# CHAPTER ONE

# INTRODUCTION, LITERATURE REVIEW, AIMS AND BJECTIVES

## 1.1 BACKGROUND

The Wits Master of Public Health (MPH) degree was started in 1998 with nine students. The aim of the degree, as articulated by the School of Public Health (SPH), is to prepare "professionals to play leadership roles in the management, improvement and evaluation of health and the health care system" and to be able to respond comprehensively "to the needs of the people of South Africa and the African continent in their various living and working conditions" (SPH, Quinquennial Review, 2006).

The objectives of the degree as articulated by the School of Public Health (SPH, Quinquennial Review, 2006) are to:

1. Promote equity in health;
2. Play a leadership role in public health;
3. Attain a broad understanding of the core discipline of public health;
4. Develop expertise in at least one area within the broad field of public health;
5. Develop a comprehensive understanding of health, the health care system, public health problems and of measures that can be taken to address these problems and to promote and maintain health;
6. Develop skills of critical and analytical thinking;
7. Equip graduates with skills and know-how to implement policy as well as be able to conduct research in public health; and
8. Equip graduates with the tools to be able to pursue further studies up to PhD level.

Admission requirements to the programme are a bachelor's degree of a minimum of four years duration in dentistry, medicine, nursing, occupational therapy, physiotherapy, speech and hearing therapy or social work. A Bachelor of Arts or Science with honours in psychology or sociology or another field of public health.

The programme can be offered on a full- or part-time basis. The full-time programme takes two years while the part-time one takes three years on average. The course has three parts:
Part One consists of core modules comprising 6 one-week blocks;
Part Two consists of advanced modules comprising 6 one-week blocks; and
Part Three consists of a research report.

Part One is made up of the following SIX compulsory modules that provide students with the broad foundations of Public Health education:

- Primary Health Care and the Social Context of Health;
- Health Measurement Parts I and II;
- Management in Health and Health Services;
- Introduction to Environmental and Occupational Health; and
- Public Health Law and Health Systems Integration.

Part Two provides for specialised areas of Public Health education, which are called "fields of study". These are the fields of study that have been offered over the past few years:

- Health Measurement;
- Health Policy and Management;
- Community Rehabilitation;
- Occupational Hygiene;
- Hospital Management;
- Disaster Management; and
- Maternal and Child Health.

In Part Two the field of Health Policy and Management, which is really the flagship programme of the Wits MPH, has the following modules on offer:

- Health Policy;
- Health Systems and Decentralisation;
- Research Protocol Development;
- Project Management; and
- Introduction to Management in Theory and Practice.

Students admitted to the programme are mainly from South Africa (±60%) and from various sister countries of Africa. A very small number (8%) are international students. Currently, in 2007, the female enrollees make 60% of the total enrolment. The table below indicates the different African countries from which the students come, for the period 2000 to 2006.

Table 1.1: LIST OF OTHER AFRICAN COUNTRIES FROM WHICH MPH STUDENTS COME

| | | | | | |
|---|---|---|---|---|---|
| 2000 | Botswana<br>DRC<br>Ethiopia<br>Nigeria<br>Rwanda<br>Uganda | 2001 | Swaziland<br>Ghana<br>Nigeria<br>DRC<br>Uganda | 2002 | Cameroon<br>Congo<br>Kenya<br>Malawi<br>Namibia<br>Nigeria<br>Zambia<br>Zimbabwe |
| 2003 | Cameroon<br>Congo<br>Ethiopia<br>Kenya<br>Lesotho<br>Nigeria<br>Swaziland<br>Uganda<br>Zambia<br>Zimbabwe | 2004 | Botswana<br>Kenya<br>Lesotho<br>Malawi<br>Nigeria<br>Uganda<br>Zambia<br>Zimbabwe | 2005 | Botswana<br>Kenya<br>Lesotho<br>Malawi<br>Nigeria<br>Uganda<br>Zambia<br>Zimbabwe |
| 2006 | Botswana<br>Kenya<br>Lesotho<br>Malawi<br>Nigeria<br>Uganda<br>Zambia<br>Zimbabwe | | | | |

The initial MPH only offered a specialisation in Health Policy and Management. From 2001 an MPH in Occupational Hygiene (OH) was introduced. The intake for this field of study is offered every second year. A new specialisation of MPH in Disaster Management was introduced in 2006. Simultaneously, a new MPH that focuses on Hospital Management was introduced in 2006. This latter MPH is run jointly with the University of KwaZulu-Natal. It is aimed specifically at hospital chief executive officers (CEOs). This study does not focus on the new MPH degrees because the enrollees have not completed

their prescribed course work and, consequently, have not graduated. The focus in this study was primarily the Health Policy and Management MPH graduates from June 2001 to June 2007.

It has to be mentioned that each enrolment of new MPH students has a small number of DPH (Diploma in Public Health) students. The course work for both MPH and DPH is identical, including the written examinations; the difference is in the fact that the MPH students have to spend at least an extra year doing research for their research report which is a University requirement for all master's degrees.

# 1.2 INTRODUCTION

1.2.1 Motivation: The primary motivation for this study was to determine the level of satisfaction of the Wits MPH graduates with the degree (MPH) that they studied through the Faculty of Health Sciences' School of Public Health (SPH). More importantly is the fact that this or similar study had never been undertaken before.

The curriculum for the MPH has been designed in such a way as to meet the perceived needs of a public health manager. Of importance is whether those perceived needs have been met? The research study should answer this question.

The MPH degree in Health Policy and Management is primarily applicable in: the public health sector; working for a government contractor; working for a non-governmental organisation (NGO); or in any type of a highly bureaucratic organisational structure. The"Public Health Policy curriculum is more theoretical and analytical than a disaster management curriculum" (Asher, 2006).

**1.2.2 Definitions:**

**Careers/occupation**: This term refers to the present or usual occupation (career) for which the participant was trained (profession or trade), or work actually performed by the participant. If retired or unemployed, the previous occupation that the participant was in while doing (part-time) the MPH will be used (Abramson, 1990)

**Degree:** This term refers to Master of Public Health which is the post-graduate educational qualification attained whilst studying at the School of Public Health of the Faculty of Health Sciences, University of the Witwatersrand (Wits), Johannesburg.

**Age:** This term refers to the actual age of the participant at the time of the research and not the age at which they attained the MPH qualification.

**Code:** Instead of the name of the participant appearing in the prepared questionnaire, only a number (code) will appear in compliance with the anonymity requirement of the study.

**Courses:** These are the actual subjects or courses or modules studied in Parts One and Two of the MPH degree.

**Evaluation:** The action of working out the value or worth of something; to find a numerical expression for; to express in terms of the known; to reckon up, or ascertain the amount of. (Shorter Oxford English Dictionary, 1973)

**Perception:** The taking cognizance of a sensible or quasi-sensible object. The intuitive recognition of a moral or aesthetic quality (Shorter Oxford English Dictionary, 1973)

## 1.3 AIMS AND OBJECTIVES

### 1.3.1 Aim:

The aim of this research study was to determine the perceptions and course evaluation of the MPH degree by former students (graduates) that have completed the degree. It was also to shed light on satisfaction levels of participants concerning the teaching and support they received while pursuing the degree. The research study further aims to show how many of the School's MPH graduates pursued further studies, e.g. a PhD or another master's degree, or have gone into mainly research as a career. The study also aims to show how many of the School's graduates made career advancement in public health, or other spheres of business, upon completion of the MPH degree.

### 1.3.2 Objectives:

The following are the objectives of the research study:

1. To measure satisfaction levels of graduates concerning the teaching they received;
2. To measure satisfaction levels with the support they received from the School while they were studying;
3. To determine how many of the School's graduates pursued further studies after graduating with an MPH;
4. To determine how many of the School's graduates pursued mainly research as a career; and
5. To determine whether the School's graduates have made career advancement since graduating.

## 1.4 LITERATURE REVIEW

The realisation exists that many public health workers are in need of high-quality graduate training. Even the United States of America (USA), which has been offering MPHs for many years, does not have sufficient numbers of trained public health professionals (Cannon et al., 2001). However, for many such workers the possibility of leaving their jobs in pursuit of training does not exist.

However, it is possible for health professionals to study either full-time or part-time. Studying through either one of the two methods involves many sacrifices in the form of finance and effort required to succeed. The study revealed that in the School's situation, the majority of participants were part-time students during their student days. Popular methods of pursuing MPH studies may be either through the internet or classroom-based learning or both (Davis et al., 2004). The latter method is the one used at the Wits School Public Health.

Most Schools of Public Health have the following as core modules: Primary Health Care; Social Context of Health Care; Biostatistics; Environmental & Occupational Health; Public Health Law; Health Systems & Integration; Health Policy; Health Systems & Decentralisation; Health Information; Health Management Theory & Practice; Epidemiology; and Health Financing (Davis et al., 2004).

It is important that MPH training should meet the expectations and satisfaction levels of students. The training should also be seen as an enabler to improved job performance and career advancement. Another important factor is to obtain a degree from a reputable university (Umble et al., 2003). The research study reveals that for many of the Wits graduates, expectations and satisfaction levels have been met. There are participants for whom the MPH qualification has not brought any career advancement but who were, nevertheless, satisfied with their studies. Many allude to the fact that they now understand public health better than they did before doing an MPH. The MPH has added value to their careers; that is the main thing. Besides, they have also grown academically.

It is senior health professionals who have the potential to effect many changes in their countries' health systems but are often unable to leave their positions for advanced training (Researcher's own experience). In order for health systems anywhere in the world to develop and improve, advanced training is not only necessary but mandatory. Also, much has changed in public health today, hence the

need not only to train, but also continually develop public health professionals (Gauteng Department of Health Annual Report 2006/07).

Emphasis should not be placed on training just for training's sake but it should meet or fulfil the public health requirements of the country. It must be relevant. The students undergoing the training should find it relevant to their careers in terms of executing their day-to-day functions and career advancement (Annual Report 2006/07). Training should also afford students opportunities to network. The importance of administrative and technical support during such training cannot be overemphasised.

This research study indicates whether the graduates feel that the School gave them the necessary support. The research study also gauges the relevance and importance of the individual MPH-offered modules to the careers of the graduates. A study in one of the SPHs in the USA also enabled participants to make valuable suggestions that would go a long way towards improving the MPH course content (Cannon et al., 2001).

Similar studies have been conducted in other parts of the world, which were aimed at looking at the MPH curricula, their relevance to the work situation, along with general information such as motivations, advantages, and disadvantages. They have taken the format of questionnaire interviews that were transcribed and read and then analysed and coded using content analysis methods. The questionnaires have addressed issues that related to participants' motivation, funding, access to computers and the Internet, perceived advantages and disadvantages of distance learning, the public health problems in which they were engaged, and how the programme might help them with their work (Patton, 1990).

An article written by Emerick and Hirsch (2004) and published by the Center for Teaching Quality, in the USA, titled: *Teacher Working Conditions: Reforming State Policy to Create Positive Teaching and Learning Environments* states that it is crucial for policymakers to increasingly recognise teacher working conditions "as an essential element for retaining teachers and improving student achievement" (Emerick & Hirsch, 2004). The same scenario may be applied to health care in South Africa and Africa in general. It is no secret that health care professionals are leaving public health in droves, citing working conditions and a feeling of being unappreciated as the main reason for their migration to the private sector or overseas. An example of the dissatisfaction is the 2007 strike by public servants, especially those in health and education, because of failed wage negotiations between the unions and government. Working conditions here have gone beyond the typical labour issues of occupational health and safety

concerns. Emphasis should be laid more on considering a more comprehensive environment of health worker-patient-community triad (Rodenhauser et al., 1998). For this to occur, health workers need to be empowered, developed professionally and given leadership skills (Emerick & Hirsch, 2004). For the public health sector, there is no better way of doing this than encouraging and making it possible for health workers to pursue post-graduate studies offered in the MPH programme which has taken off by leaps and bounds in this country.

The Emerick & Hirsch (2004) viewpoint which is that improving the working conditions of teachers and empowering them through further education (mainly post-graduate) lead to staff retention and improved student learning. Public health care problems besetting many countries need to be addressed by improving the working conditions of health care workers and empowering them through MPH programmes. Just like the improved-student-learning scenario, this type of gesture could lead to improved patient care and improved healing outcomes in the long term. Communities long for improved health care outcomes through the public health system, which caters predominantly for the indigent. Health care is a constitutional right in many countries and improved health care should be where the emphasis is laid (S.A. Human Rights Commission, 2002/3).

Although MPH programmes have existed in this country for some time now, no research has been done to check the impact that they have had towards advancing and improving public health care in South Africa or in other African countries. This limitation is not confined to Africa only. Even in the USA where MPH programmes have been running for decades, there is a paucity of research on the subject. However, a notable exception is research done on the "Students' Perceptions of Tulane's MD-MPH Dual Degree Program" (Chauvin et al., 2000).

Tulane University initiated the MD-MPH dual degree programme in 1971 and has produced more than 30% of all MD-MPH graduates in the USA. As of 1997, 28 institutions in the USA reported having MD-MPH dual programmes. In spite of the fact that it has been thirty-six years since Tulane started with the MD-MPH dual degree programme and ten years since 28 institutions in the USA reported having the MD-MPH dual degree programme, professional literature has not reported much on the structures, functions and effectiveness of these dual degree programmes. It is also reported that there have been calls for collaboration among medicine, public health and communities (Chauvin et al., 2000)

In the researcher's opinion, it is noteworthy that the research on the MD-MPH dual degree was done at Tulane, which is responsible for the production of 30% of the USA's MD-MPH graduates. Research results revealed a number of noteworthy issues about this combination of degrees as opposed to an MD degree only.

The majority of students agreed that this combination broadened "their perspectives on patient care and learning to interact with a variety of health care professionals" (Chauvin et al., 2000). Patient care is the core business of health care and any course or qualification (MPH) that improves health workers' perspectives on patient care must not be taken lightly. Also, what must be highlighted is the enabling effect "to interact with a variety of health care professionals" (Chauvin et al., 2000) the MPH had. Further significance of this sentiment is enhanced by the fact that of the student participants in this Tulane research "81.5% were glad that they pursued the dual degrees" (Chauvin et al., 2000).

The research results revealed that "More than three fourths (78.1%) of the students indicated that improved scheduling options would enhance the effectiveness of the MD-MPH at Tulane" (Chauvin et al., 2000). Also, these same Tulane students indicated that the MD-MPH degree program "increased opportunities for practical public health experience (80.9% strongly agreed)" (Chauvin et al., 2000)

Students indicated a desire for specific activities to improve the teaching skills of faculty (i.e. faculty development) in both MD (73% strongly agreed) and MPH programme (63.5% strongly agreed) (Chauvin et al., 2000). It is good practice to allow students to make input on course improvement. "Students agreed more strongly with providing presentations and seminars about career opportunities (73% strongly agreed)" (Chauvin et al., 2000).

Also to emerge from the Tulane research is the fact that "students in the clinical years agreed more strongly that the MD-MPH program helped them gain a broader perspective on patient care than did the preclinical students. Subgroup analyses, based on undergraduate degree (i.e. science major, nonscience major, or combined science and nonscience major), did not reveal any statistically significant differences" (Chauvin et al., 2000).

