health. 2011.*The annual Plan of 2019-2020.* Republic of South Africa: Government gazette.

Republic of South Africa.2013. *National Health Act 12 of 2013.* (No.36702), Republic of South Africa: Government Printer.

Department of Health. 2015. *Treatment Action Plan: Eastern Cape Health system is still not a pretty picture. Republic of South Africa: Government gazette, Available from* http://section27.org.za/wp-content/uploads/2016/10/NSP-review-10-web.pdf. [Accessed 20 April 2020].

National Treasury. 2019. *Report 2019. The Republic of South Africa is a*vailable from:http://www.treasury.gov.za/publications/annual%20reports/national%20treasury/nt%20annual%20report%202018-19.pdf. [Accessed 16 July 2022…].

National Treasury. 2017. The National Treasury analysis that their payments indicate a rapid upward trend from million in 2012/2013 to R1.2 million in 2016/17. *Budget Review,* Republic of South Africa: Communications Directorate.

Ncana, L., 2010. *Evaluating the referral system between Cecilia Makiwane Hospital Art unit and its feeder sites (Zone 2, 8 and 13 clinics).* Unpublished Doctoral Dissertation. Stellenbosch: University of Stellenbosch.

Neubert, M.J., Hunter, E.M. and Tolentino, R.C., 2016. Servant leaders and their stakeholders: When does organizational structure enhance a leader's influence? *The Leadership Quarterly*, *27*(6): 896-910.

Neubert, M.J., Wu, C. and Roberts, J.A., 2013. The influence of ethical leadership and regulatory focus on employee outcomes. *Business Ethics Quarterly*, *23*(2): 269-296.

Ngobeni, V., Breitenbach, M.C. and Aye, G.C., 2020. Technical efficiency of provincial public healthcare in South Africa. *Cost-Effectiveness and Resource Allocation*, *18*(1): 1-19.

Nguyen, H.T., Nguyen, H., Nguyen, N.D. and Phan, A.C., 2018. Determinants of customer satisfaction and loyalty in Vietnamese life-insurance setting. *Sustainability*, *10*(4): 1151.

Njuguna, F.M., 2017. Adherence with childhood cancer treatment in Kenya. Thesis (Ph.D.). Netherlands: Vrije Universiteit Amsterdam.

Norouzinia, R., Aghabarari, M., Shiri, M., Karimi, M. and Samami, E., 2016. Communication barriers perceived by nurses and patients. *Global journal of health science*, *8*(6):65.

Nunes, A.R., Lee, K. and O'Riordan, T., 2016. The importance of an integrating framework for achieving the Sustainable Development Goals: the example of health and well-being. *BMJ Global Health*, *1*(3): e000068.

Nwauche, E.S., 2005. Administrative bias in South Africa. *Potchefstroom Electronic Law Journal/Potchefstroomse Elektroniese Regsblad*, *8*(1): 1-41.

Nxumalo, N., Goudge, J., Gilson, L. and Eyles, J., 2018. Performance management in times of change: experiences of implementing a performance assessment system in a district in South Africa. *International Journal for Equity in Health*, *17*(1): 1-14.

Nyongesa, M., 2016. *Client perception on quality of health care offered to in-patients in public and faith-based hospitals in Kiambu and Nairobi counties, in Kenya: a comparative study.* Unpublished Doctoral Dissertation. Kisumu, Kenya: Maseno University).

Offe, C., 2018. *Contradictions of the welfare state* (Vol. 16), New York: Routledge.

Okal, J., Kanya, L., Obare, F., Njuki, R., Abuya, T., Bange, T., Warren, C., Askew, I. and Bellows, B., 2013. An assessment of opportunities and challenges for public sector involvement in the maternal health voucher program in Uganda. *Health Research Policy and Systems*, 11(1): 1-11.

Okpozo, A.Z., Gong, T., Ennis, M.C. and Adenuga, B., 2017. Investigating the impact of ethical leadership on aspects of burnout. *Leadership & Organization Development Journal* 38(8): 1128-1143.

Okpozo, A.Z., Gong, T., Ennis, M.C. and Adenuga, B., 2017. Investigating the impact of ethical leadership on aspects of burnout. *Leadership & Organization Development Journal*, 38(8): 1128-1143.

Okubena, O., 2016. Accountability and Transparency: Procurement issues in selected municipalities in South Africa. *Journal of Finance, Accounting & Management*, 7(2): 39-52.

Republic of South Africa.2006. *Old Person Act 13 of 2006*. Pretoria: Government Printer.

Oleotecnica, A.F.T., 2016. *Code of ethics and conduct.* Malano

Oleribe, O.O., Momoh, J., Uzochukwu, B.S., Mbofana, F., Adebiyi, A., Barbera, T., Williams, R. and Taylor-Robinson, S.D., 2019. Identifying key challenges facing healthcare systems in Africa and potential solutions. *International Journal of General Medicine*, 12: 395.

Ondrová, D., 2017. Challenges of modern public administration and ethical decision-making. *Rocznik Administracji Publicznej*, (3): 255-279.

Ostrom, V. and Ostrom, E., 2019. *Public goods and public choices* (pp. 7-49). India: Routledge.

Özden, D., Arslan, G.G., Ertuğrul, B. and Karakaya, S., 2019. The effect of nurses' ethical leadership and ethical climate perceptions on job satisfaction. *Nursing Ethics*, 26(4): 1211-1225.

Pasek, J., 2012. Writing the empirical social science research paper: A guide for the perplexed. *Empirical Social Science Paper*, pp.1-13.

Pearmain, D.L., 2012. *A critical analysis of the law on health service delivery in South Africa.* Unpublished Doctoral Dissertation. Pretoria: University of Pretoria.

Pee LG, Kankanhalli A.2016., Interactions among factors influencing knowledge management in public-sector organizations: A resource-based view. Government Information Quarterly, 33(1):188-99.

Perlman, A., Smith, B., Lynch, W.D. and Shatté, A., 2017. The Positive Effect of Resilience on Stress and Business Outcomes in Difficult Work Environments. *Journal of Occupational and Environmental Medicine,*59(2): 135-140.