It is noteworthy that even though this research was carried out at an institution that produces 30% of the USA MD-MPH graduates, because the study used descriptive methods, "inferences about relations and causation cannot be concluded" (Chauvin et al., 2000). The study's response rate from all MD-MPH

enrolled students was 62.73% but was not able to examine fully any differences between respondents and non-respondents. These last two factors were serious limitations of the study (Chauvin et al., 2000).

MPH studies can be used as an important manner of forging linkages between medical training and public health. Also, there is the nascent realisation by medical educators that an MPH is one of the possible ways of responding to questions and challenges offered by any country's health care leaders concerning "ways to prepare effective physicians of the 21st century." (Rodenhauser et al., 1998)

In order to make the above statement really valid, the following questions may be posed: Is the MPH sufficiently marketed? Are MPH students given sufficient guidance and mentoring (where required) regarding their research plans? Or is it a matter of saying that they are post graduate students and should know what they are here for. In the case of the Tulane research, the results showed that "priority should be given to awareness, recruitment, and orientation resources and activities so students are adequately informed about MD-MPH career options and how the dual degrees can facilitate and enhance their effectiveness as 21$^{st}$ century physicians" (Chauvin et al., 2000).

MPH students experience challenges, frustrations and achievements in pursuing their research topics. However, are they adequately mentored by their supervisors? The main reason this question is asked is that the Wits SPH experience has shown that input is not equal to throughput and the bottleneck is at MPH III level (or the research year). Therefore, this is one of the questions that are addressed in this study. The best people to answer this question are the graduates of the School. The Tulane study has shown that "academic or career advising are ways in which students' interest and motivation can be sustained and enhanced." Tulane also ensured that there was continual interaction between present and past students. This latter interaction was seen as a way to "embrace strong linkages between essential concepts and principles of medicine and public health – a goal of health care practices in the new millennium" (Chauvin et al., 2000).

Seventy-six per cent of the respondents at Tulane valued the broader perspective on patient care and the doctor-patient-society triad that are afforded through study in the MD-MPH dual degree programme as opposed to the single MD degree.

Exposing medical students to community health in the later (clinical) years of their studies helps to serve as a way of emphasising the integration of medicine and public health. Consequently, students might

have viewed the application of medical concepts and public health concepts as separate entities in their early educational experiences, whereas later in their studies they might have viewed these concepts as integrated within the full landscape of health care delivery (Rosenberg et al., 1998)

Other research examined the impact of a distance education MPH programme (Davis et al., 2004). The research looked at "measuring the impact of a distance education MPH degree programme on public health practitioners" (Davis et al., 2004). It was an online survey of the 49 graduates of the Public Health Leadership Program (PHLP) at the School of Public Health of the University of North Carolina. This survey was done one-year post graduation and had a 73% response rate. The following results were noted: graduates continued to have a high level of satisfaction with the programme; 97% of respondents indicated they would recommend the programme to others; 75% said that their overall opinion of the programme had increased since graduation; on a scale of 1 to 10, 79% of respondents rated the programme with a score of 8 or higher in terms of the impact of the programme on their ability to do their current job; and regarding new opportunities, 75% of respondents reported that they had new professional affiliations or service commitments, and 31% had job promotions since graduating.

This article further emphasises the significance of giving formal education to public health practitioners and that the schools of public health *must* assume the responsibility of training the public health workforce. For reasons stated earlier this would have to be through "distance-learning platforms" (Davis et al., 2004).

Those graduates who were being surveyed by Davis et al. (2004) had been adult learners and full-time employees during their student days. This, according to the published article, presented a challenge and the challenge "was to deliver a program that is academically rigorous and of the highest quality, while being relevant to their needs as adult learners and employees" (Davis et al., 2004). Also, what is of interest here is to point out that satisfaction levels should not just be restricted to students and faculty but "also must include the broader impact on organizations in which the students are employed. These organizations represent the ultimate customers of the students" (Davis et al., 2004). The researcher fully agrees with the latter sentiment in that the real relevance of MPH has to be seen against the backdrop of public health as a whole. However, this is a topic on its own, which needs to be researched separately.

According to Davis et al. (2004), this North Carolina study had the following limitations: (1) A response rate of 73% does not necessarily imply that respondents had more favourable opinions than non-respondents. It is important to understand reasons for non-responses; (2) Confidentiality could have been

a reason for non-response; (3) The programme administrator was involved in the survey dissemination and follow-up; and (4) Response bias due to there being no random sample of graduates, but survey of entire population. Therefore available information indicates that there was little evidence of bias here. A very important limitation is the fact that all of the data from the survey are "self-reported by the graduates. There are no external data to confirm the improvements in skill and graduates may have overestimated skill improvements" (Davis et al., 2004). However, the article does state that "One method to confirm these findings would be to interview employers/supervisors of graduates about skill improvements in specific areas" (Davis et al., 2004). Finally, in as far as limitations are concerned, "One additional area of concern may be the lack of control group in this analysis. If this had been a prospective research study, inclusion of a control group might have been appropriate." (Davis et al., 2004)

In a study called *A survey of Physicians Who Studied Public Health During Medical School*, Rosenberg (1998) found that 84% of respondents who had enrolled in the MPH programme (whether or not they had received the degree yet) viewed their public health training as having been of value in their professional work. Research reviewed so far has shown the positive impact the training in public health has had on the careers of candidates.

From the aforementioned discussion it is clear that much of the useful information can be provided by graduates or students of public health in studies of this type. It was with this view in mind that the author of this research set about discovering the views of the Wits SPH graduates of the MPH programme. Although some had graduated at least four years ago, it was fascinating to learn how much they could recall about courses or modules done seven or more years ago. Even more fascinating was them remembering who taught what during their student days.

Emphasis must also be made on the fact that there is not a lot in professional literature about the ins and outs of the MPH programme. It is an area in which a lot of research still has to be done (Chauvin et al., 2000)

# CHAPTER TWO

# 2.1 MATERIALS AND METHODS

### 2.1.1 Study design and methods:

The study was *cross-sectional in design*. It took the form of a survey that entailed using a pretested interview schedule or questionnaire. The study population was all MPH graduates up until June 2007 (N = 80). The participants were contacted telephonically or by e-mail so that the researcher could: (1) introduce himself; (2) introduce the research and ask them if they would be interested in participating; and (3) establish the validity of their contact details.

The list of study participants was obtained from the School and all graduates were eligible to participate.

The initial idea was to interview the participants telephonically, but most preferred to have the prepared questionnaire e-mailed to them so that they could read it and finally decide whether they would participate or not. Most had e-mail addresses to which the documentation was e-mailed. For those that did not have e-mails (only four), it was faxed.

### 2.1.2 Measurements validity and repeatability

Measurement was done by sending out questionnaires and by conducting telephone interviews. By far the majority of participants preferred to complete the questionnaire and either e-mail it back or fax it back.

Validity and repeatability of the measurement tool (questionnaire) was assured by the successful use of the tool in previous studies (Kellerman & Weiner., 2006)

### 2.1.3 Bias

Response bias has to be taken into account. The response bias in this research study is the non-responses on survey estimates (Fowler, 2002). By bias it is meant that if the non-respondents had responded, their responses could have changed (substantially) the overall results of the survey. The method for this would entail a respondent/non-respondent analysis (Leslie, 1972). Because the response rate in this study was 86%, it cannot be automatically assumed that respondents were more satisfied or had more favourable opinions than non-respondents (Davis et al., 2004), it is important to understand reasons for non-response. The potential for response bias is borne out by the fact that this was not a random sample of

graduates, but a survey of almost the entire population. The non-existence of a control sample must not be overlooked. If this had been a prospective study, inclusion of a control sample would have been appropriate (Davis et al., 2004). However, because of the low non-response rate, bias was reduced. Also, by keeping the responses anonymous truthful responses were more likely to be given.

### 2.1.4 Pilot study

A pilot study was conducted before commencement of the actual study. The pilot study revealed that the study questionnaire, although somewhat long and cumbersome, was viable. It showed that if the questions were answered in writing by participants, answers took almost twice as long to write than if the interview had taken place by telephone. In the actual study, most of the candidates (> 80%) preferred to answer the questions in writing. The pilot study was carried out on a sample of current MPH students who had successfully completed their course work. For the pilot study, a sample of eight current students was used.

### 2.1.5 Limitations of the study

The following limitations to the study were observed:

- The MPH graduates themselves may not have been sufficient in their numbers to provide a study sample the findings from which may be generalisable to the School. The total number of the School's graduates was 80.
- The response rate accuracy: The researcher was hoping for an 80% response rate. This figure was exceeded (i.e. 60 out of 70 responded = 86%)
- Because MPH graduates are not located in one geographical area but scattered throughout South Africa and the rest of Africa, contacting each participant certainly had its limitations, which resulted in a slightly lesser number of participants (60 instead of 80) responding to the questions on the interview schedule.
- What may be called sampling bias excluded people with unlisted numbers or no phones.
- Absence of non-verbal cues affected communication.
- It must be borne in mind that people tend to move around (they do not stick to one fixed place of abode or occupation) and personal details like telephone number, fax number, e-mail address, etc., were not up-to-date in 20 cases.
- This research in a way is about the School itself and what it has set itself to offer and this *could* result in objectivity being compromised i.e. the objectivity of participants.

- How would the results be if those interviewed were the employers of the Wits School of Public Health graduates? Would there be less bias and more objectivity?
- Because the study used descriptive methods, "inferences about relation and causation cannot be concluded" (Chauvin et al., 2000)
- The study was "not able to examine fully any differences between respondents and non-respondents" (Chauvin et al., 2000). In this study there were very few non-respondents.

Once the pilot study had been carried out, the actual study was conducted using a sample of 70 graduates whose names and particulars were obtained from the School's records of past graduates. The 70 were selected out of an original total of 75. The particulars of the remaining five had changed and they could not be traced; i.e. both the cell phone numbers and landline numbers that were listed in the School's records were no longer valid. Fifteen of the 70 were participants who graduated in June 2007. Their names were obtained from the Faculty Post Graduate Office, but their telephone numbers and e-mail addresses were later obtained from the School. Even with this group, some numbers were no longer valid when the researcher tried to phone them. The participants were phoned and had the study explained to them. They were then later phoned again to find out if they were happy to participate after it had been explained to them that their responses would be completely anonymous.

All the participants who showed a willingness to participate had both the questionnaire and consent form e-mailed to them. Receipt of documents was confirmed by a telephone call follow-up. Where the documentation had not been received, the documents were resent by e-mail. There were a number of instances where the e-mails were returned as "not delivered or undeliverable". These were verified again by contacting the participant and checking if the correct details had been taken down by the researcher. In some cases alternative e-mail addresses or fax numbers had to be used. Participants were given a minimum of two weeks before being contacted again.

Even with their initial enthusiasm to participate, the difficulty was getting the participants to respond in good time. A number of calls had to be made to remind participants who had telephonically confirmed that they wanted to be participants but had not completed the documentation.

The researcher e-mailed the questionnaire and the information sheet, which explained what the study was about and also made it clear to participants that even if they had initially agreed to participate, they could

still opt out if they later changed their minds. The information sheet further explained that their participation would be kept strictly anonymous; only codes would be used.

In a number of instances, telephone interviews became the preferred way to deal with the limitation of documentation not being returned. These interviews took 30 minutes to 70 minutes depending on how verbose each participant was. It took an average of five days to get the responses from participants who responded by e-mail.

In those instances where contact details had changed and not updated by the School, the researcher had to rely on friends of the affected graduates (i.e. former class-mates) to help track them. It was a laborious and costly exercise but yielded positive results.

For ethical and confidentiality reasons, the data had to be kept under lock and key to ensure that it did not land in the wrong hands. Responses were e-mailed directly to the researcher in most cases and in some cases they were faxed to the School for the researcher's attention.

Data was thoroughly checked for completeness by the researcher. In those cases where an explanation was needed from the participant, they were contacted by telephone so that the explanation could be obtained.

There were a very small number of instances where the only available form of communication between the researcher and participant was either fax or e-mail. Either of these methods was used to get in touch with candidates and also for the receiving of their responses.

Materials that were used in this research study were paper, computer (laptop) and printer; for this reason, data is available in both hard and soft copy. Extra measures were taken to store data in a memory stick and a compact disc. These would act as back-up in the unfortunate and unforeseen event of loss of data. Data was entered on an Excel spread sheet, Microsoft Word, and EpiInfo Version 3.4. In EpiInfo Version 3.4, views were created and quantitative variables as well as qualitative variable (text) were entered into fields. Quantitative data were analysed using both manual and statistical methods. Outputs consisted mainly of frequencies and means (modes, medians, and standard deviations when needed).

The questionnaire was divided into two parts: Part One was the "Course Evaluation" and Part Two was the "Value of the Masters in Public Health to Your Career". Under Part One the candidates gave their views on the following: the content of various courses or modules offered; the teaching methods applied by the School; academic quality; administrative support; and research report support. Questions in each of these sub-sections were such that a rating on a scale of 1 to 5 (5 being excellent and 1 poor) had to be given and next to the score (rating) participants could also give a comment to explain the rating or how they felt about what was asked. At the end of each of the sub-sections were a number of open-ended questions that gave the candidate more scope for further written or verbal input. Similarly, Part Two had a rating on a scale of 1 to 5 (5 being extremely valuable and 1 less valuable) in terms of the value the particular course or module mentioned had in terms of the career of the graduate. A "comment" portion accompanied every question. At the end of this part are six open-ended questions aimed at eliciting more qualitative information based on the experiences of graduates post graduation and specifically focusing on the working environment. One very important question in this section is: "Would you recommend or have you recommended this master's programme to others"? There were only two possible answers to this question: "Yes" – which signified satisfaction with the programme, and "No" – which signified unhappiness with the programme. It is a very important question in gauging participant satisfaction.

## 2.2 ETHICS

As per Faculty requirement, the study was submitted to the Human Research Ethics Committee (HREC) of the University of the Witwatersrand for consideration because the study involved human subjects (see Appendix D). Informed voluntary consent from each study participant was obtained prior to their participation in the research (see Appendix B).

Modern research methodology requires that human subjects participating in research be properly consulted and have the purpose of the research clearly explained to them so that when they give consent they know exactly what they are letting themselves into. The purpose of this consultation is to protect research participants (Pelias, 2006). Researchers have an obligation in accordance with basic ethical principles such as autonomy, respect for persons, beneficence and justice. This study dealt with people who are not at all vulnerable in the true sense of the word. They are people who are autonomous in their own right, but proper ethical guidelines needed to be followed nontheless.

Beecher (1996) states that "consent" in the full sense and meaning of the word may not be obtainable. However, this remains a goal towards which we must strive for sociological, ethical and clear-cut legal reasons.

The study was conducted in an ethical manner. Participants were informed of their rights before answering. Information obtained was treated in the strictest of confidence. The questionnaires were completed anonymously. Confidentiality was further ensured by giving codes to the participants and keeping the link of the code and name (as telephone interviews would indicate the participant's identity). Those copies that were e-mailed mentioned the code number only. The copies of the interview schedule were kept strictly under lock and key in the researcher's office.