Petersen, I., Marais, D., Abdulmalik, J., Ahuja, S., Alem, A., Chisholm, D., Egbe, C., Gureje, O., Hanlon, C., Lund, C. and Shidhaye, R. 2017. Strengthening mental health system governance in six low-and middle-income countries in Africa and South Asia: challenges, needs and potential strategies. *Health Policy and Planning*, *32*(5), pp.699-709.

Phandle, G. 2020. Cecilia Makiwane hospital closes three units after staffers contract Covid-19. *Sowetan live*, 04 June, pp.1.

Phelan, S.M., Burgess, D.J., Yeazel, M.W., Hellerstedt, W.L., Griffin, J.M. and van Ryn, M., 2015. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *obesity reviews*, *16*(4): 319-326.

Pirkola, H., Rantakokko, P. and Suhonen, M., 2016. Workplace spirituality in health care: an integrated review of the literature. *Journal of Nursing Management*, 24(7): 859-868.

Pitts, D.G., 2017. *The academic search: Unconscious bias and its impact on the recruitment and evaluation of faculty candidates.* Unpublished Doctoral Dissertation. Oakland, Michigan: Oakland University.

Plomp, J., Tims, M., Akkermans, J., Khapova, S.N., Jansen, P.G. and Bakker, A.B., 2016. Career competencies and job crafting: How proactive employees influence their well-being. *Career Development International,* 21(6): 587-602.

Porumbescu, G., 2017. Linking transparency to trust in government and voice. *The American Review of Public Administration*, *47*(5): 520-537.

Pritlove, C., Juando-Prats, C., Ala-Leppilampi, K. and Parsons, J.A., 2019. The good, the bad, and the ugly of implicit bias. *The Lancet*, *393*(10171): 502-504.

Republic of South Africa.2000. *Promotion of Access to information, Act no 2 of 2000*. Pretoria: Government Printer.

Republic of South Africa.2014.*Public Administration Management Act, (No.11 of 2014).* Pretoria: Government Printer.

Republic of South Afria.1999.*Public Finance Management Act (PFMA) No.1 of 1999. (c.1-12),* Pretoria: Government Printer.

Republic of South Africa.1994.*Public Protector Act 23 of 1994.* Pretoria: Government Printer.

The Republic of South Africa. 1994. *Public Service Act.* Pretoria: Government Printer.

Public Service Commission. 2020. *The Annual Report for the 2019/20 Financial Year*. March Bulletin. South Africa: Government Printer.

Public Service Commision.2019. *Annual Report for the year 2018/2019 Financial Year,* March Bulletin. South Africa: Government Printer.

Public Service Commision.2018.*Annual report for the year 2017/2018 Financial year.* March Bulletin. South Africa: Government Printer.

Republic of South Africa.1997. *Public Service Commission Act 46 of 1997*.Pretoria: Government Printer.

Department of Health.2018. Public Service Commission: *Investigation into health care facilities in Kwazulu-Natal: a special focus on professional ethics. Summary report*, Custodian of Good governance.

Puhl, R.M., Phelan, S.M., Nadglowski, J. and Kyle, T.K., 2016. Overcoming weight bias in the management of patients with diabetes and obesity. *Clinical Diabetes*, 34(1): 44-50.

Quack, M. 2018. Based on need alone? Impartiality in humanitarian action (Opuscula, 121). Berlin: Maecenata Institut für Philanthropie und Zivilgesellschaft. https://nbn-resolving.org/urn:nbn:de:0168-ssoar-60084-4 [Accessed 22 June 2021].

Rabo, J. and Ang, M., 2018. Determinants of customer satisfaction in a Philippine retail chain. *Philippines*: DLSU Research Congress.

Rahman, R., 2020. Private sector healthcare in Bangladesh: Implications for social justice and the right to healthcare. *Global Public Health*, pp.1-12.

Ralane, N .2011. An investigation into the implementation of Batho Pele Principles in the Department of Labour: Port Elizabeth. South Africa: Nelson Mandela University.

Ramasamy, R., 2020. Quality of government, public service delivery and institutional impartiality in ethnically polarised societies: evidence for policymakers. *Asia Pacific Journal of Public Administration*, 42(1): 46-60.

Ranchod, S., 2017. Quality Measurement and Reporting in the South African Private Hospital Industry.

Raza, S., Hussain, M.S., Azeem, M., and Aziz, K., 2017. Workload, work stress, role conflict, and workplace deviant behaviour in banks: An empirical analysis. *European Online Journal of Natural and Social Sciences*, 6(4): 508 -701.

Razak, I., Nirwanto, N. and Triatmanto, B., 2017. The Impact of Product Quality and Price on Customer Satisfaction with the Mediator of Customer Value Ismail. *Journal of Marketing and Consumer Research*, 3(11): 1240-1248.

Reeves, S., Pelone, F., Harrison, R., Goldman, J. and Zwarenstein, M., 2017. Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, (6): 1-38.

Department of Health., 2019. *Funding the right to Health care: 2019 election brief - #Vote4Health.* South Africa: Institute for Economic Justice.

Richard, T., 2018. The wife's medical report went missing. *Press Reader*. February 2018. Available from: https://www.pressreader.com/south-africa/daily-dispatch/20180217/281681140349560. [31 August 2021].

Ridder, H.G., 2017. The theoretical contribution of case study research designs. *Business Research*, *10*(2): 281-305.

Ríos, A.M., Bastida, F. and Benito, B., 2016. Budget transparency and legislative, budgetary oversight: An international approach. *The American Review of Public Administration*, *46*(5): 546-568.

Rispel, L.C., de Jager, P. and Fonn, S., 2016. Exploring corruption in the South African health sector. *Health Policy and Planning*, *31*(2): 239-249.

Ritonga, A.K., 2018. Program Development as an Alternative Improvement of Service Quality and Results of Vocational Education. *International Journal of Social Sciences & Educational Studies*, *4*(4): 22.

Robertson, L.J., and Makgoba, M.W., 2018. Mortality analysis of people with severe mental illness transferred from long-stay hospital to alternative care in the Life Esidimeni tragedy. *South African Medical Journal, 108*(10): 813-817.

Rooke, D. and Torbert, W.R., 2009. Seven transformations of leadership. *The essential guide to leadership*, England: Harvard Business Review.