# CHAPTER THREE

## 3.1 RESULTS

Table 3.1: The number of MPH students graduating from 2001 to 2007 (June)

| GRADUATION YEAR | NUMBER OF GRADUATES |
|---|---|
| 2001 | 8 |
| 2002 | 3 |
| 2003 | 6 |
| 2004 | 18 |
| 2005 | 15 |
| 2006 | 10 |
| 2007 (June) | 15 |
| **TOTAL** | **75** |

**Source**: University website (http://web.wits.ac.za/Academic/Health/PublicHealth/).

The school, since its inception in 1998, has produced 75 MPH graduates. The above figures are taken from School's website (http://web.wits.ac.za/Academic/Health/PublicHealth/). The School's data bases as regards current information on graduates are not completely up to date. Much information appears to be missing about graduates and past students, such as correct or updated telephone numbers and e-mail addresses.


**FIGURE 3.1: The production of MPH graduates by the Wits SPH 2001-2007**

In the first five years of its existence (1998 to 2003) the School produced fewer than ten graduates per annum. This number needs to be compared with the number of registered students per year of study. This will make for good comparison between input and throughput.

From the sixth year of the School's existence onwards, the number of graduates produced has been ten or more, with the highest number produced in 2004, where 18 students graduated; i.e. 24% of recorded graduates thus far. From then onwards the numbers dropped (a drop of 17% in 2005 – from 2004 - and a drop of 44% in 2006 - from 2004) and are beginning, hopefully, to pick up from June 2007.

The question that needs to be pointed out is how long it took these former students to graduate post completion of their coursework. The table below indicates this time period.

Table 3.2: Length of time students took to graduate post completion of coursework

| Yrs. to graduation after completion of coursework | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Part-time students | 0% | 47.06% | 41.18% | 0% | 11.76% |
| Full-time students | 44.44% | 44.44% | 0% | 11.12% | 0% |

It is clear that 44.44% of full-time students took one year to do their research and graduate after completion of coursework. Another 44.44% took two years to do this, and another 11.12% took four years to do this. All in all, 88.88% of the full-time students took up to two years post completion of coursework to complete their research and graduate. The part-time students took a relatively longer period; 47.06% took two years to complete the research and then graduate, while, all in all, 88.24% took up to three years post completion of coursework to complete their research and graduate. A little more than 40% (41.18%) took three years and 11.76% took five years.

Table 3.3: Demographic information

| | Male | Female | Total | % Male | % Female |
|---|---|---|---|---|---|
| South Africans | 16 | 24 | 40 | 40.00 | 60.00 |
| Non-South Africans | 12 | 8 | 20 | 60.00 | 40.00 |
| Part-time | 22 | 18 | 40 | 55.00 | 45.00 |
| Full-time | 6 | 14 | 20 | 30.00 | 70.00 |
| Other funding | 6 | 12 | 18 | 33.33 | 66.67 |
| Self-funded | 22 | 20 | 42 | 52.38 | 47.62 |
| Total participants | 28 | 32 | 60 | 46.67 | 53.33 |
| Average age | 38.29 | 33.63 | 72 | 53 | 47 |

In the case of South Africans the percentage of female MPH graduates is higher than that of males, 60% and 40% respectively. However, in the case of non-South Africans the exact opposite is true.

The percentage of males who studied part-time is higher than that of females who studied part-time, 55% and 45% respectively. However, when looking at the full-time students' data, we see a more marked situation of 70% females studying full-time as opposed to 30% males. There is no clear-cut explanation for the differences that we see.

The percentage of self-funded graduates for both genders is higher than for both males and females who received funding of one sort or another. The percentage of self-funded male graduates is 78.57% as compared to 21.43% in the case of funded males. There is a significant difference between the two. In the case of female graduates the following is seen between self-funded and funded: 62.50% and 37.50%, respectively. There is a marked difference between the two figures in both male and female instances.

The average age of male participants is higher than that of female participants, i.e. 38.29 and 33.63 respectively. The age here refers to the age in 2007 and not their age as students. Most of the MPH graduates from the Wits SPH are still at a very economically active stage of their lives and have many years ahead of them to make a significant contribution to public health before reaching retirement age.

Table 3.4 Funding source by sex

| | Funded* | Self-funded | % Funded* | % Self funded |
|---|---|---|---|---|
| **Male** | 6 | 22 | 21.43 | 78.57 |
| **Female** | 12 | 20 | 37.50 | 62.50 |
| **Total** | 18 | 42 | | |

* Refers to participants whose funding was provided by the State or by other sources

A higher percentage of males were self-funded than females; i.e. 78.57% as compared to 62.50%. Not only do we see a higher percentage of males studying part-time, but we also see a higher percentage of males being self-funded.

Table 3.5: Nationality of participants

| | South African | Non South African | % South African | % NonSouth African |
|---|---|---|---|---|
| **Male** | 16 | 12 | 40 | 60 |
| **Female** | 24 | 8 | 60 | 40 |
| **Total** | 40 | 20 | 100 | 100 |

The nationality split between the sexes is interesting. In the case of South Africans there is a 60/40 split between females and males. In the case of non-South Africans, there is a 40/60 split between females and males.

## 3.2 DATA ANALYSIS FOR COURSE EVALUATION AND VALUE OF MODULES TO THE CAREERS OF GRADUATES.

Table 3.6: Course Evaluation

| Topic | Course module score | | Value score | |
|---|---|---|---|---|
| | Obs | Mean (range) | Obs | Mean (range) |
| **Primary Health Care & Social Context of Health COMH7013** | 60 | 4.13 (2-5) | 58 | 4.07 (1-5) |
| **Health Measurement I COMH7047** | 60 | 3.77 (2-5) | 58 | 3.55 (1-5) |
| **Health Measurement II COMH7048** | 54 | 3.70 (2-5) | 58 | 3.55 (1-5) |
| **Management in Health & Health Services COMH7101** | 58 | 3.83 (2-5) | 54 | 3.96 (2-5) |
| **Introduction to Environmental & Occupational Health COMH7104** | 58 | 3.76 (2-5) | 56 | 3.11 (1-5) |
| **Public Health Law & Health Systems Integration COMH7014** | 58 | 3.55 (2-5) | 54 | 3.11 (1-5) |
| **Health Policy & Policy Analysis COMH7041** | 40 | 4.25 (2-5) | 46 | 3.96 (2-5) |
| **Health Systems and Decentralization COMH7040** | 42 | 3.81 (2-5) | 44 | 3.36 (1-5) |
| **Research Methods COMH7046** | 52 | 3.69 (2-5) | 50 | 3.76 (2-5) |
| **Health Care Financing COMH7017** | 46 | 3.57 (2-5) | 44 | 3.18 (2-5) |
| **Project Management for Public Health Practitioners COMH7015** | 44 | 4.27 (2-5) | 46 | 3.26 (1-5) |
| **Introduction to Management in Theory and Practice COMH7140** | 32 | 3.81(2-5) | | |
| **Scientific Article Review** | | | 54 | 3.44 (1-5) |
| **Proposal Writing** | | | 58 | 4.04 (2-5) |
| **Research Project** | | | 46 | 3.70 (1-5) |

"Course Evaluation" (Table 3.6) refers to the score (i.e. 1 to 5) given to the modules under "MPH Course Evaluation" i.e. Part One of the questionnaire, while "Value Score" (also 1 to 5) is the value that the MPH degree modules (studied) added to the career of the MPH graduate under "Value of the Masters in Public Health (MPH) to your Career"; i.e. Part Two of the questionnaire.

Modules that were highly rated under course evaluation (course module score) are: (i) **Primary Health Care and Social Context of Health;** (ii) **Health Policy and Policy Analysis;** (iii) **Project**

**Management for Public Health Practitioners;** (iv) **Management in Health and Health Services;** and (v) **Introduction to Management in Theory and Practice**

The first four (i – iv) modules were also rated highly under value to careers (value score). Project Management for Public Health Practitioners in the "value to career" section was rated lower (3.26) compared to the earlier scoring when the module was evaluated as a module offered by the School a rating of (4.27). It received the highest in this category (course evaluation).

Here are some comments made by graduates on the different modules:
**Primary Health Care & Social Context of Health**, *Well presented by a lecturer (Dr. Moomal) and guest presenters who clearly enjoyed the subject and particularly enjoyed sharing their knowledge and experiences with the students. I'm glad that this was the first module. It served as a wonderful introduction to the entire course* (Full-time student 2004). *Was a comprehensive and well-rounded course on the dynamics of PHC & SCH within the South African social context and stimulated enlightening and revolutionary discussions! It enabled me to see health from a social perspective (socio-cultural) and not only biomedical* (Full-time student 2005).

Comments made for **Management in Health and Health Services** are: *Having been in a management position prior to commencing the MPH, and hoping that I may still find myself in a similar position in future, I found this module the most interesting and relevant for me, as I could relate to many of the examples and issues that were being presented,* (Part-time student 2003). *Excellent! Grappled with real life issues of management. Very relevant to hospital managers* (Part-time student 2000).

**Health Policy and Policy Analysis** was rated highly both under module score and value added to careers of the graduates. Comments made: *Outstanding levels of presentation, as well as ability to make an otherwise difficult topic and concepts easier to understand. The entire team of presenters was very driven and well organized. A lot of new knowledge and insight gained* (Full-time student 2005). *Loved it. Enjoyed it. Prof Gilson was very strict. Prof Gilson put a lot of life into it!* (Part-time student 2002

**Health Policy and Policy Analysis:** comments under *value* to participants' careers: *Fairly useful. Not really applying the relevant knowledge right now* (Part-time student 2004). *It is relevant and very useful* (Full-time student 2001).

**Project Management for Public Health Practitioners** received the highest rating. The following comments were made: *Excellent! Excellent! Presented excellently by Prof Girdler-Brown* (Fulltime student 2001). *Excellent! Prof Girdler-Brown excellent*! (Part-time student 2000). Comments made under *value to careers: I hardly use it at all in my work situation* (Full-time student 2002). *Not particularly relevant because of situation where you work. Forces beyond my control have not made it possible for me to apply it* (Part-time student 2001).

**Health Measurement I** was rated at 3.77, which is quite high (75.4%). It is one module in which there were differing views expressed by students. *Used a lot of practical activities but I found that it was rushed and it perhaps needs to be allocated more time, especially when applying it to areas such as analyzing quantitative data* (Part-time 2001). *Excellent* (Part-time student 2003).

***3.2.1 Research Methods****:* Research Methods was given a rating of 3.69 (74%). This is a very positive sign. A rating of 3.76 (75%) in terms of its *value to the careers* of the MPH graduates was given. Here is what some graduates had to say about it: *Found it to be good and well presented* (Full-time student 2003). *Excellent! Excellent! Well presented* (Full-time student 2001).

***3.2.2 Health Systems and Decentralization****:* It was given a rating of 3.81 (76%). The following comments are worth noting: *It helped me understand how public health services are delivered at the level of the community as opposed to a hospital setting* (Full-time student 2005). *Fairly well organised but presentation by lecturer(s) not very inspiring. Again, a wealth of new insights and knowledge gained* (Part-time student 2004).

***3.2.3 Proposal Writing****:* This aspect of MPH training is important in management positions and for those graduates who are going to pursue careers in research. One of the objectives of the Wits School of Public Health in offering the MPH programme is "To develop skills of critical and analytical thinking" (Objective 6 in page 1 of this report). One aspect of this latter objective is to enable or prepare students to be able to write proposals. It is a well-written proposal that gets the manager the funding that he/she requires from donors or enables them to undertake research which will make it possible to know what the cause of the problem is and make recommendations towards solving it. This research has shown that proposal writing has been rated highly both in terms of *course valuation* and its *value to careers* of graduates. Here are some comments on proposal writing: *I find it very useful in my new master's degree studies* (Full-time student 2003). *I am currently registered for a PhD degree; I found proposal writing very useful when I was writing my PhD proposal* (Part-time student 2001).

# 3.3 DATA ANALYSIS OF TEACHING METHODS, ACADEMIC QUALITY AND ACADEMIC SUPPORT

Table 3.7: Teaching methods, academic quality and academic support

| | | |
|---|---|---|
| **Teaching Methods** | **Obs** | **Mean (range)** |
| The 6 one-week blocks in Parts I & II | 60 | 4.13 (1-5) |
| Individual class presentations | 58 | 3.83 (3-5) |
| Class group work | 60 | 3.90 (2-5) |
| Informal students study groups | 56 | 3.36 (1-5) |
| Informal student learning support from other students | 58 | 3.31 (1-5) |
| Article reviews | 54 | 3.44 (1-5) |
| Computer based exercises in project management | 46 | 3.91 (2-5) |
| Lectures | 60 | 4.00 (3-5) |
| Tutorials | 56 | 3.68 (1-5) |
| **Academic Quality** | | |
| Expertise of teaching staff | 60 | 4.20 (3-5) |
| Individual academic mentoring and support | 54 | 3.59 (1-5) |
| Research supervision support | 54 | 4.37 (2-5) |
| **Other** | | |
| Are sufficient examples used from the African setting? | 60 | 3.73 (1-5) |
| Is there a good balance between theory and developing practical skills? | 60 | 3.07 (1-5) |

Under Teaching Methods the following were given high ratings: **(i) The six one-week blocks in Parts One & Two. (ii) Individual Class Presentations. (iii) Class Group Work. (iv) Computer-based Exercises in Project Management (v) Lectures and (vi) Tutorials**

The fact that the research has revealed the **Six one-week teaching blocks in Parts One & Two** to be so popular as to get a high rating of 4.13 (83%) given by 60 participants (i.e. 100% of both full-time and part-time) suggests a very high level of satisfaction with this method of programme presentation. What is very significant about this result is that all participants answered this question. It could be said that this method of teaching has been able to "Equip graduates with the tools to be able to pursue further studies up to PhD level" which is among the objectives of the School (Objective 8 in page 1 of this report). Earlier, the research revealed MPH graduates who have gone on to pursue PhD and other Masters studies.

Comments for teaching methods: *Hectic but well organized* (Part-time student 2003); *This worked well especially because it was extended with assignments after the week. However, there were courses that clearly needed to be allocated more time, such as Health Measurement and Research Methods. I felt that these courses should have been dealt with at a more in-depth level* (Part-time student 2002).

The School has succeeded in preparing its graduates to "Play a leadership role in public health" (Objective 2 in page 1 of this report) and this is attested to by the rating received from graduates on the question of **Individual Class Presentations.** The rating given here was 3.83 (77%) in 58 observations. These observations effectively translate to 97% of the participants answering this question. This is a high response rate to an individual question. The Individual Class Presentations were a well-known feature in **Public Health Law & Health Systems Integration, Health Policy and Policy Analysis**, **Health Systems and Decentralization**, **Health Care Financing** and **Introduction to Management in Theory and Practice**. These modules that require **Individual Class Presentations,** by their very nature, meet closely one of the school's objectives, namely, to "Develop a comprehensive understanding of health, the health care system, public health problems and of measures that can be taken to address these problems and to promote and maintain health" (Objective 5 in page 1 of this report).

A number of comments were made in answering this question of **Individual Class Presentations**. Comments made: *This helped one to develop confidence in presenting information to an audience* (Part-time student 2002); *Good activities* (Part-time student 2003); *Very good but hectic as well. Packed with information* (Part-time student 2000).

***3.3.1 Class Group Work****:* A rating of 3.90 (78%) is a good sign in terms of bringing to fruition the importance of team work. People achieve far much more working as a collective than working as individuals. What is significant about this rating is that it is based on ratings from 100% of those who

participated in the research. The following comments were made: *Very good and enlightening. Taught to work as a team* (Part-time student 2005); *Excellent*! (Part-time student 2004); *Excellent! This was, without a shadow of a doubt, an excellent way for me to learn how to work with other people* (Full-time student 2004).

***3.3.2 Computer Based Exercises in Project Management**:* A response rate of 77% (46 responses out of 60) was achieved. It was given a rating of 3.91 (78%) – a high percentage. Comments made: *I found those exercises challenging and giving an insight into what project management was about in the real world* (Part-time student 2004); *Excellent! Here again, we saw Brendan Girdler-Brown at his best. He made PM real by letting us use the computer to do these exercises* (Part-time student 2003).

***3.3.3 Lectures**:* All 60 participants responded to this question, i.e. 100% response rate. This question was given a rating of 4.0 (80%), with a range of 3-5 on a scale of 1 to 5. This is a very high rating. It suggests that a very high percentage of respondents were very satisfied with the lectures that they attended at the Wits SPH. Comments made include: *Well organised. Most of the lecturers were well informed and presented well*. (Part-time student 2001); *Interesting* (Part-time student 2003); *Some lecturers were excellent but some were not engaging enough. Some lecturers failed to consider the fact that many of the students already have years of work experience in some of the topics presented* (Full-time student 2003); *Nice and well presented* (Full-time student 2003).

***3.3.4 Tutorials**:* They received a rating of 3.68 (74%) from 58 of the 60 participants. This translates to 97% of participants answering the question. Comments: *Good to excellent* (Full-time student 2004); *Nice and well presented* (Full-time student 2003); *Well organised* (Part-time student 2003)

## 3.4 Academic Quality

***3.4.1 Expertise of teaching staff**:* It is noteworthy that, like lectures, the expertise of teaching staff received a 100% response rate. But this question received a slightly higher rating than the question on lectures did. It received a rating of 4.20 (84%) with a range of 3 to 5. It bodes well for the School that its staff members can receive such a high rating. Comments made: *Excellent!* (Full-time student 2005); *Most were good. There were those who were excellent!* (Part-time student 2004); *Good expertise* (Part-time student 2003).

***3.4.2 Research Supervision Support**:* Out of 60 participants, this question had 54 responses, i.e. a response rate of 90%. It was given a rating of 4.37 (87%). Comments: *Supervisor at the time was Shan who was good but still new & finding his feet in the School* (Full-time student 2003); *Supervisor was excellent*! (Part-time student 2002); *Excellent*! (Part-time student 2004); *My supervisor, Shan Naidoo,*

*was an excellent supervisor. He was not just supportive, but was also very constructive in his positive criticism of my work* (Part-time student 2005).

***3.4.3 Individual Academic Mentoring and Support:*** It is part of human nature to want to feel that you were individually cared for. The School may not have that many numbers of lecturers who are capable of making students to feel that way. The researcher feels that those lecturers who have demonstrated this individual care should be commended. This particular question was responded to by 90% of participants and got a rating of 3.59 (72%). *Some individuals like Shan qualify for this rating. However, there are some who were useless* (Full-time student 2004). *Names that spring to mind are Broekman, Leah Gilbert, etc* (Part-time student 2003). *Shan Naidoo, particularly, was excellent* (Part-time student 2003).

Table 3.8: Research Report Support

| TOPIC | OBSERVATIONS | MEAN (Range) |
|---|---|---|
| Availability of supervisor during protocol development | 56 | 4.36 (2-5) |
| Protocol approved during project work | 52 | 4.31 (2-5) |
| In collecting data | 52 | 4.04 (1-5) |
| In writing report | 52 | 4.42 (3-5) |
| In submitting report | 52 | 4.38 (3-5) |
| In correcting examiner's report | 48 | 4.25 (2-5) |
| In submitting research report on time | 50 | 4.32 (3-5) |
| In getting you to graduate on time | 52 | 4.29 (2-5) |

Considering the fact that the research report which students write in their third (final) year of study accounts for 50% of the overall marks for the MPH degree, it is crucial for students to get as much support from the School as possible. The number of respondents to this part of the research ranged from 48 (80%) to 56 (93%). Generally, the questions asked were given a high rating, the lowest being 4.04 (81%) and the highest being 4.42 (88%). This would suggest that the graduates of the School were satisfied with this aspect of their training.

***3.4.4 Availability of supervisor during protocol development:*** This was given a rating of 4.36 (87%) by 93% of the respondents. This is a very high rating. This is attested to by some of the comments:

*Regularly available and always accessible. Always available to discuss. Was always willing to travel from own office to meet* (Part-time student 2004). *My supervisor was readily available and gave great assistance* (Full-time student 2005). *It took a while to get an appointment. But there were times I felt the supervisor was there for me* (Part-time student 2004).

***3.4.5 In writing report:*** The rating given was 4.42 (88%), with a range of 3-5. This rating came from 52 (87%) out of 60 (100%) participants. *Regular support from supervisor, but this became a time-consuming exercise as supervisor would take months to respond with feedback on report drafts. This delayed my progress significantly. In fact, it delayed my graduation by an entire year!!* (Part-time student 2003). *The supervisor was a great help* (Part-time student 2004). *Excellent support from supervisor* (Part-time student 2004).

***3.4.6 In submitting report:*** The rating given was 4.38 (88%), with a range of 3-5. This rating came from 52 (87%) out of 60 (100%) participants. *Got support, more so he was not in JHB at the time* (Part-time student 2003). *I was given lots and lots of support* (Full-time student 2005).

***3.4.7 In submitting research report on time****:* The rating given was 4.29 (86%), with a range of 3-5. This rating came from 50 (83%) out of 60 (100%) participants. *Full support from supervisor and school administrator. There was, however, a challenge with receiving a signature from the Head of the School as she was often out of the country* (Part-time student 2003). *Lots of support from supervisor* (Part-time student 2005).

***3.4.8 In getting to graduate on time****:* The rating given was 4.29 (86%), with a range of 2-5. This rating came from 52 (87%) out of 60 (100%) participants. *Very helpful* (Full-time student 2003). *Excellent! I was really supported such that I was able to graduate on time* (Part-time student 2003).

Table 3.9: Quality of Administrative Support

| Administrative quality and support | Observations | Mean (range) |
|---|---|---|
| MPH course administrative support | 60 | 4.50 (2-5) |
| International office | 22 | 3.09 (1-5) |
| Computer facilities - SPH | 52 | 3.12 (1-5) |
| Computer facilities - Faculty | 52 | 3.58 (1-5) |
| Fees office | 56 | 3.32 (1-5) |
| Post graduate Office | 60 | 3.33 (1-5) |
| | 6 | 3.33 (3-4) |

| | | |
|---|---|---|
| University accommodation | | |
| Funding institution support | 20 | 3.60 (1-5) |
| Alumni services | 26 | 2.77 (1-5) |

It is time to move from analysing academic support given to analysing the administrative support that students received. In the researcher's opinion, it is certainly not enough to have good lecturers and supervisors, but good administrative support is required.

***3.4.9 MPH course administrative support:*** The rating given was 4.50 (90%), with a range of 2-5. This rating came from 60 participants (100%). This is a remarkable outcome. *Ann was really there for us whenever we needed support* (Part-time student 2002). *Excellent! All praises to Ann* (Full-time student 2003).

***3.4.10 Computer facilities – Faculty*:** The rating given was 3.58 (72%), with a range of 1-5. This rating came from 52 (87%) out of 60 participants (100%). *The faculty has good computer facilities* (Part-time student 2003). *Good* (Full-time student 2003). *Excellent*! (Part-time student 2003).

***3.4.11 Funding institution support***: The rating given was 3.60 (72%), with a range of 1-5. This rating came from 20 (33%) out of 60 participants (100%). *Good scholarship from Wits* (Part-time student 2001). Most student were self-funded (79% males and 63% females – see Table 3.4 above).

## 3.5 OPEN-ENDED QUESTIONS AND RESPONSES TO THEM

***3.5.1 Additional comments to course evaluation****:*

*I felt that most of the courses were often very broad. I also felt that I was left with little in-depth knowledge and skills, especially in the research method area. I think the school can improve the Research Methods course by adding onto the quantitative and qualitative research aspects, where they can expose students to the different methods/software that is used for data analysis. They can also spend more time on research study reviews which was dealt with very briefly.* (Full-time student 2001)

Although graduates of the School have rated Health Measurement I and Research Methods highly, i.e. 3.77 (75%) and 3.69 (74%) respectively, there was a feeling among some graduates that they had not been adequately prepared to handle research, especially at publication level. Some graduates have even remarked that, in their opinion, the length of time given to Health Measurement I was inadequate. Also, the issue of lack of background in statistics or biostatistics was cited as a possible contributory factor in making Health Measurement I difficult to follow.

Another area of concern was the perception that the balance between theory and practice was inadequate. The feeling was that theory outweighed practice considerably.

The following statements were additional comments under course evaluation:

*Loved to have experts in the field lecture. Would have used more feedback on assignments in first year* (Part-time student 2003).

*Every public health practitioner should be exposed to policy making and analysis. Project Management for Public Health Practitioners should be compulsory* (Full time student 2005) *Generally the course was very well presented* (Part-time student 2005)

***3.5.2 Topics remembered as being well presented*:** The following were stated by an overwhelming number of graduates as topics that were well presented: **Health Policy and Policy Analysis; Project Management for Public Health Practitioners;** and **Primary Health Care and Social Context of Health**. Some graduates went on to declare that it was after they had enrolled for the MPH that the Primary Health Care (PHC) concept made sense. Prior to the MPH, these were just words (PHC) that rang hollow. Here is a noteworthy comment: *Every public health practitioner should be exposed to policy making and analysis. Project Management should be compulsory.* For graduates who are going to go into the Public Health sector, it is advisable that they have a Health Policy and Policy Analysis background.

***3.5.3 Topics that were not covered or were covered inadequately during the coursework***.

It depended on the field that a graduate was in at the time. For example, someone who at the time was in Occupational Health might have felt that Introduction to Environmental & Occupational Health (COMH 7104) was not covered sufficiently to meet their expectations. *Being in the Occupational Health field, I think it could have been better presented, especially in the introduction. Definitions were not grasped easily by the class* (Part-time student 2005). Another graduate gave the following statement: *Research Methods, Biostatistics, Occupational & Environmental Health were not well presented. I kind of felt that the MPH at Wits was like studying for a Social Science degree. The feeling is that the Wits MPH is not powerful enough by international standards* (Part-time student 2001). Yet some MPH graduates listed these modules as being among the better presented ones.

Public Health Law & Health Systems Integration (COMH 7040) is another module that was singled out as not having been presented that well; especially the Public Health Law aspect. Yet some graduates stated that that very aspect made it easier for them to understand the law as it relates to health. *Health legislation, I thought was not well done* (Part-time student 2000). Here is another view: *Good. Abstract.*

*Presenters were very good in spite of not being lawyers. Made it possible to understand Public Health Law* (Full-time student 2001)

Here is an additional comment on inadequately covered topics but specifically relating to Health Information Systems (HIS): *Health Information Systems was the worst presented course ever, as most of the presenters did not pitch up. Neither did the course convenor have a clue on what HIS is all about. The best bet for coming to understand at least what is happening on the ground was the Health Systems Trust (HST) website* (Full-time student 2001).

In so far as Health Care Finance is concerned this comment was made: *I still feel that things like Public Finance Management Act (PFMA) should be covered in detail and practical examples to do with this could have been included in the Health Care Financing module* (Part-time student 2004). This view is because at no stage was the PFMA mentioned and yet it is given utmost importance in financial management at public institutions in South Africa.

Under "additional comments" relating to academic quality the following comment was made: *My supervisor wanted me to write what suited him/her. We were always fighting and she/he made me write a chapter three to five times. The University had to intervene and I was allocated another supervisor (*Part-time student 2002).

In the section on rating administrative support by participants, under "additional comments" a participant wrote the following: *The people working at the Post Grad Office need to relax and smile a bit. They are too serious. However, they render a very good service* (Full-time student 2004).

## 3.6 Open-ended Questions on value of the Masters in Public Health (MPH) to your career:

**The following describes the questions and some responses:**

**Question**: Do you think the MPH programme prepared you adequately for a career in Public Health? Please elaborate.

**Answers:** *Yes. I do not know how I would be surviving in my present job if I had not done the MPH at Wits* (Full-time student 2001).

*Yes. Fantastic overview of public health and intro. into research* (Full-time student 2002)

**Question:** If you could do the MPH programme again, how would you want it changed? Please elaborate.

*More interaction with course coordinators to keep us motivated* (Full-time student 2003)

*More contact with lecturers and tutors during research* (Part-time student 2000)

**Question:** What selective options would you recommend for the MPH programme? Please elaborate.

**Answers:** *All the students should have the opportunity to attend a Project Management course* (Full-time student 2005).

***Project Management and Research Ethics*** (Part-time student 2003).

In *my view all the topics were important but electives like Problem Solving and Decision Making for Health Managers (COMH 7016) should be offered as a core module* (Part-time 2004)

**Question:** Would you recommend or have you recommended this master's programme to others? Please elaborate.

**Answers:** *Yes. Some people even applied on my recommendation and were admitted to the Wits SPH to do MPH* (Part-time student 2001)

*Yes. I have recommended the Wits MPH to many people* (Full-time student 2003).

**Ninety-eight per cent of the graduates agreed to recommend others to do the MPH programme**. **This is a phenomenal response.**

**Question:** What kind of services/support would you like the master's programme to offer post graduation?

**Answers:** *Job opportunities. Support where clarity is needed* (Full-time student 2000)

*Job contact and recommendations* (Part-time student 2002).

**Question:** Has the MPH course/qualification improved access to job opportunities? Please elaborate.

**Answers:** *Definitely. Would not have got my current post without it* (Part-time student 2005).

*Yes. I feel more marketable. People are interested in what I studied* (Part-time student 2004).

**Eighty per cent of graduates agreed the MPH qualification improved access to job opportunities. This is a significant percentage.**

# CHAPTER FOUR: DISCUSSION

## 4.1. DISCUSSION: This study is the first-and-foremost step to comprehensively address an important dimension of programme outcome of a post-graduate degree offered by the Wits SPH. The quality of the degree is judged by the graduates of the University, who are part of the workforce in their respective communities (SPH, Biennial Report, 2006/7)

The SPH has always evaluated its MPH programme by requesting registered students to do an evaluation at the end of the teaching week of every module. In some cases (for example, in Health Policy and Policy Analysis, as well as Health Systems and Decentralisation) assessment of the actual teaching is done daily (when the modules are offered) as part of a teaching improvement process. This study can also be viewed as part of the MPH degree improvement process, with feedback being obtained from people who have completed the degree and are now better able to judge whether the degree is a useful qualification or not. It is a feedback process of the actual applicability, in participants' careers, of the course modules that they studied.

The researcher is hopeful that this measure of quality improvement will be an on-going process. Hopefully, future students of the School will embark on studies that will assess "The perceptions of and course evaluation of the MPH degree by" not only "former students who graduated in the past" but also by registered students who have at least successfully completed two years of the MPH programme.