Rossouw, G.J., 2019. The ethics of governance and governance of ethics in the King Reports. *Journal of Global Responsibility,* 11*(2)*: 187-196*.*

Roszkowska, P., 2020. Organizational factors in the individual ethical behaviour: The notion of the "organizational moral structure. *Humanistic Management Journal,* 6(187 - 209): 1-23.

Roulston, K. and Choi, M., 2018. Qualitative interviews. *The SAGE handbook of qualitative data collection*,233-249.

Sagiv, L., Roccas, S., Cieciuch, J. and Schwartz, S.H., 2017. Personal values in human life. *Nature Human Behaviour*, 1(9): 630-639.

Sajan, M., Haeusler, I.L. and Parrish, A., 2020. Mind the message: Referral letter quality at a South African medical outpatient department. *South African Medical Journal*, 110(5): 396-399.

Department of Health.2020. (South African Medical Association), SARS-CoV-2 (COVID-19) guidance for managing ethical issues. 7 April 2020.

Sanfey, H., 2020. Addressing External Factors. In *Wellbeing* (pp. 157-171). Springer, Cham.

Sawesi, S., Rashrash, M., Phalakornkule, K., Carpenter, J.S. and Jones, J.F., 2016. The impact of information technology on patient engagement and health behaviour change: a systematic review of the literature. *JMIR Journal of Medical Informatics*, 4(1): e4514.

Sawesi, S., Rashrash, M., Phalakornkule, K., Carpenter, J.S. and Jones, J.F., 2016. The impact of information technology on patient engagement and health behavior change: a systematic review of the literature. *JMIR medical informatics*, *4*(1):4514.

Sayeed, C.M., 2016. Beyond codes of conduct towards a public service ethos in South Africa: lessons to be learned from Finland and Denmark, South Africa: Univerity of Kwazulu Natal.

Schandl, H., Hatfield-Dodds, S., Wiedmann, T., Geschke, A., Cai, Y., West, J., Newth, D., Baynes, T., Lenzen, M. and Owen, A., 2016. Decoupling global environmental

pressure and economic growth: scenarios for energy use, materials use and carbon emissions. *Journal of cleaner production*, *132*: 45-56.

Schillemans, T. and Bovens, M., 2019. Governance, accountability and the role of public sector boards. *Policy & Politics*, 47(1): 187-206.

Schmidthuber, L., Piller, F., Bogers, M. and Hilgers, D., 2019. Citizen participation in public administration: investigating open government for social innovation. *R&D Management*, 49(3): 343-355.

Schoch, K., 2020. Case study research. *Research design and methods: An applied guide for the scholar-practitioner*, pp.245-258.

Schoonenboom, J. and Johnson, R.B., 2017. How to construct a mixed methods research design. *KZfSS Kölner Zeitschrift für Soziologie und Sozialpsychologie*, 69(2), pp.107-131.

Schoonenboom, J. and Johnson, R.B., 2019. Mixed Methods Research in Peace Promotion. In *The Psychology of Peace Promotion* (pp. 373-395). Springer, Cham.

Schroeter, R., Scheel, O., Renn, O. and Schweizer, P.J., 2016. Testing the value of public participation in Germany: Theory, operationalization and a case study on the evaluation of participation. *Energy Research & Social Science*, *13*: 116-125.

Schwartz, S.H., 2012. An overview of the Schwartz theory of basic values. *Online readings in Psychology and Culture*, *2*(1): 2307-0919.

Schweizer, P.J., Renn, O., Köck, W., Bovet, J., Benighaus, C., Scheel, O. and Schröter, R., 2016. Public participation for infrastructure planning in the context of the German "Energiewende". *Utilities Policy*, *43*: 206-209.

Seekings, J. and Nattrass, N., 2020. Covid vs. Democracy: South Africa's Lockdown Misfire. *Journal of Democracy*, *31*(4): 106-121.

Shadeo, R. and Subban, M., Improving Mobile service delivery within ilembe Health District. A Batho Pele perspective. *International Journal of eBusiness and eGovernment Studies*, *10*(1): 157-172.

Shafique, S., Bhattacharyya, D.S., Anwar, I., and Adams, A., 2018. Right to health and social justice in Bangladesh: ethical dilemmas and obligations of state and non-state actors to ensure health for urban poor. *BMC Medical Ethics*, *19*(1): 61-69.

Shah, S.S.H., Jaffari, A.R., Aziz, J., Ejaz, W., Ul-Haq, I. and Raza, S.N., 2011. Workload and performance of employees. *Interdisciplinary Journal of Contemporary Research in Business*, *3*(5): 256-267.

Shakeel, F., Kruyen, P.M. and Thiel, S.V., 2020. Development of a broader conceptualization and measurement scale of ethical leadership.

Shakeel, F., Kruyen, P.M. and Van Thiel, S. 2019. "Ethical leadership as process: A conceptual proposition." *Public Integrity,* 21(6): 613-624.

Shampo, M.A., Kyle, R.A. and Steensma, D.P., 2005, October. Sir Charles Sherrington "the William Harvey of the Nervous System." In *Mayo Clinic Proceedings,* 80(10): 1266.

Shapiro, I., 2016. Against Impartiality. *The Journal of Politics*, 78(2): 467-480.

Shareef, M.A., Dwivedi, Y.K., Kumar, V. and Kumar, U., 2016. Reformation of public service to meet citizens' needs as customers: Evaluating SMS as an alternative service delivery channel. *Computers in Human Behaviour*, *61*: 255-270.

Sharma, M. and Sehrawat, R., 2020. Quantifying SWOT analysis for cloud adoption using FAHP-DEMATEL approach: evidence from the manufacturing sector. *Journal of Enterprise Information Management*, 33(5): 1111-1152

Shaw, D. and Satalkar, P., 2018. Researchers' interpretations of research integrity: A qualitative study. *Accountability in research*, *25*(2), pp.79-93.

Sherpa, K., 2018. Importance of professional ethics for teachers. *International Education and Research Journal*, 4(3): 16-18.

Shisana, O., 2018. Strengthening the South African health system towards an integrated and unified health system. South Africa: Government Gazette.

Siddiqi, S., Masud, T.I., Nishtar, S., Peters, D.H., Sabri, B., Bile, K.M. and Jama, M.A., 2009. Framework for assessing governance of the health system in developing countries: gateway to good governance. *Health Policy*, 90(1): 13-25.

Simonofski, A., Asensio, E.S., De Smedt, J. and Snoeck, M., 2019. Hearing the voice of citizens in smart city design: the Citi-voice framework. *Business & Information Systems Engineering*, 61(6): 665-678.

Smith, G.P., 2008. Social Justice and Health Care Management: An Elusive Quest. Houston Journal of Health Law and Policy, *9*, p.1.

Snyder, H., 2019. Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104: 333-339.

Solomon, A. and Steyn, R., 2017. Leadership style and leadership effectiveness: Does cultural intelligence moderate the relationship?. *Acta Commercii*, *17*(1): 1-13.

Somense, C.B. and Duran, E.C.M., 2014. Hygiene and motivation factors of nursing work in a cardiology ward. *Revista gaucha de enfermagem*, *35*(3): 82-89.

Sosoo, E.E., Bernard, D.L. and Neblett Jr, E.W., 2020. The influence of internalized racism on the relationship between discrimination and anxiety. *Cultural Diversity and Ethnic Minority Psychology*, *26*(4): 570.

Sotarauta, M., 2019. Leadership for urban and regional innovation. *Organizational Leadership*, pp.385-404.

South Africa. Auditor-General South Africa. (2018). *Annual Report*. Available from: https://www.agsa.co.za/Reporting/AnnualReport.aspx. [15 September 2020].

South African Government News Agency, 2017. *Major upgrades for Cecilia Makiwane Hospital, 18 September 2017.*https://www.sanews.gov.za/south-africa/major-upgrade-cecilia-makiwane-hospital.

Sparling, R.A., 2018. Impartiality and the Definition of Corruption. *Political Studies*, *66*(2): 376-391.

Spears, L.C. and Lawrence, M. (Eds), 2016. *Practicing servant-leadership: Succeeding through trust, bravery, and forgiveness*. Francisco: John Wiley & Sons.

Spicer, M.W. and Terry, L.D., 2016. 6a. Legitimacy, History, and Logic: Public Administration and the Constitution. *The Constitutional School of American Public Administration* (pp. 145-159). New York: Routledge.

Statistics South Africa (Stats SA). 2019, (2018/19-2020/21:1-60). The *Service Delivery Improvement Plan.* Pretoria: Government Printer.

Steytler, N. and Ayele, Z.A., 2018. Local governments in African federal and devolved systems of government: the struggle for a balance between financial and fiscal autonomy and discipline. *In Comparing Fiscal Federalism* ,Netherlands: Brill Nijhoff.

Stronks, K., Toebes, B., Hendriks, A., Ikram, U. and Venkatapuram, S., 2018. Social justice and human rights as a framework for addressing social determinants of health*: final report of the task group on equity, equality and human rights. Review of social determinants of health and the health divide in the WHO European Region* (No. WHO/EURO: 2018-4447-44210-62433). Europe: World Health Organization.

Stuijfzand, S., Deforges, C., Sandoz, V., Sajin, C.T., Jaques, C., Elmers, J. and Horsch, A., 2020. The psychological impact of an epidemic/pandemic on the mental health of healthcare professionals: a rapid review. *BMC Public Health*, *20*(1): 1-18.

Suchánek, P. and Králová, M., 2019. Customer satisfaction, loyalty, knowledge, and competitiveness in the food industry. *Economic Research-Ekonomska istraživanja*, *32*(1): 1237-1255.

Sumankuuro, J., Crockett, J. and Wang, S., 2018. Perceived barriers to maternal and newborn health services delivery: a qualitative study of health workers and community members in low and middle-income settings. *BMJ Open*, *8*(11): e021223.

Surmiak, A., 2018, September. Confidentiality in qualitative research involving vulnerable participants: Researchers' perspectives. In *Forum: Qualitative social research*,19(3)393-418.

Tews, M.J., Michel, J.W. and Noe, R.A., 2017. Does fun promote learning: The relationship between fun in the workplace and informal learning. *Journal of Vocational Behaviour*, *98*: 46-55.

Thant, Z.M. and Chang, Y., 2021. Determinants of Public Employee Job Satisfaction in Myanmar: Focus on Herzberg's Two Factor Theory. *Public Organization Review*, *21*(1): 157-175.

The Constitution of the Republic of South Africa: Republic of South Africa: Government Gazette.

Republic of South Africa.1999.*The Public Finance Management Act 1 of 1999*. Pretoria: Government Printer.

The South African Medical Association. 2020. *SARS-CoV-2 (COVID-19) Guidance for Managing Ethical Issues* Version 17, April 2020: 1-45.

Tiwary, A., Rimal, A., Paudyal, B., Sigdel, K.R. and Basnyat, B., 2019. Poor communication by health care professionals may lead to life-threatening complications: examples from two case reports. *Wellcome Open Research*, *4*: 1-45.
Tiwary, A., Rimal, A., Paudyal, B., Sigdel, K.R. and Basnyat, B., 2019. Poor communication by health care professionals may lead to.

Department of Health.2018.Treatment Action Campaign (RSATAC): *The State of Provincial Healthcare System Spotlight on Eastern Cape May 2018*. Pretoria: Government Printer.

Tsamakis, K., Rizos, E., Manolis, A.J., Chaidou, S., Kympouropoulos, S., Spartalis, E., Spandidos, D.A., Tsiptsios, D. and Triantafyllis, A.S., 2020. [Comment] COVID-19 pandemic and its impact on the mental health of healthcare professionals. *Experimental and Therapeutic Medicine*, *19*(6), pp.3451-3453.

Turkel, E. and Turkel, G., 2016. Public value theory: Reconciling public interests, administrative autonomy, and efficiency. *Review Public Administration Management, an Open access journal*, 4(2):1-7.

 Ucca-Silveira, M.P.D., 2016. The subject of social justice: a defense of the basic structure of society. *Brazilian Political Science Review*, *10,* p.12-40.

Udofia, C.A., Are Leaders Born or Made? A Disquisition on The Great Person and Christological Paradigms of Leadership. An International Multidisciplinary Double-blind Peer-reviewed Research Journal. 2(2). pp. 12-15.

Umamaheswari, D., 2020. Ethics and Good Governance: Administrative reforms to combat corruption. In *Delivering Justice* (pp. 130-137). India: Routledge.