The MPH, although a relatively new degree (at Wits) in comparison to the other Master's programmes, for example MMed, has grown in popularity over the years. In Chapter Three (Results) of this report it was shown that, of this sample of MPH graduates being studied, 44.44% of those who were full-time students completed their degree one year after successful completion of course work, whilst 47.06% of those who were part-time students completed their degree two years after successful completion of their course work. The immediate question that springs to mind is: are these figures good or bad? The temptation is to say "bad". However, when examining the situation more closely, then the realisation comes about that at this level of academic study, such a result is acceptable.

The study has shown that 67% of these graduates are South African nationals while 33% are foreign nationals (Table 3.5). It is important to remember that the following statement was made in Chapter One of this report: *The aim of the degree, as articulated by the School of Public Health, is to prepare*

*professionals to play leadership roles in the management, improvement and evaluation of health and the health care system and to be able to respond comprehensively to the needs of the people of South Africa and the African continent in their various living and working conditions* (SPH, Quinquennial Review, 2006). The above 67/33 split along lines of nationality is an affirmation of what the School has set itself to achieve. This is one degree through which the Wits Faculty of Health Sciences makes a direct impact not only in South Africa but on Sub-Saharan Africa as a whole. Many of these graduates are holding important positions in their respective health ministries.

The South African scenario is worth commenting on. The results have indicated that 60% of those that graduated from the School are females. This is interesting when looked at from the context of Affirmative Action (AA), which is a well-known policy of the current government (Human, 1993). One of the tenets of AA is to empower women in South Africa to be able to assume positions of responsibility. There is no better way to empower people than making it possible for them to acquire a qualification that enables them to play an important role in society. The School, as revealed by the study can be proud of the fact that it is well on course in fulfilling one of its objectives by enabling women to "Attain a broad understanding of the core discipline of public health" (objective 3 in page 1 of this report). One of the open-ended questions that was presented to participants asked: "Has the MPH improved access to job opportunities?" Eighty percent of the respondents answered "Yes". What about the 20% that answered "No" or did not answer at all? One of those who answered in the negative, although black African and male, had this to say: "As a Black male with a qualification [MPH] I do not stand a chance of getting a job if I have to compete for a position with Black females with the same qualification because of affirmative action".

The number of both male and female graduates who studied the MPH part-time is higher than that of male and female graduates who studied full-time, 67% and 33% respectively (Table 3.3). Those graduates who were part-time students had full-time jobs and family responsibilities. Clearly, a great sacrifice was made by the part-time students in comparison to the full-time students. It is not the easiest of challenges to have to cope with studies, a full-time job, and family responsibilities.

The results also demonstrate that 70% of graduates were self-funded (Table 3.4). This demonstrates that the majority of these graduates had a deep sense of commitment to further study, to the extent that they were prepared to pay out of pocket to attain it. The fact that people were prepared to pay out of pocket for something as demanding as MPH and also to complete it, could suggest that they were satisfied with

what they were getting. Clearly, had they not been satisfied, they would have deregistered, but they did not. The School for its part enabled them to "Develop a comprehensive understanding of health, the health care system, public health problems and of measures that can be taken to address these problems and to promote and maintain health", which is one of the School's objectives (objective 5 in page 1 of this report). And in the analysis of results none ever expressed regret for staying on.

The findings of this study are discussed here. The one significant result to come out of this study is the continued satisfaction with the programme by graduates of the school. Ninety-eight per cent of the participants who participated in the study overwhelmingly agreed to recommend others to do the MPH programme at the Wits SPH. This resounding result can only be from people who were not only satisfied with the programme when they were students but are still satisfied with it even after they have graduated. The researcher would like to highlight the fact that participants have seen the programme's usefulness in terms of their careers. This latter assertion on the part of the researcher is attested to by the fact that 80% of those who participated in the research stated that the MPH qualification improved access to job opportunities. "Thus, the first important insight regarding program impact is that learner initial satisfaction at graduation did not diminish after one year and, in fact, graduates found new sources of satisfaction as they encountered more opportunities to practice skills they had learned" (Davis et al., 2004). What about the 2% that said that they would not recommend this MPH programme to others? Do we ignore them as too insignificant to worry about? The researcher believes that their views need to be known and, if possible, even be thought about. The typical answer for the non-recommendation was, "The Wits MPH programme is not international enough like those of Johns Hopkins, Harvard etc." Another criticism expressed was that a significant number of students came from West Africa, 10% to 20%, and no mention was ever made in the lectures of West African states.

The average age of male and female participants was 38 years and 34 years respectively (Table 3.3). This implies that the Wits SPH has produced men and women who are in their career prime and who are, therefore, still economically very active. They still have many years ahead of them to "Play a leadership role in public health". This latter statement is one of the Wits SPH objectives in offering the MPH programme (objective 2 in page 1 of this report). Several direct programme impacts have emanated from this study. There are participants who upon completion of the MPH programme made serious career moves from old to new careers or in some cases who moved from a relatively junior position to a senior position. This is corroborated by the fact that 80% of those interviewed agreed that the MPH increased job opportunities. Statements like "I feel more marketable. People are interested in what I studied", "It

[MPH] has broadened the working spectrum" etc were expressed by the participants. In Umble et al's study (2003) it was reported that 85% of the Public Health Leadership Programme MPH graduates were planning to apply for promotion within two years of completing the programme. Ten percent of the graduates of the SPH managed to make career moves in terms of embarking on a new career, post-graduation. The study did not look into how many graduates (actual number or percentage) actually made attempts to apply for promotion after they graduated. This could be part of a new study.

Other possible areas that later research could explore are the impact of the MPH qualification on personal development, changes in perspective, new affiliations; i.e. affiliations that are not necessarily job or career related. An area that the researcher believes future research should take cognizance of, which this research study did not address, is one of the challenges faced by MPH graduates in applying what they have learnt at SPH, directly in their organisations (Porter et al., 2002). In so far as this aspect is concerned, though not directly asked in the questionnaire, one or two respondents alluded to it in the open-ended questions by stating that "forces beyond my control made it difficult for me to apply what I had learnt". These organisational barriers need to be addressed so that the full benefits of the MPH can be brought to the benefit of communities, especially Third World communities that are in dire need of well-qualified public health managers (Turnock, 2001).

Another important impact revealed by this study is the opening of possible lifelong learning opportunities for some of the MPH graduates through registering for: a post graduate diploma, another master's degree, becoming researchers on a permanent basis, or registering for a PhD. The last two options are especially significant in that MPH graduates, by choosing them, have afforded themselves the opportunity to make a lifelong contribution to knowledge because a research career or PhD thesis that does not make a new contribution to knowledge is worthless. Undeniably, graduates of any institution in the world can only be able to do this if they have had proper grounding in research, which grounding is what the Wits SPH appears to have given to its graduates. The very tedious process of embarking on a research protocol and having to put it through its various stages (different drafts) and the committee stages – Post Graduate and Human Research Ethics Committees – until it is accepted and the researcher can commence his/her research, part of this crucial preparatory work for future researchers. What is important is the support that the graduates received when they were busy with their research reports: the guidance; the mentoring; the submission of the report; and the enabling in order to graduate on time - this will be gone into in greater detail later. Ten percent of the participants are revealed by the research as having pursued further post-graduate studies (i.e. another master's or PhD).

On the basis of the discussion in the foregoing paragraph, there can be no doubt that one of the main objectives articulated by the SPH, namely to "Equip graduates with the tools to be able to pursue further studies up to PhD level" (objective 8 in page 1 of this report), has been achieved as revealed by this study in that four of the MPH graduates are currently registered for PhD programmes. Whether or not the Wits SPH graduates come out being in a position to go directly into research as a future career or conduct research aimed at attaining a PhD, one of the objectives (object 6 in page1of this report) that should be achieved in all cases is the ability to "Develop skills of critical and analytical thinking". The researcher is in no way belittling the importance of a PhD, or even another master's degree. Those "skills of critical and analytical thinking" are what graduates in any field should have. Successful management and leadership positions of today are predicated upon that.

## 4.2 DISCUSSION ON COURSE EVALUATION AND VALUE ADDED TO CAREERS

As seen in Chapter Three, all 12 modules were individually evaluated by the participants. They were each rated on a scale of 1 (Poor) to 5 (Excellent) (Table 3.6). The same course module was given a *value score* also [1 (Useless) to 5 (Extremely useful, i.e. excellent)] in terms of its applicability to the participant's career.

### 4.2.1 Primary Health Care and Social Context of Health (PHC & SCH) (COMH 7013)

All 60 participants rated this module and gave it a rating of 4.13 (83%) (Table 3.6 i.e. course module score). This is a very high rating. What makes this rating even more significant is the fact that *all* participants made a rating and the range is 2 to 5. Various comments were made by participants and recorded in Chapter Three. From the rating and comments, it is pertinent that the participants valued what they were taught by the School. The research has patently revealed that in the real world (career situation), the participants continue to attach a lot of significance to PHC & SCH in that 58 (97%) participants out of 60 rated it at 4.07 (81%) (Table 3.6 i.e. value score).

What do these very high ratings for Primary Health Care (PHC) and Social Context of Health (SCH), given under *Course Evaluation* as well as *Value of MPH to Career* of the graduate, mean? PHC has to be seen as "essential care based on practical, scientifically sound and socially acceptable methods and technology". PHC has to be "universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage

of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health, of which it is the central function and main focus, and of the overall social and economic development of the community" (World Health Report, 2000).

The fact that trained public health professionals can rate PHC so highly is not only heartening but also indicates that the School is on course in terms of its objectives for this course. Comments made in Chapter Three and the rating of PHC by graduates of the School show that an understanding and appreciation of PHC by participants is beginning to manifest (World Health Report, 2000).

**4.2.2 Health Policy and Policy Analysis (COMH 7041)**

Although 40 (67%) out of 60 participants responded to this question, they gave it a rating of 4.25 (85%) and the range is 2 to 5 (Table 3.6). The Health Policy track was, and still is, the track or field of study that most students follow in the second year of the MPH degree. That it was given such a high rating by 67% of the participants who answered the question is truly remarkable. The comments written about the module (Chapter Three) attest to this rating. The participants who did the module Health Policy and Policy Analysis really enjoyed themselves. The rating given to the module as to the value it has in terms of careers of the participants is 3.96 (79%), given by 46 (77%) participants out of 60 (Table 3.6). This implies that the Health Policy and Policy Analysis (module) continues to play an important role in the lives (careers) of many of the School's graduates.

"Policy is usually directed towards the accomplishment of some purpose or goal and is defined as: a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern" (Walt, 1994). Every organisation in whose employment these participants are has a policy or sets of policies to govern the operations of the organisation in order for it to be able to achieve its vision. Therefore, the policy background that these participants have should enable them to analyse their respective organisational policies in order to make a success of their employment.

Yes, to understand organisational policy is one thing, but to formulate organisational policy is quite another. Policy formulation and analysis are based on understanding the Policy Analysis Triangle which is illustrated below (Fig 4.1). This is a framework that focuses on *content, context*, *process* and *actors*. "The health policy triangle is a highly simplified approach to a complex set of inter-relationships, and may give the impression that the four factors can be considered separately. This is not so! In reality, *actors* are influenced (as individuals or members of groups or organisations) by the *context* within which

they live and work; *context* is affected by many factors such as instability or ideology, by history and culture; and the *process* of policy making – how issues get on to policy agendas, and how they fare once there – is affected by *actors*, their position in power structures, their own values and expectations. And the *content* of policy reflects some or all of these dimensions. So, while the policy triangle is useful for helping to think systematically about all the different factors that might affect policy, it is like a map that shows the main roads but that has yet to have contours, rivers, forests, paths and dwellings added to it" (Buse et al., 2005)

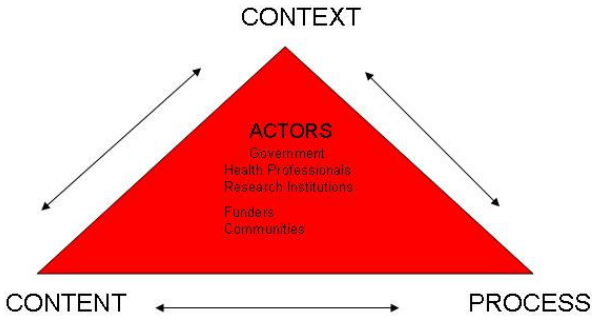


Figure 4.1 Policy analysis triangle

Source: Walt and Gilson (1994)

**4.2.2.1 Actors**: They are at the centre of the triangle (Fig 4.1), i.e. of the health policy framework. These are individuals or organisations (government, for example), who may not all speak with one voice and whose values and beliefs may even differ (Leichter, 1979). It is this part of the framework (actors) that the researcher would like to highlight in terms of the preparation that the graduates were given; i.e. they were prepared to be actors in policy-making, analysis and implementation. In this way, therefore, they have been prepared to "Play a leadership role in public health", which is one of the objectives of the MPH degree (objective 2 in page 1 of this report). Is it any wonder then that the Health Policy and Policy Analysis module was given 85% and 79% ratings under *content* and *value to career* respectively? It is clear that this is a module that the participants not only learnt at the SPH, but one that has direct relevance in their careers! In terms of the objectives of the Wits MPH it can further be said that they (graduates) have been able to "Develop skills of critical and analytical thinking" (objective 6 in page 1 of this report).

### 4.2.3 Project Management for Public Health Practitioners (COMH 7015)

This module, for the most part, was offered not as a core module but as an elective; i.e. students could choose whether they wanted to do it or not. It was given a 4.27 (85%) rating by 44 (73%) out of 60 participants with a 2 to 5 range in the rating. This is a high rating for subject content. When we look at the rating for its *value to the careers* of participants, we see a rating of 3.26 (65%) as rated by 46 (77%) out of 60 participants (Table 3.6). The 65% is in stark contrast to the 85% given for the *subject content*. Comments given in Chapter Three for the latter clearly imply that the participants were happy about what they got from the School's perspective. In the real world (career situation), however, participants found that they were not at liberty to run projects, hence the somewhat watered-down rating under *value to career*.

Owing to the enthusiasm and high rating given to this module (Chapter Three) by the participants, this study would be failing if it did not give this module some prominence in the greater scheme of things.

Even though the researcher stated above that some of the participants reported not getting an opportunity in their careers to apply what they learnt in this module, this is not entirely correct because undertaking a research study in order to fulfil the requirements of the Master's degree is undertaking a project in real terms, based on the definition given above. What has been happening in this particular study meets the definition of a project. So, the very first exposure to doing and managing a project is doing the research component (and finishing it successfully) of the MPH degree. Therefore, when MPH III students are afforded the opportunity to do research and write up their research reports, they are being equipped to "Develop skills of critical and analytical thinking" (objective 6 in page 1 of this report).

Figure 4.2 below displays the different phases of The Project Life Cycle that students come to understand. These can be adapted to the MPH research report process.

On the basis of the argument set out here, it is clear that the SPH has enabled the MPH students to do project management. People in the public sector are beginning to say that some of the work that is done could best be accomplished by using a project management approach; the roll-out of ARVs, for example.

Finally, the researcher would like to mention a poignant point here: what was described above for Health Policy and Policy Analysis as well as Project Management for Public Health Practitioners is effectively

to "Equip graduates with skills and know-how to implement policy as well as be able to conduct research in public health".