Unguru, Y., Fernandez, C.V., Bernhardt, B., Berg, S., Pyke-Grimm, K., Woodman, C. and Joffe, S., 2016. An ethical framework for allocating scarce life-saving chemotherapy and supportive care drugs for childhood cancer. *Journal of the National Cancer Institute, 108*(6): 392.

Uysal, B. and Metin, A.T.E.Ş., A Study on the Relationship between Organizational Justice and Impartiality in Private Hospitals. *Hacettepe Sağlık İdaresi Dergisi*, *21*(4), pp.767-788.

Uysal, B. and Metin, A.T.E.Ş., A Study on the Relationship between Organizational Justice and Impartiality in Private Hospitals. *Hacettepe Sağlık İdaresi Dergisi*, 21(4): 767-788.

Venn, D. and Strazdins, L., 2017. Your money or your time? How both types of scarcity matter to physical activity and healthy eating. *Social Science & Medicine*, *172*, pp.98-106.

Voronov, M. and Weber, K., 2017. Emotional competence, institutional ethos, and the heart of institutions. *Academy of Management Review*, 42(3), pp.556-560.

Wach, D., Stephan, U. and Gorgievski, M., 2016. More than money: Developing an integrative multi-factorial measure of entrepreneurial success. *International Small Business Journal*, 34(8):1098-1121.

Wahl-Jorgensen, K., Berry, M., Garcia-Blanco, I., Bennett, L., and Cable, J., 2017. Rethinking balance and impartiality in journalism? How the BBC attempted and failed to change the paradigm. *Journalism*, 18(7): 781-800.

Walter, A.W., Ruiz, Y., Tourse, R.W.C., Kress, H., Morningstar, B., MacArthur, B. and Daniels, A., 2017. Leadership matters: How hidden biases perpetuate institutional racism in organizations. *Human Service Organizations: Management, Leadership & Governance*, 41(3): 213-221.

Warrick, D.D., 2017. What leaders need to know about organizational culture. *Business Horizons*, 60(3): 395-404.

Wehkamp, K.H. and Naegler, H., 2017. The Commercialization of Patient-Related Decision Making in Hospitals: A Qualitative Study of the Perceptions of Doctors and Chief Executive Officers. *Deutsches Ärzteblatt International*, 114(47): 797.

Weimer, D.L., 2017. *Behavioural economics for cost-benefit analysis: Benefit validity when sovereign consumers seem to make mistakes*. Australia:Cambridge University Press.

West, W.F., 2016. Controlling the Bureaucracy: Institutional Constraints in Theory and Practice: *Institutional Constraints in Theory and Practice*, New York: Routledge.

White Paper (1997). Batho Pele principles. Republic of South Africa: *Government Gazette*. Available from: http://www.dpsa.gov.za/dpsa2g/documents/acts&regulations/framewo . [Accessed15 June 2021].

Republic of South Africa.1997. *White Paper on Public Health Transformation, (Notice 1459 of 1997).* Pretoria: Government Printer.

White, A., 2018. Constitutional Revision*: Term Accountability.* Bowling Green: Bowling Green State University.

White, K.L., Jordens, C.F. and Kerridge, I., 2014. Contextualising professional ethics: The impact of the prison context on the practices and norms of health care practitioners. *Journal of bioethical inquiry*, 11(3): 333-345.

Whiting, P., Savović, J., Higgins, J.P., Caldwell, D.M., Reeves, B.C., Shea, B., Davies, P., Kleijnen, J. and Churchill, R., 2016. ROBIS: a new tool to assess the risk of bias in systematic reviews was developed. *Journal of Clinical Epidemiology*, 69: 225-234.

Word Health Organisation, 2021. *The Coronavirus disease 2019 (Covid-19) situation report 72: occupied Palestinian territory. Issued 15 April 2021. Information for the period: March 5, 2020 –April 15, 2021*. Palestine: World Health Organisation.

World Health Organisation, 2020. *World Health Statistics,* Creative Commons Attribution-Non Commercial-Share Alike: World Health Organisation.

Wright, S. 2016. Research design considerations. *Journal of graduate medical education,* 8(1): 97-98.

Wrigley, T., 2018. 'Knowledge,' curriculum and social justice. *The Curriculum Journal*, 29(1): 4-24.

Yadav, S.K., Singh, S. and Gupta, R., 2019. Sampling methods. In *Biomedical Statistics* (pp. 71-83). Springer, Singapore.

Yates, J. and Leggett, T., 2016. Qualitative research: An introduction. *Radiologic Technology*, 88(2): 225-231.

Yukl, G., Mahsud, R., Hassan, S. and Prussia, G.E., 2013. An improved measure of ethical leadership. *Journal of Leadership & Organizational Studies*, 20(1): 38-48.

Zarani, F., Khanjari, M., Ghavami, B. and Bodaghi, S., 2020. Professional ethics in health psychology; review of the ethic codes in health services. *Health Research Journal*, 5(4): 235-246.

Zhang, L., Yang, W. and Zheng, X., 2018. Corporate social responsibility: The effect of need-for-status and fluency on consumers' attitudes. *International Journal of Contemporary Hospitality Management.*

Zhang, X., Guo, X., Wu, Y., Lai, K.H. and Vogel, D., 2017. Exploring the inhibitors of online health service use intention: a status quo bias perspective. *Information & Management*, 54(8): 987-997.

Zhang, Y., Punnett, L., Mawn, B., and Gore, R., 2016. Working conditions and mental health of nursing staff in nursing homes. *Issues in mental health nursing*, *37*(7): 485-492.

Zhu, N., Zhang, D., Wang, W., Li, X., Yang, B., Song, J., Zhao, X., Huang, B., Shi, W., Lu, R., and Niu, P., 2020. A novel coronavirus from patients with pneumonia in China, 2019. *New England Journal of Medicine.*

Zschirnt, E., 2019. Research ethics in correspondence testing: An update. *Research Ethics*, 15(2): 1-21.

Žydžiūnaitė, V., 2018. Leadership values and values-based leadership: what is the main focus? *Applied Research in Health & Social Sciences: Interface & Interaction/Sveikatos in Socialiniu Mokslu Taikomieji Tyrimai: Sandura in Saveika*, 15(1): 43-58.

Anon, D. 2019.Service Delivery: *A learning Magazine for Public Service. Department of South African Public Administration DPSA*, 2(3), 1-30.

Auditor General Report.2021. Consolidated general report on National and Provincial Audit outcomes: *Accelerate improvements in accountability*, South Africa: Government Printer.

Budd, J.W., 2017. The employment relationships. *Handbook of Human Resource Management*, 4(3):1-70.

Cleary, K.,2019. Cecilia Makiwane Hospital Mental Health Unit a " *disaster says Public Service Commisioner,"* South Africa: Sport light News.

Mthatha Magistrate Court. 2012. Hlaba v MEC for Health: Court case 1153/11[2012] ZAEMHC 6, 2012(4) SA 401(16 March) South African: Legal Institute of Court.

Dayimani, M., 2020. 5 nurses suspended: Bisho hospital shut after nurse dies and three staff test positive of covid19, South Africa: News 24.

De Leeuw, E.2017. Engagement of sectors other than health in integrated health governance, policy and action.: *Annual Review of Public health.* 38(1):329-349*.*

Dehghani, A., 2015. Factors affecting professional ethics in Iran: a qualitative study. BMC Medical ethics, 16(61).

Derrrett, D.M,.2021. Justice, Equity, and Good conscience. New York: Routledge.

Department of Health (ECDoH). 2018. *Eastern Cape Department Health Annual Report 2017/2018*. South Africa: Government Printer.

Harvey, M.2021. The political Economy of Health: *American Journal of Public Health*, 111(2):239-300.

Hill, K. 2018. *Managerial Accountability in the Western Balkans: A comparative analysis of barriers*. Paris Cedex: SIGMA.

Institute for Economics and Justice. 2019. *Fact sheet: Funding the Right to Health.* South Africa: Research Policy Advocacy.

Jacob, B.2019. *Cecilia gets shot in the arm.* Online: Daily dispatch,p.5[27 August 2019].

Jenner, S. 2016. *Transforming Government and Public Services*. London: Routledge.

Karnieli-Miller, O. 2029. Reflective practice in the teaching of communicative skills. *Patient education and counselling*.103(10):166-2172.

Lane, M. 2017. A new Professional Ethics for Sustainable Prosperity. Centre for understanding sustainable Prosperity. 4(1):4-16.

Lovitt, C. 2020. *Introduction Rethinking the Role of culture in international professional communication*: Exploring the rhetoric of international communication. New York: Routledge.

Mabula, M. 2013. *Cecilia Makiwane hospital upgrade.* South Africa: Engineering news.

Mah.L.C.S.2018. *Understanding the public and private interest's roles of professional accounting bodies disciplinary processes.* South Africa: RMIT University.

Meloncon, L. 2019. Empirical research in technical and professional communication: A 5-year examination of research methods and a call for research sustainability. *A journal of Technical Writing and communication.* 49(2):125-155.

Meng, J.2019. The impact of organisational culture and leadership performance on PR professionals job satisfaction: Testing the joint mediating effects of engagement and trust. Public Relations Review. 45(1):64-75.

Naher, N.2020. The influence of corruption and governance in the delivery of frontline health care services in the public sector: *A scoping review of current and future prospects in the low and middle–income.* Bangladesh: BMC Public Health.

Mathuri, R.S 2021. Predicts of health-related quality of life among health care workers in the context of health system strengthening in Kenya. Multidisciplinary digital. 9(1): 18.

National Planning Commission. 2018. Vision for 2030: Chapter 9- National Development Plan. South Africa: Government gazette.

Ndamase, M.2020, Cecilia Makiwane Leaks make life in misery. Online South Africa: Daily Dispatch newspaper [12 July 2020].

Department of Health.2013. Office of the Health Standard Compliance National: *Complaints Management Protocol for the public health sector of South Africa.*Pretoria: Government Printer.

Department of Health.2018.Presidential Health Summit: *Strengthening the South African Health system towards an integrated and unified health system.* Pretoria: Government Printer.

Raszkowska, P.2020. Organisational factors in the individual ethical behaviour: The notion of the organisational moral structure. *Humanistic Management Journal*, 6(187-209):1-23.

South African Nursing Council.2019. SANC Council strategy 2018-2023. South Africa: SANC News.

Van Zyl, L.2018. The virtue of ethics: A contemporary introduction. New York: Routledge.

Vetlesen, A.2021. The perception of the Moral.In perception, empathy, and Judgement. 4(1):153-218.

White, A.2018. Constitutional Revision: Term Accountability. Bowling green: Bowling green State University.

Winter, S.F.2018. Human Dignity as Leading Principle in Public Health. International Journal and Health Policy 7(3):210-224.

World Health Organisation.2020. World Health Statistics: Creative Commons Attribution-non commercial share alike.

Wright, S.2016.Research design considerations. Journal of graduate medical education.8(1):97-98.

Yoder, L.2017. Profesional in nursing. Medsurge Nursing.26(5):239-295.

LIST OF APPENDICES

APPENDIX A: INTERVIEW GUIDE FOR THE MANAGEMENT

1. In general, how would you describe the ethical behaviour and the values of the hospital leadership?

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2. What are your views about the conduct of employees and level of professionalism in CMH?

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4. What are your views about the promotion of human rights in CMH? Please explain

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4. What are your views about public participation in the development of health policies in CMH

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5. Does the hospital leadership account to the public when the expected service standards have not been met? Please explain

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6. Cecilia Makiwane Hospital provides services of a high-quality standard to the public

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APPENDIX B: QUESTIONNAIRE B

Semi-structured questionnaire: For Leaders and employees of the Department of Health in the Eastern Cape
Research topic: The implementation of constitutional values and principles in the Eastern Cape Department of Health

I am Aviwe Sigcau, a Masters's student at the University of Fort-Hare. I am currently researching "The implementation of constitutional values and principles in the ECDoH." I have designed this questionnaire to complete my research project, part of the University requirement. The information collected will be used for academic purposes and to recommend strategies that the departmental leadership can use to improve the implementation of constitutional values. No identification is requested from you, and your responses will be kept strictly confidential.

You are therefore requested to answer all the questions as truthfully as possible. Indicate your choice with an "X" in the boxes provided. Please choose one answer for each question. You are also requested not to forget to add your comments in the spaces provided.