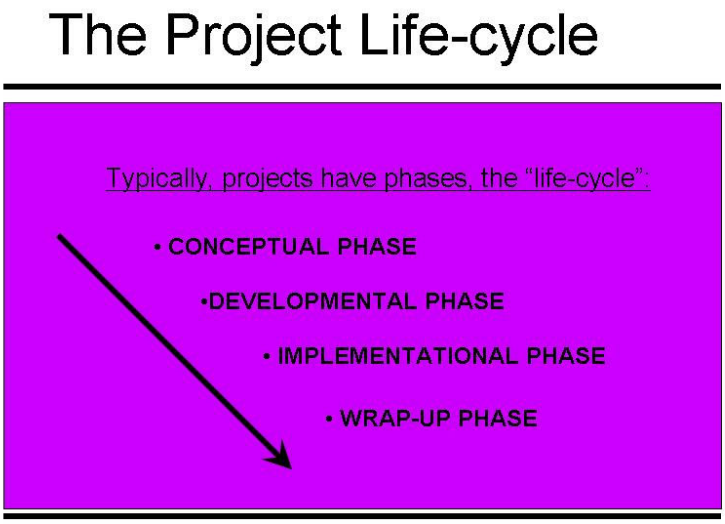


Figure: 4.2
Source: Kim Baker

The latter statement is among the MPH degree objectives (objective 7 in page 1 of this report) as articulated by the SPH.

### 4.2.4 Management in Health and Health Services (COMH 7101)

This module was given a rating of 3.83 (77%), with a range of 2 to 5 given by 58 (97%) out of 60 participants for *content*. However, for *value adding* to the participant's career the rating given is 3.96 (79%) with a range of 2 to 5 given by 54 (90%) out of 60 participants (Table 3.6). The two figures of 77% and 79% respectively are good to almost excellent. On the basis of these figures and participant comments set out in Chapter Three, it is clear that they thought highly of the module.

There is a possible explanation for these high ratings mentioned above. A number of the students who come from the public health sector to do MPH are in management positions already, although they may not have a formal management qualification. Those who are not in management positions are preparing themselves to go into management positions in future.

Although four weeks is not, by any measure, a long enough time to study management in all its facets, students are exposed to the management process, which entails the execution of the FOUR management functions, namely: planning, organizing, leading and controlling (POLC) (Smit & Cronje, 2002).

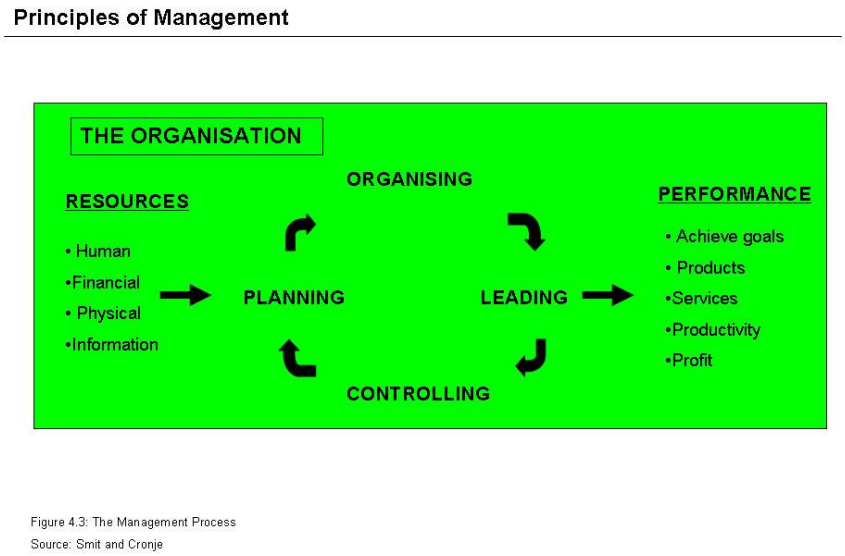


Figure 4.3: The Management Process
Source: Smit and Cronje

### 4.2.5 Introduction to Management in Theory and Practice COMH 7140

This module was rated at 3.82 (76%), with a range of 2 to 5, by 32 (53%) of the 60 participants (Table 3.6).This module is very important for students in management positions currently or in the future. It enables students to learn how to draw business plans, without which managers cannot function. This is a module clearly aimed at promoting or enhancing the performance of managers in both the Public and Private Health sectors. It is the Public Health sector in particular that does not have qualified personnel in management positions. This is a dire situation in the sense that people in management positions need to know what management entails. They can only improve their abilities if they are equipped with the necessary skills. This is where a module like COMH 7140 comes in.

### 4.2.6 Health Systems and Decentralisation COMH 7040

That the participants gave this module such a high rating of 3.81 (76%) under *course content* is a good sign. It is by studying this module that students "Develop a comprehensive understanding of health, the health care system, public health problems and of measures that can be taken to address these problems and to promote and maintain health" (objective 5 in page 1 of this report).

If Primary Health Care (PHC) is going to work and if health care is going to be provided where it is needed the most, i.e. rural and deep rural areas, decentralisation (formation of the District Health System - DHS) must not only be talked about but must be seen to be done. This is the vehicle by means of which service delivery will be made a reality.

For students and graduates to have a good grasp of how a health systems works, together with its attendant problems, this module is the requisite enabler. It is defined as: *All activities whose primary purpose is to promote, restore and maintain health* (Course pack MPH II, 2006).

Any national health system can be analysed according to its five components, which are: resources, organisation, management, economic support and delivery of services (Roemer, 1993).

As stated above, the DHS is the vehicle to take health services to where they are most needed. A brief WHO definition: *This is a more or less self-contained segment of the national health system. It comprises first and foremost a well-defined population, living within a clearly delineated and administrative and geographical area, whether rural or urban* (Fig 4.4 below) (World Health Organisation, 1993)

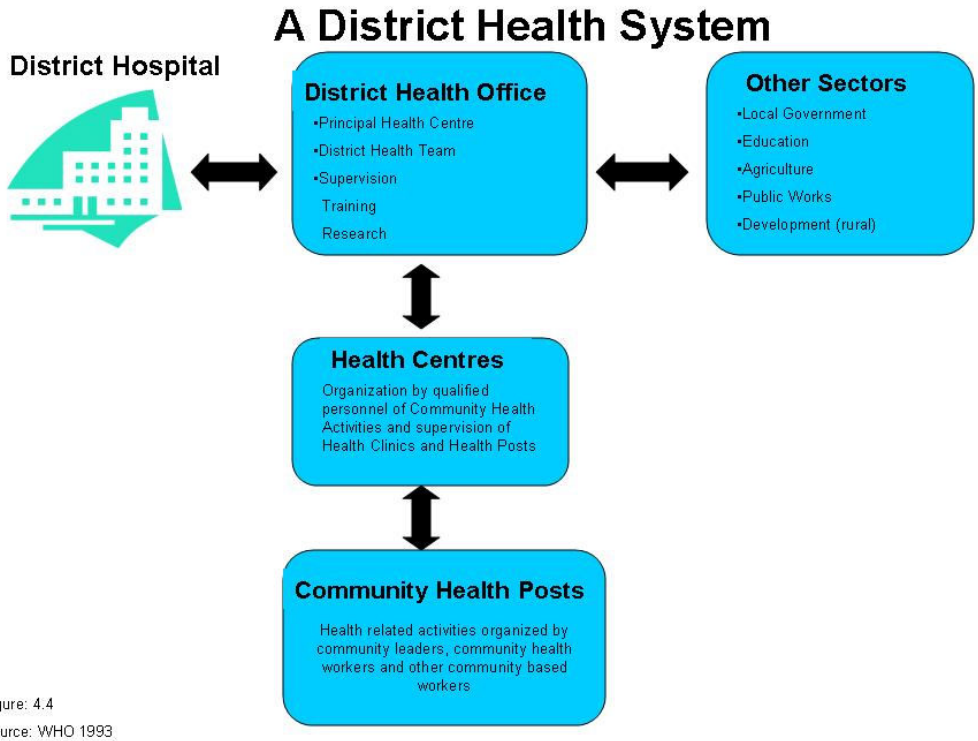


Figure: 4.4
Source: WHO 1993

Finally, key primary health care principles of community participation, intersectoral action, affordable appropriate technology, equity and social justice, and the major components of primary health care can be applied simultaneously only at the district level (World Health Organization, 1993).

**4.2.7 Health Measurement I COMH 7047**

This module was given a rating of 3.77 (75%), with a range of 2 to 5, by 60 (100%) out of 60 participants for *course content* (Table 3.6). However, for *value adding* to the participant's career the rating given is 3.55 (71%), with a range of 1 to 5, by 58 (97%) out of 60 participants (Table 3.6).

Both 75% and 71% respectively are high ratings. It is interesting that many people do not generally like modules with a mathematical or statistical bent and yet these graduates do not appear to have reservations about giving this module such high ratings, both from a *course content* point of view and *value adding* to careers. What makes this situation even more apt is that 100% and 97% respectively of the participants gave these ratings.

In some of the comments set out in Chapter Three it was mentioned that some students were encountering Biostatistics for the first time in their lives. Many did not have a Statistics background and the concepts were completely new to them. Because of this, some mentioned that negative marking in the multiple choice questions (MCQs) was unfair.

**4.2.8 Introduction to Environmental and Occupational Health COMH 7104**

This module was given a rating of 3.76 (75%), with a range of 2 to 5, by 58 (97%) out of 60 participants for *course content* (See Table 3.6). However, for *value adding* to the participant's career the rating given was 3.11 (62%), with a range of 1 to 5, by 56 (93%) out of 60 participants (Table 3.6).

The rating given for *course content* 3.76 (75%) is high. It is given by an equally high percentage of participants (97%). By comparison, the rating given for *value adding* to the careers of participants is low, i.e. 3.11 (62%). This discrepancy could be a result of the fact that the majority of these participants are not in occupational health or environmental health services, either.

From a *course content* point of view, the graduates might have found this combination interesting. However, when it relates to the work or career situation, it became another matter. For a participant not directly in occupational or environment health, there is very little, if any, *value adding*. Most of the

participants participating in this study were either in the health measurement track or the health policy track; the former preparing graduates for research whilst the latter prepared graduates for careers in management.

### 4.2.9 Research Methods COMH 7046

This module was given a rating of 3.69 (74%), with a range of 2 to 5, by 52 (87%) out of 60 participants for *course content* (See Table 3.6). Similarly, for *value adding* to the graduate's career, the rating given is 3.76 (75%), with a range of 2 to 5, by 50 (83%) out of 60 participants (Table 3.6).

The ratings given for *course content* and *value adding* to the participant's career are fairly high, 3.69 (74%) and 3.76 (75%) respectively. The comments expressed in Chapter Three were wide, ranging from *Excellent!* to *too basic for the level of a masters degree*. However, the majority sentiment, as reflected by the ratings, suggested great appreciation by most of the participants participating in the study.

For a number of graduates, it is clear that this was the first exposure to something called "research". They state that the module was presented in such a way that it made it possible for them to know what to do in terms of preparing their protocols, which is the first step in research.

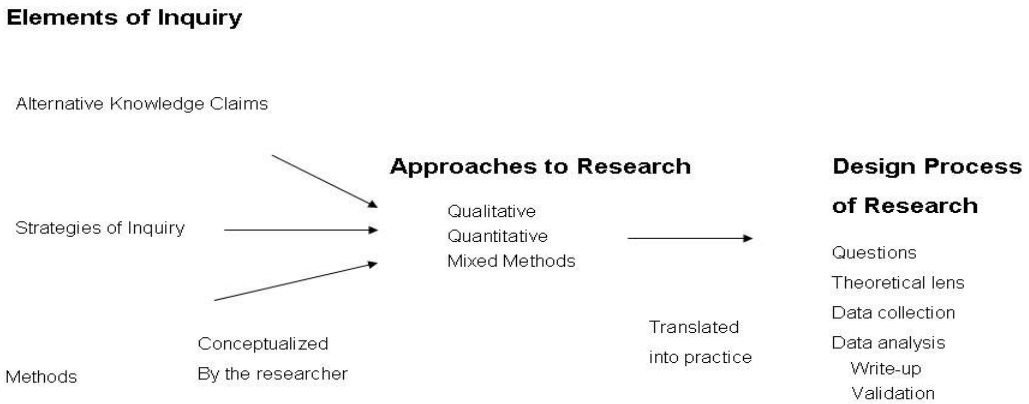


Figure 4.5
Source: Creswell; 2003

Knowledge Claims, Strategies of Inquiry, and Methods Leading to Approaches & the Design Process

This protocol/proposal writing enabled them to organise their thoughts and make proper plans for their intended research topics. They also learnt how to share ideas pertaining to research with others. Also, they learnt that proposal writing enables one to learn how to ask for research funds. The latter is a skill that has stood some participants in good stead because in their jobs they need to apply for research funding. Another useful skill that was learnt in proposal writing was the fact that research on human or animal subjects requires the researcher to obtain ethical clearance.
It is by acquiring these basic research tools that they were able to carry out research for their master's degrees and also this was a skill that they could utilise in their careers. Many careers at some point entail some form of research or a problem might occur that could best be tackled by using principles of research. This is especially the case if a scientific approach to finding answers to puzzling questions is to be adopted.

Some of the participants' comments stated that often times the word "research" is a loosely applied term without much thought being attributed to the fact that research, if properly and scientifically conducted, involves many checks and balances and is, indeed, logical in the way it is carried out from beginning to the time that the researcher is able to prove or disprove the problem statement.

Perhaps something good to come out of this exercise was to give people an opportunity to learn to write in a very disciplined and focused way. Obviously this would not easily happen without the guidance and mentorship of the supervisor who plays a major role in ensuring that the student develops the correct habits for writing research documents that are of an acceptable standard. The researcher has to develop a habit of putting down a few words, sentences, paragraphs, pages etc on a daily basis. Writing involves thinking and conceptualisation of a topic (Cresswell, 2003).

The researcher, based on some of the comments made by the participants, was given the impression that, among other things, the objective of the research methods exercise was to get students to develop a habit of writing regularly. The actual writing of words should be seen as part of a more extended process of thinking, collecting information and reviewing that which goes into the manuscript (Cresswell, 2003).

The researcher would not like to underplay the significance of another important skill to emanate out of this exercise, namely: the literature review. This crucial step entails "reviewing scholarly literature. Literature reviews help researchers limit the scope of their inquiry, and they convey the importance of studying a topic to readers" (Creswell, 2003). One participant boldly stated that it was through doing

literature review that he learnt how to read and analyse journal articles and, importantly, this technique has become a useful tool in his job. Had he not been expected to do a literature search and analysis, he might not be comfortable with reading scientific literature.

**4.2.10 Health Care Financing COMH 7017**

This module was given a rating of 3.57 (71%), with a range of 2 to 5, by 46 (77%) out of 60 participants for *course content* (See Table 3.6). However, for *value adding* to the participant's career, the rating given was 3.18 (64%), with a range of 2 to 5, by 44 (73%) out of 60 participants (Table 3.6).