Your answers will contribute positively towards improving good governance in the department. The study findings will be brought to the attention of the relevant authorities with recommendations. Therefore, your voluntary participation in this study will be highly valued and appreciated.

Section A: Biographical Data

A.1 In which functional area of the department are you employed?

1.	Administrative staff	
2.	Nursing staff	

3.	Strategic Management	
4.	Corporate Services	
5.	Community Services	
6.	Infrastructural Planning and Development	
7.	Quality assurance	
8.	Other (Specify)	

A.2 what position do you hold in the department?

1.	Chief executive officer	
2.	Hospital Manager	
3.	Portfolio Head	
4.	Director	
5.	Manager	
6.	Supervisor	
7.	Employee	
8.	Other (specify)	
9	Physicians	
10	Head nurse	
11	Patient right responsibility	
12	Public relations	
13	Safety	

A.3 How long have you been employed by the department?

1.	0-2 years	
2.	3-5 years	
3.	6-10 years	
4.	11 years and above	

A.4 what is your gender?

1.	Male	

2.	Female	

A.5 what is your age group?

1.	18 years and less	
2.	19- 24	
3.	25-30	
4.	31-36	
5.	37-41	
6.	42-47	
7.	48-52	
8.	53-58	
9.	58 and above	

A.6 what is your highest level of education?

1.	Standard 9 and less	
2.	Standard 10	
3.	Post matric certificate (e.g., short course or N1-N6)	
4.	Diploma	
5.	Bachelor degree	
6.	Postgraduate Diploma or Honours degree	
7.	Masters	
8.	PHD	

SECTION B: ASSESSMENT OF LEADERSHIP VALUES

You are therefore requested to answer all the questions as truthfully as possible. Indicate your choice with an "X" in the boxes provided. Please choose one answer for each question. You are also requested not to forget to add your comments in the spaces provided

SECTION B: ASSESSMENT OF LEADERSHIP VALUES

B1	Ethical Leadership Values	Strongly disagree	Disagree	Neither agrees/ disagree	Agree	Strongly agree
1.	Leaders show commitment towards ethical and moral values.					
2.	Leaders communicate clear ethical standards to their subordinates.					
3.	Leaders set an example of ethical behaviour in their decisions and actions.					
4.	Leaders are honest, and they can be trusted to carry out promises and commitments.					
5.	Leaders acknowledge their mistakes and take responsibility for them.					
6.	Leaders are prepared to make self-sacrifice for the success of the hospital.					
7.	Leaders value ethical behaviour more than hospital success.					
8.	Leaders put the interests of the community before their own interests					
9.	Leaders put the interests of employees before their own interests					
10	Leaders take action against everyone who behaves unethically in the workplace.					
B2	**Organisational values**					
1.	Leaders are committed to the provision of high-quality services					
2.	Leaders ensure equity in the distribution of services					

3.	Leaders promote service excellence towards the patients, visiting consumers, and the community					
4.	Leaders promote fair labour practices in hospital					
5.	Leaders always account to the public when the expected service standards have not been met					
6.	Leaders are open and transparent about their decisions					

SECTION C: IMPLEMENTATION OF THE CONSTITUTIONAL VALUES AND PRINCIPLES

C1. A high standard of Professional Ethics must be promoted

No	Statements	Yes	No
1.	Leaders set an example of ethical behaviour in their decisions and actions		
2.	Leaders communicate clear ethical standards for members.		
3.	Leaders use their power wisely — they use power to help most people and not just benefit themselves and their close people.		
4.	Disciplinary actions are taken against employees who commit acts of misconduct.		

C2. Effective, Efficient, and Economic use of resources

No	Statements	Yes	No
6.	The hospital always purchases and order stock as per needs, have alternatives for emergencies and avoid borrowing from other hospitals		
7.	The departmental resources are used for the benefit of department consumers and to meet community expectations		
8.	The procurement and financial departments have control measures to promote cost savings in the hospital		

9.	Leaders promote anti-corruption measures in the department		
10.	The hospital's budget is always allocated to the resources that enable the department to meet the needs and expectations of the public.		
11.	Departmental staff members strive to achieve the department's objectives cost-effectively and in the interest of the public.		

C3. Services must be provided impartially, Fairly, Equitable, and without Bias

No	Statements	Yes	No
13.	The hospital officials serve the public in an unbiased and impartial manner in order to create confidence in the Public Service.		
14.	The departmental officials do not unfairly discriminate against any member of the public on account of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture or language.		
15.	Departmental consumers and patients are treated fairly, professionally, and equitably irrespective of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture or language.		

C4. People's needs must be responded to, and the Public must be encouraged to participate in policymaking.

No	Statements	Yes	No
17.	The departmental leadership and employees are committed to the education and empowerment of communities about the issues of health awareness.		
18.	The departmental creates conditions for community members and stakeholders to participate in the policy development process of the hospital		
19.	The departmental leadership and employees are always responsive to the needs of the public		

C5. Public Administration must be accountable

No	Statements	Yes	No
21.	The hospital leadership and employees are honest and accountable in dealing with public funds and use the Public Service's property and other resources effectively, efficiently, and only for authorised official purposes.		
22.	The hospital leadership ensures that fraud, corruption, nepotism, and maladministration are reported to the appropriate authorities in order to protect the interests of the public		
23.	The hospital leadership and officials are accountable to the community and its stakeholders, and always ensure service delivery of high quality, and good financial management.		

C6. Transparency must be fostered by providing the public with timely, Accessible and Accurate Information

No	Statements	Yes	No
25.	The respects the public's right of access to information, excluding information that is specifically protected by law.		
26.	Leaders and employees are open and transparent to the community about every aspect of operations.		

C7. Good Human resource Management and Career Development Practices , to Maximise the human potential

No	Statements	Yes	No
28.	The empowers its employees through training and development programs		
29.	Opportunities for promotion and career development are available at the hospital		
30.	Leaders are fair and objective when evaluating employees' performance and providing rewards.		
31.	Leaders are fair and unbiased when assigning tasks to subordinates		

32.	Leaders treat their subordinates fairly, professionally, and equitably irrespective of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture or language.		

SECTION D: CUSTOMER SERVICE AND WORKING CONDITIONS

D1. DOH provides services of high-quality standard to the public

1.	Yes	
2.	No	

D2: Customer complaints are always attended to, timeously

1.	Yes	
2.	No	

D4: Working conditions

No	Statements	Strongly disagree	Disagree	Neither agree /disagree	Strongly agree	agree
1.	**Working hours**					
1.1	Employees do not work more than 45 hours per week					
2.	**Salary levels**					
2.1	The salary levels justify the responsibilities given to employees					
3.	**Extra-working hours**					
3.1	The pay staff for the over time					

4.	Condition of hospital facilities					
4.1	The hospital facilities are in good working condition					
5.	Safety and Infection Control					
5.1	The hospital is safe and has control on infection for the safety of the staff and hospital consumers.					
6.	Rewards and Recognition					
6.1	Deserving employees receive rewards and get recognition for their good performance					
7.	Equal treatment of employees					
7.1	All employees are treated equally. There is no favouritism.					
8	Work load					
8.1	Employees are not given workload that is beyond their capabilities					

END

THANK YOU FOR YOUR PARTICIPATION

APPENDIX C: AVIWE SIGCAU REQUEST LETTER

University of Forthare
Bisho Campus
Kind Williams's town
Independent Avenue
5600

Attention: The Hospital Head- Cecilia Makhiwane Hospital
Cc   : Human Resource Manager

RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY IN CECILIA MAKHIWANE HOSPITAL

I am Aviwe Sigcau, a student at the University of Fort-Hare, also employed as Academic Learnership, Bisho Campus. I am currently busy with Masters (MAdmin) in Public Administration and I would like to conduct my research study in Cecilia Makhiwane Hospital. My area of focus is on **"the implementation of chapter 10 of South African Constitution"**.

Against this background, I hereby request permission to conduct my research study in Cecilia Makhiwane Hospital with focus on the above mentioned topic. The study ample will include the senior management of the hospital, middle managers and professional nurses. The participants will be expected to fill in a questionnaire which is expected to take up to a maximum of 15-20 minutes to administer. Kindly be advised that information obtained will be treated as strict and confidential as possible, and the findings will be aggregated and presented to the Senior Management of the Hospital. The findings will be presented with recommendations in order to assist the Hospital management to address the areas that need improvement. Please further be advised that participation of employees will be voluntary and they will be allowed to withdraw their participation at any given time.

Your approval and participation will be valued and much appreciated

Kind regards

Aviwe Sigcau
Cell: 0734240817   **Email:** asigcau@ufh.ac.za

APPENDIX D: ETHICAL CLEARANCE

University of Fort Hare
Together in Excellence

ETHICS CLEARANCE
REC-270710-028-RA Level 01

Project Number: THA071SSIG01

Project title: **The implementation of the constitutional values and principles in Cecilia Makiwane Hospital.**

Qualification: Masters in Public Administration

Principal Researcher: Aviwe Sigcau

Supervisor: Prof D.R Thakhathi

Co-supervisor: N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby grant ethics approval for THA071SSIG01. This approval is valid for 12 months from the date of approval. Renewal of approval must be applied for BEFORE termination of this approval period. Renewal is subject to receipt of a satisfactory progress report. The approval covers the undertakings contained in the above-mentioned project and research instrument(s). The research may commence as from the 29/08/19, using the reference number indicated above.

Note that should any other instruments be required or amendments become necessary, these require separate authorisation.
Please note that the UREC must be informed immediately of

- Any material changes in the conditions or undertakings mentioned in the document;

APPENDIX E: PERMISSION FOR RESEARCH

Province of the

EASTERN CAPE

HEALTH

Office of Senior Manager Medical Services • Cecilia Makiwane Hospital
Private Bag X 9047 • East London •5200 •South Africa
Tel: 043 708 2132 E-mail: bongiwe.yose-xas@echealth.gov.za: website: www.eccdoh.gov.za

18 March 2020

RE: THE IMPLEMENTATION OF THE CONSTITUTIONAL VALUES AND PRINCIPLES IN CECILIA MAKIWANE HOSPITAL. (EC_201912_001)

Dear Ms A. Sigcau

Permission is hereby granted for you to conduct the above mentioned research study at Cecilia Makiwane Hospital subject to the following:

1. Complying with the provision of the permission letter dated 05 December 2019.
2. Complying with your Research Methodology Plan as approved by the relevant ethics committees.
3. Introducing yourself to the relevant management division of the hospital and providing the necessary documentation showing permission and approval of research study to be conducted at the hospital.
4. Ensuring minimal disturbance to the day to day operations of the relevant department of the hospital.
5. Observe the confidentiality of information and participants.

Your compliance in this regard will be highly appreciated and wishing you all the best in your research study.

Dr B.A Yose-Xasa
Senior Manager Medical Services

18 03 2020
Date

APPENDIX F: DEPARTMENT OF HEALTH APPROVAL LETTER

Province of the
EASTERN CAPE
HEALTH

Enquiries: Zonwabele Merile

Email: zonwabele.merile@echealth.gov.za

Te no: 083 378 1202

Fax no: 043 642 1409

Date: 05 December 2019

RE: The implementation of the constitutional values and principles in Cecilia Makiwane Hospital. (EC_201912_001)

Dear Ms A. Sigcau

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

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

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

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

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

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

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

14 Carlisle St

Mount Croix

Port Elizabeth

6001

28 December 2021

082 723 5408

TO WHOM IT MAY CONCERN

EDITING OF TREATISE: MS AVIWE SIGCAU (s201822714)

This serves to confirm that I edited Ms Sigcau's Master of Administration Treatise, to be submitted to the Department of Public Administration(DPA), Faculty of Management and Commerce at the University of Fort Hare.

The editing covered all aspects of language, punctuation, and layout. I also cross-checked the in-text references against the reference list. Additionally, I edited the reference list. In the process, I used the Review facility in MSWord. I have no knowledge of the student accepted all the corrections made; thus, I cannot be held responsible for any remaining errors.

Yours faithfully

Ms L. Kemp

B. A. (Hons English); MBA

Member: Nelson Mandela University Editors' Forum

APPENDIX H: Turnitin Report

Implementation of constitutional values and principles in
Cecelia Makiwane Hospital in the Eastern Cape Province

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