By comparison to previous modules, the rating for this module was low, i.e. 3.57 (71%) for *course content* and, even lower (64%) for *adding value* to participants' careers. This latter low rating could, perhaps, be explained by the likely possibility that the majority of participants, in their careers, are not in financial management or budget planning positions. If this hypothesis be true, then this module would add very little or no value at all to the careers of participants being researched.

However, even though the majority of participants may not be in positions where major decisions on funding have to be made on a day-to-day basis, some basic knowledge on resource allocation, especially financial resources, can only make graduates of the School better products, from a management perspective. The fact is that health care costs are forever escalating, in some cases even outstripping the national inflation rate figures. Also important is the fact that health costs are also increasing in Third World countries – of which South Africa is one - especially since the emergence of such diseases as HIV and AIDS, MDR and XDR Tuberculosis etc. The gloomy picture has necessitated modules like Health Care Finance (HCF) to be taught in order to train health care professionals on how to be able to obtain maximum possible output out of the health Rand or Dollar. Resources are scarce, in many cases of Third World countries, even dwindling, while the problems are enormous and forever escalating. Rationalisation does not become an option but a must-do. The main thrust here is to ensure that Equity is achieved in accessing health services.

Equity means that everyone should, in practice, and not just in theory, be able to access and use appropriate health services. Health services should not only be for the dominant population group. This implies equitable access and use, given that some people will need more health care than others. It also means that we should seek to minimize inequalities in health outcomes. Three main elements of a just

health care system can be listed as universal access, access to responsive care and fairness in financing. (Healy and McKee, 2004)

Why is the researcher bringing all this up even though, as mentioned earlier, low ratings were displayed here? The answer is: there is a link between HCF and the PHC route in terms of; ultimately, ensuring that equity in health care is achieved. But more importantly, equity needs to be promoted as a priority that will consider the poor, the rich, the healthy and unhealthy, the employed and unemployed, the young and the old. Everybody will have the same quality of and access to health services according to their needs. This is an important principle of the School's objectives and of Primary Health Care.

The School having taught these participants the Health Care Finance (HCF) module has achieved one of the MPH degree's objectives which is to "Promote equity in health" (objective 1 in page 1 of this report). Even though this module was not highly rated by the participants, it would be incorrect to underrate its significance in public health both now and in the future.

**4.2.11 Public Health Law & Health Systems Integration COMH 7014**

This module was given a rating of 3.55 (71%), with a range of 2 to 5, by 58 (97%) out of 60 participants for *content* (See Table 3.6). However, for *value adding* to the participant's career the rating given is 3.11 (62%), with a range of 1 to 5, by 54 (90%) out of 60 participants (Table 3.6).

Although the ratings given for the *course content* and *value adding* to careers of participants are not that high, these ratings have to be looked at this way: A rating of 3.55 (71%) by 97% of participants is fairly good considering that these are graduates without a legal background or involved in legal work. It certainly suggests satisfaction on the part of participants with what they were taught by the SPH. Although 62% may be considered low in terms of *value adding* to a participant's career, it is reasonable when considering the fact that in their careers, many of these participants do not have to deal with Public Health Law (PHL) issues on a daily basis. On that understanding, it would not add much value to their careers.

It is worth noting that the comments of participants focused mainly on what they thought about Public Health Law (PHL). There was virtually nothing said about Health Systems Integration (HIS). This part of the module did not seem to feature as much as the PHL part.

It is again in PHL that equity resurfaces. It is by looking at PHL and what it stands for that the philosophy behind equity further becomes highlighted in terms of how it applies to health, which constitutionally in the civilized world has become a right.

# 4.3 DISCUSSION ON TEACHING METHODS, ACADEMIC QUALITY AND ACADEMIC SUPPORT.

## 4.3.1 Teaching Methods

### 4.3.1.1 The six one-week teaching blocks in Parts I and II

As stated in Chapter Three, these teaching blocks were given a high rating (Table 3.7) by the participants. It goes without saying that this method of delivering education is working very well as judged by the recipients of the education. In Chapter One the researcher indicated that there is now a dire need to educate public health workers - especially managers - and that even the USA, in spite of MPH programmes having been in existence for decades, still does not have sufficient public health trained professionals (Cannon et al., 2001). There can be no doubt that this, clearly, is one method that is working well towards dealing with this problem (Chapter Three.)

### 4.3.1.2 The Lectures

Lectures were given a rating of 4.0 (80%), with a range of 3 to 5, by 60 out of 60 participants (100%) (Table 3.7). That the SPH lectures have been given this rating by graduates of the School represents an unequivocal high level of satisfaction with what the SPH is doing, namely, to "Develop expertise in at least one area within the broad field of public health", which is among the MPH objectives (objective 4 in page 1 of this report).

When an institutional function is given such a high rating by the people that it has helped train, it speaks volumes about that institution. Remarks on how these graduates feel about the lectures are set out in Chapter Three.

### 4.3.1.3 Computer-based exercises of Project Management (PM)

These exercises were given a rating of 3.91 (78%), with a range of 3 to 5, by 60 out of 60 participants (100%) (Table 3.7). There can be no doubt that computer software has come to play such an important role in P.M. The rating given by 100% participants is good and indicates a high level of satisfaction.

#### 4.3.1.4 Class Group Work*:* (This is an important adult education technique)

Class group work was given a rating of 3.90 (78%), with a range of 2 to 5, by 60 out of 60 participants (100%) (Table 3.7). The world of today is such that collective effort has come to outweigh, by far, individual effort. Class group work brings about the realisation that colleagues need to work together for the good of the organisation and those that it is there to serve. For the participants to have given class group work such a high rating says that they were satisfied with it. The fact that some members of the group may not put in as much as others, and this was alluded to in the remarks made by some of the graduates in Chapter Three, should not detract from the fact that group work produces more than individual work (synergy), comparatively speaking.

#### 4.3.1.5 Individual Class Presentations

Individual presentations were given a rating of 3.83 (77%), with a range of 3 to 5, by 58 out of 60 participants (97%) (Table 3.7). The researcher's own experience would seem to indicate that there is no better way for individuals to gain confidence in themselves than being able to face an audience and being able to deliver a presentation that the audience finds to be both enjoyable and informative. This rating of 77% indicates that the participants are satisfied with the training they got in order to "Play a leadership role in public health", which is MPH objective 2 in page 1of this report.

#### 4.3.1.6 Tutorials

Tutorials were given a rating of 3.68 (74%), with a range of 1 to 5, by 56 out of 60 participants (93%) (Table 3.7). Tutorials were applied extensively during the Research Methods module, during which the class was divided into smaller groups of four or five students, with a tutor for each group. The main aim of tutorials was to enable tutors to guide students in writing a research proposal. The different parts of the proposal were discussed in detail. Comments made in Chapter Three suggest that the participants were happy with this approach as well.

## 4.4 ACADEMIC QUALITY

### 4.4.1 Expertise of Teaching Staff

The teaching staff was given a rating of 4.20 (85%), with a range of 3 to 5, on expertise by all 60 (100%) participants. Without a doubt, this is good for the quality of lecturing (and lectures) offered at the Wits

SPH. The lectures were given a rating of 80% (see above). The two ratings tie very well and this satisfies objective 1 of this study in page 5 of this report. Underlying the programme is the staff.
The feeling expressed by many of the participants was that many of the lecturers were experts in their fields. The combination of lectures and lecturers in an academic institution cannot be taken lightly. It is crucial that any rating given by students (present and past) in these two areas clearly indicate that they are satisfied. There is no way people at this level (students or graduates) would give a "yes" vote if they were not confident about what they were being taught.

### 4.4.2 Research Supervision Support

This aspect of the research yielded a rating of 4.37 (87%), with a range of 2 to 5, and was responded to by 54 (90%) out of 60 participants. There can be no doubt that; overall, this rating is among the top four highest ratings in this study. The other three areas with the highest ratings were: MPH Administrative Support (4.50), Support in Writing Report (4.42), and Support in Submitting Research (4.38).

A large number of positive comments were made by participants and these were reproduced verbatim in Chapter Three. These comments clearly attest to this high rating. That these comments and this high rating are made (about the School) by people who have already graduated is extremely significant. What makes it even more significant is the fact that these people have already graduated and whatever they say, is said without fear or prejudice.

### 4.4.3 Individual Academic Mentoring

Individual mentoring was given an average rating of 3.59 (72%), with a range of 1 to 5, by 54 (90%) out of 60 participants. It is significant to state that whilst some of the participants openly expressed satisfaction with the mentoring they got, even referring by name to the lecturers who mentored them, other participants wrote to say that they did not remember being individually mentored. One or two even asked if there had been a "course" or "module" on mentorship – which they obviously seemed not to recall.

### 4.4.4 Are sufficient examples used from Africa?

This was a question that was rated at 3.73 (75%), with a range of 1 to 5, and was answered by all 60 (100%) participants. A very apt discussion/comment was made in Chapter Three on this aspect of the research findings. The rating given here contradicts the comment made by the graduate from West Africa.

# 4.5 RESEARCH REPORT SUPPORT

### 4.5.1 Availability of supervisor during protocol development

The rating was 4.36 (87%), with a range of 2 to 5, and the item was rated by 56 (93%) out of 60 participants. There can be no doubt that the participants overwhelmingly expressed the view that supervisors did avail themselves during this important part of research. Comments by some of the graduates were stated in Chapter Three.

### 4.5.2 Protocol approved during project work.

The rating was a high 4.31 (86%), with a range of 2 to 5, and the item was rated by 52 (87%) out of 60 participants. Many participants stated that they managed to get approval prior to commencement of the project. However, they stated that they found the process of going through the various committees and also having to go through the authorities of public health institutions for permission, tedious and time consuming. Some stated that once they had got going, they found the experience very enriching from an emotional as well as academic point of view.

### 4.5.3 Support in Research Report Writing:

The rating was 4.42 (88%), with a range of 3 to 5, and the item was rated by 52 (87%) out of 60 participants. There can be no doubt, based on the above, that there is an overwhelming feeling of people having got support in writing their reports. A research report is not written in everyday normal writing that is commonly used. There is a format that has to be followed. The style, grammar, punctuation, spelling and referencing are all important and have to be applied correctly. The language used has to be scientific. In order for the student to do all these properly, it is necessary that they be supported fully by the supervisor. It is this support that the participants have valued highly.

### 4.5.4 Support in Submitting Report

This item was given an average rating of 4.38 (88%), with a range of 3 to 5, by 52 (87%) out of 60 participants. Again, it is the duty of the supervisor to correct/edit and suggest positive changes that the student needs to effect to the draft. If they are not correctly done, the supervisor has to be there for the student in order to provide much-needed support. The report has to ultimately reach a standard that is such that the supervisor is happy to have it submitted for marking by the examiners (internal and external). There is an overwhelming sentiment of support expressed on this item.

### 4.5.5 Support in Submitting Research Report on Time

This item was given an average rating of 4.32 (86%), with a range of 3 to 5, by 50 (83%) out of 60 participants. The School, through the supervisors provided, should guide the student in terms of how long it takes for the research report to be marked by the different examiners. Therefore, proper guidelines ought to be set in order for the student to work to a schedule that enables timely submission of the research report in order for the student to graduate on time. Sentiment expressed is one of satisfaction with the support given.

### 4.5.6 Support in Getting the Student to Graduate on Time

This item was given an average rating of 4.29 (86%), with a range of 2 to 5, by 52 (87%) out of 60 participants. Where the above-mentioned steps have been properly followed, students have been able to graduate on time. However, where students or lecturers have not kept to schedules, it becomes virtually impossible for the student to graduate on time. Sentiment expressed is satisfaction with the support given.

## 4.6 QUALITY OF ADMINISTRATIVE SUPPORT

### 4.6.1 MPH Course Administrative Support

The rating was 4.50 (90%), with a range of 2 to 5, and the item was rated by 60 (100%) out of 60 participants. There can be no doubt this is the part of the research study that got the highest rating. Also, what is of significance is the fact that all the graduates answered this question in the questionnaire. How the participants feel about this item is stated in Chapter Three. The participants gave this aspect of the research the highest overall rating. Many participants stated how supportive Anne de Jager was in her administrative function to the MPH group of students. Course packs in particular were cited as having been delivered on time and complete in every respect. Anne was “always there whenever needed”.

### 4.6.2 Computer Facilities (Faculty)

The average rating was 3.58 (72%), with a range of 1 to 5, given by 52 (87%) out of 60 participants. Those participants who used computers provided by the university would have used computers based in the faculty computer centre. The rating given is good. This argument is based on the fact that many of these participants were people in full-time employment and therefore could afford to buy themselves computers or laptops or have access to these at their places of work. For this reason, they might not have used computers provided by either the School or the Faculty.

### 4.6.3 Funding Institution Support

The rating was 3.60 (72%), with a range of 1 to 5, and the item was rated by 20 (33%) out of 60 participants. This was the one of the three questions, overall, that was answered by the lowest number of participants. The reason for this can be found in Chapter Three under demographic information (Table 3.3) where it is clear that the majority of these participants, at the time that they were students, were self-funded.

# CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

## 5.1 CONCLUSION

Assessment of the Wits MPH programme by registered students has always been an ongoing process at the end of every one-week module. Graduates of the University have never had the opportunity to look back and assess the programme and ask the question: "How do we feel about the MPH degree?" By participating in this study they were able to answer this question in both parts of the questionnaire: Part One - MPH Course Evaluation and Part Two - Value of the MPH to your career.

The conclusion to be drawn should cover each of the areas that the study focused on. Before each one is addressed, note that the following issues were considered in the study: demographics, funding, and career advancement.

The average age of the MPH graduates was 38 years for males and 34 years for females. The School is producing young, mid-career, male and female health professionals who can still make a contribution to the public health sector for at least 27 years and 31 years respectively, if the South African retirement age of 65 years remains the gold standard.

The School is gender sensitive in that both males and females have equal chances of being admitted provided they meet the set (strict) admission criteria. The numbers, however, show that for South Africans, there are more females than males (60% and 40% respectively). For non-South Africans we see the direct opposite, 60% males and 40% females.

The Wits SPH is international in that 60% of the graduates studied in this research were South Africans whilst 40% were non-South Africans. The percentage of 40% is significant. It can be concluded that the School serves South Africa and other countries (Table 1.1). The majority i.e. 42 out 60 (70%) of the participants were self-funded. It can be concluded that the interest to study the MPH was such that graduates were prepared to make financial sacrifices. Sixty-seven percent of participants studied the MPH part-time while 33% were full-time. It can be concluded that many participants made social sacrifices in order to study further

A response of 60 participants out of 70 translates to a response rate of 86%, a very good response rate. The 10 that did not participate, when contacted later to find out why they had not responded, gave various reasons like work pressure and being out of the country at the time. None gave an outright "lack of interest" as the reason for not participating.

Fifty-nine out of sixty participants said that they would recommend this MPH to others. It can be concluded that 98% were satisfied with the Wits MPH. This satisfies objective 1 of this study in page 5 of this report i.e. "To measure satisfaction levels of graduates concerning the teaching they received".

Eighty percent (80%) of the participants agreed that doing an MPH degree improves a candidate's access to job opportunities. This satisfies objective 5 of this study in page 5 of this report, i.e. "To determine whether the School's graduates have made career advancement since graduating."

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The Wits SPH has had 80 graduates since its inception. There seems to be a problem of accurate record-keeping. The records are not what could be expected, in terms of updating information i.e. changed telephone numbers and e-mail addresses of past students. It can be concluded that the records are not what they should be. Records were kept by the Faculty PG office but now a system is in place in the School to track students.

Table 3.1 in Chapter Three indicates that the Wits SPH produced fewer than 10 graduates per annum from 2001 to 2003. In 2004, 18 graduates were produced. Thereafter, the number of graduates dropped in 2005 to 2006. In June 2007 the number rose to 15 but not up to 18. The conclusion is that throughput does not equal input. However, overall there has been a steady increase of throughput or graduates.

Table 3.2 indicates that only 44% of full-time students graduated one year after completion of their coursework and 0% of part-time students. Only 44% of full-time students graduating one year after completing coursework is not a high figure. None of the part-time students graduated one year after completion of coursework. The conclusion that can be drawn is that most students do well until the final year (research year). What actually causes the hold-up is a subject for further research. Suffice it to say that the participants gave the support they got for research a rating of 4.36 (87%) for the availability of their supervisor during protocol development and 4.42 (88%) for support in research report writing. This satisfies objective 2 of this study which is in page 5 of this report, i.e. "To measure satisfaction levels with the support they received from the School while they were studying"

Four participants have registered for the PhD degree. This research has revealed that the MPH degree prepares graduates for the PhD degree. This objective is well articulated by the School namely, "Equip graduates with the tools to be able to pursue further studies up to PhD level", i.e. objective 8 in page 1 of this report. In conclusion, the School prepares students to pursue PhD studies. There are other students who upon completion of the MPH elected to do a second masters degree (two participants) or a post graduate diploma such as DTM&H or DOH. This satisfies objective 3 of this study which is in page 5 of this report, i.e. "To determine how many of the School's graduates pursued further studies, e.g. a PhD or another master's (two participants) etc., after graduating with an MPH"

A number of participants found themselves positions in the field of research after graduating with an MPH degree. Those who were in research prior to doing MPH managed to earn themselves senior researchers' posts. Among the objectives of this study was to see if the MPH degree enabled or interested graduates in carrying out pure research. The conclusion that can be drawn is that objective 4 of the study, in page 5 of this report, has been satisfied, i.e. "To determine how many of the School's graduates pursued mainly research as a career."

**Course Content** (Table 3.6): The 12 modules that are listed in the questionnaire were rated by the participants. The module with the least rating (Public Health Law and Health Systems Integration (COMH 7014) was given 3.55 (71%). The module with the highest rating (Project Management for Public Health Practitioners (COMH 7015) was given 4.27 (85%). The other modules fall within the range 3.55 to 4.27. From the figures given, it can be concluded that the content of the modules offered was of a standard more than satisfactory to those participants who participated in the research study. It would be interesting to compare these figures with the figures given by students at the end of every module during the academic year.

**5.1.1 Teaching Methods** (Table 3.7): Nine sub-sections were evaluated by the participants. These were rated as follows: the least rated (Informal learning support from other students) received 3.31 (66%) and the highest rated (The six one-week blocks in Parts One and Two) received 4.13 (83%). The other sub-sections fall between these two figures. The conclusion that can be drawn from the rating figures that range from 66% to 83%, the satisfaction levels of the participants were high. Actual measures of satisfaction levels have been made.

**5.1.2 Academic Quality** (Table 3.7): The questionnaire addressed three main areas. The highest to be rated (Research Supervision Support) received a rating of 4.37 (87%) and the lowest rated (Individual Academic Mentoring and Support) received a rating of 3.59 (72%). The participants have expressed their satisfaction with the academic quality of the MPH degree. An important observation in this area is the fact that on the question of whether sufficient examples from Africa were used in the teaching, the rating given by the participants was 3.73 (75%). This last rating even further reaffirms the conclusion drawn earlier that the Wits SPH is not only an African institution as a result of being in Africa, but has an interest in Africa and African health systems as well.

From ratings given for Course Content, Teaching Methods and Academic Quality it is clear why satisfaction levels of graduates are high.

**5.1.3 Research Support** (Table 3.8): The questionnaire covered eight areas. The question to receive the highest rating (Support in Research Report Writing) was given 4.42 (88%). The question to receive the least rating (Support in Gathering Data) was given 4.04 (81%). The research component forms 50% of the overall degree assessment. From the rating of 88% that the Research Support question received, it can be concluded that the participants were felt highly about the support that they received. Therefore, the degree has met one the objectives of the School (objective 6 in page 1 of this report) which is to "Develop skills of critical and analytical thinking".

**5.1.4 Administrative Support** (Table 3.9): Administration here was used to include even aspects that are remotely situated from the SPH such as fees office, alumni services, university accommodation etc. For purposes of this conclusion the researcher will focus mainly on two aspects out of the nine that appear in the table. The two are: MPH administration support and computer facilities.

Of all the areas rated in this entire study, the single area that was given the highest rating by the participants was the MPH Administration Support. It was given a rating of 4.5 (90%). The computer facilities were given a rating of 3.58 (72%). The conclusion that can be drawn from the high ratings of 4.5 (90%) and 3.58 (72%) for administration support and computer facilities respectively, is that the administration support was excellent while the computer facilities are very good.

**5.1.5 Value of the Masters in Public Health to Your Career** (Table 3.6): The 14 aspects that this research concentrated on were rated differently depending on the career choice of the participant. Public

Health Law (COMH 7014) was the least rated (3.11 or 62%) because very few of the graduates ever apply Public Health Law in their day-to-day duties. Even those who do use it, may not use it everyday. Primary Health Care COMH (7013) got the highest rating for this part of the research (4.07 i.e. 81%) and it is something very topical that people come across continuously in their jobs. Based on a range of 62% to 81% it may be concluded that the participants are saying that what they studied in the MPH degree is of value in their careers.

It is clear from all that has been written in this report that the objectives of the study, which were five in number, and the objectives of the MPH degree, as articulated in the Quinquennial Review (2006) of the Wits School of Public Health, which are eight in number, have been satisfied by the findings of the study.

## 5.2 RECOMMENDATIONS

**5.2.1** The School yearly gets more applications for MPH than it has places to offer; in fact more than twice as many applications for MPH as there are MPH places. However, the School has not marketed or is not marketing itself as it should. If the School were to market itself seriously as the Wits Business School does, it could set itself out to become "The Premier Public Health School of Africa". The international students (students coming from outside of Africa) form plus or minus 8% of the MPH enrollment (SPH, Quinquennial Review, 2006), with international awareness, this number could go up significantly.

**5.2.2** The highest single number of MPH graduates produced was in 2004 (18) and that number has never been equalled or surpassed. Research is a slow process. The recommendation is that this very tedious process needs to be revisited in order to establish how it can be fast-tracked without compromising the integrity of the high standards set by the University.

**5.2.3** The research has clearly indicated that the majority (67%) of graduates were part-time students. It is recommended that MPH also be offered online through the World Wide Web, 2-way videoconferences, and face-to-face meetings. This is the trend at many universities in the First and Third World.

**5.2.4** The significance of giving formal education to public health practitioners cannot be overemphasised and it is recommended that the SPH assume the responsibility of training the public health workforce in South Africa.

**5.2.5** It is recommended that the Faculty of Health Sciences, in collaboration with the SPH, consider introducing a dual MB.B.Ch and MPH degree.

**5.2.6** The majority of graduates were self-funding when they were students. There is a need for the School to help organise funding by way of scholarships and more bursaries. Health-related companies like Bonitas, Netcare, Aspen Pharmaceuticals etc. could be approached for sponsorship. Funding could be used to improve facilities. The School could use the funds to create fully funded fellowships for research purposes.

**5.2.7** It is recommended that a study be undertaken to research the perceptions of employers of Wits MPH graduates. In this way it could be discovered whether employers feel the same about the Wits MPH as the participants do?

**5.2.8** It is recommended that the MPH programme at Wits be linked up with other MPH programmes in the country. These MPH programmes are addressing similar or exactly the same public health problems, depending on the location of the School.

**5.2.9** For first-hand exposure to research as a career, it is recommended that the SPH forge closer ties with organisations like the Medical Research Council (MRC), the Human Science Research Council (HSRC), and the Health Systems Trust (HST), and expose MPH students to these.

**5.2.10** Because of the importance of the work done by Statistics South Africa, MPH students should be exposed to their work. All kinds of national stats, including health, are kept here.

**5.2.11** Eighty per cent (80%) of the participants have agreed that doing an MPH degree improves a candidate's access to job opportunities. It is recommended that the School forge closer ties with governments, non governmental organisations (NGOs), World Health Organisation (WHO), World Bank, International Monetary Fund (IMF) etc. This would make it a lot easier for graduates to find employment with these organisations.

**5.2.12** South Africa spends 8% to 11% of its Gross Domestic Product (GDP) on health. However, in terms of health outcomes, South Africa is not doing as well as countries like Botswana, Mozambique and Namibia. It is recommended that the SPH engages in research and development for the Department of Health.

**5.2.13** It is recommended that the misperception that the MPH degree is only for the Public Health Sector be changed. It can be utilised in the private sector as well.

**5.2.14** It is recommended that the SPH encourage as many of its MPH graduates to enter the private health care sector as possible, i.e. in aid of 5.2.13 above.

**5.2.15** The FOUR scourges of Africa and this country are HIV/AIDS, TB and other infectious diseases, chronic diseases and injuries. MPH training does not focus on any of these. South Africa now has MDR and XDR, which are rapidly escalating. Schools of Public Health need to be seen to be getting involved in tackling these scourges.

**5.2.16** It is recommended that the MPH training be such that it can produce graduates who will be opinion makers on Public Health matters.

5**.2.17** Unions influence government policy and it is important that exposure to unions for MPH students and graduates be facilitated so that they have an understanding of how unions operate and how to deal with them when in a management position.

**5.2.18** Because of the lack of background in statistics on the part of many students, it is recommended that the teaching of Health Measurement I be over a two-year period. Statistics is such an important part of research, some way of bridging the gap needs to be found even if it implies extra tuition with extra payment for it. It would also help if EpiInfo could be offered to all students instead of only the M.Sc. and those MPH students doing the health measurement track.

**5.2.19** Some graduates feel that Research Methods was not covered well enough to prepare students for the experience of doing research for the first time. They suggest a re-look at the subject. The researcher would like to recommend to the School that Research Methods (COMH 7046) be examined with the

purpose of finding ways of improving it such that it serves the purpose of making students understand what is expected of them. The combination of having to address this module and the Health Measurement I (COMH 7047) module will address the problem of final-year MPH research by ensuring that it is done on time.

**5.2.20** Some participants feel that after graduation there seems to be very little contact between the School and the graduates. In fact, the loss appears to begin once course work has been completed, because the only link the student (final-year student) has with the School is through the research supervisor. A recommendation is made that some form of contact be maintained e.g. through a newsletter, research possibilities (for those interested in research), and the use of some of the graduates as tutors or supervisors.

**5.2.21** It is recommended that the number of supervisors per student be increased to two. This is because there are times when it is difficult to get an appointment with one supervisor. If there are two, the student may be able to see the second supervisor.

**5.2.22**. It is recommended that Public Health Law be offered as an elective.

**5.2.23** One of the modules to receive a high rating is Project Management for Public Health Practitioners (COMH 7015) (Table 3.6). It also received extremely good comments. The recommendation is that Project Management for Public Health Practitioners should not be an elective but one of the core modules. This recommendation is necessary because some of the people studying MPH are actually in management or preparing themselves for management positions.

**5.2.24** There are graduates who feel that Health Care Financing (COMH 7017) was not covered adequately. The recommendation is that this module be turned into a fully fledged Health Economics course with a view to permitting students to specialise in it. South Africa does not have a sufficient number of health economists, especially in the public sector.

The above recommendations have been made for the sole purpose of improving the MPH degree.

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# APPENDICES

# APPENDIX A

# DATA COLLECTION SHEET

# PART ONE: MPH Course Evaluation

☐☐☐☐☐☐☐ Code:

Please tick the following

Year 1st registered for the MPH degree programme_____ Male ☐ Female ☐

Age _____ Full-time☐ Part-time☐

Completed course work (year) _____ graduated (year) _____

State funded☐ Other funding☐ Self funded☐

Nationality: South African☐ Other African (Name) _____ International (Country name) _____ Position before MPH_____

Position after MPH_____ What else have you done since leaving MPH_____

## 1) COURSE EVALUATION

### 1.1. CONTENT

1.1.1. On a scale of 1-5 (5 being excellent) please rate the overall quality of the different topics covered in the MPH degree programme.

| TOPICS | RATING | COMMENTS |
|---|---|---|
| Primary Health Care & Social Context of Health COMH7013 | | |
| Health Measurement I COMH7047 | | |
| Health Measurement II COMH7048 | | |
| Management in Health & Health Services COMH7101 | | |
| Introduction to Environmental & Occupational Health COMH7104 | | |
| Public Health Law & Health Systems Integration COMH 7014 | | |
| Health Policy and Policy Analysis COMH7041 | | |
| Health Systems and Decentralization COMH7040 | | |
| Research Methods COMH7046 | | |

| | | |
|---|---|---|
| Health Care Financing COMH7017 | | |
| Project Management for Public Health Practitioners COMH7015 | | |
| Introduction to Management in Theory and Practice COMH7140 | | |

Are there any additional comments you wish to add to your ratings above?

1.1.2. Are there any topics that you remember as being very well presented? Please specify.

1.1.3. Are there any topics that you feel were not covered or covered inadequately during the coursework? Please specify.

**1.2. METHODS**

On a scale of 1-5 (5 being excellent) please rate the teaching/learning methods used during your MPH degree programme.

| **TEACHING METHODS** | **RATING** | **COMMENTS** |
|---|---|---|
| The 6 one-week blocks in Parts I & II | | |
| Individual class presentations | | |
| Class group work | | |
| Informal students study groups | | |
| Informal student learning support from other students | | |
| Article reviews | | |
| Computer-based exercises in project management | | |

| | | |
|---|---|---|
| Lectures | | |
| Tutorials | | |

Are there any additional comments you wish to add to your ratings above?

---

---

### 1.3. ACADEMIC QUALITY

On a scale of 1-5 (5 being excellent) please rate the academic quality and support that you received during your MPH degree programme.

| **SUPPORT** | **RATING** | **COMMENTS** |
|---|---|---|
| Expertise of teaching staff | | |
| Individual academic mentoring and support | | |
| Research supervision support | | |
| **OTHER** | | |
| Are sufficient examples used from the African setting? | | |
| Is there a good balance between theory and developing practical skills? | | |

Are there any additional comments you wish to add to your ratings above?

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---

### 1.4. ADMINISTRATIVE SUPPORT

On a scale of 1-5 (5 being excellent) please rate the following support services during your MPH degree programme

| **SERVICES** | **RATING** | **COMMENTS** |
|---|---|---|
| MPH course administrative support | | |
| International office (if applicable) | | |
| Computer facilities (School of Public Health) | | |
| Computer facilities (Wits Medical School) | | |

| | | |
|---|---|---|
| Fees office | | |
| Post graduate office(Faculty of Health Sciences | | |
| University accommodation – please specify which residence | | |
| Funding institution support (State + other) (if applicable) | | |
| Alumni services | | |

Are there any additional comments you wish to add to your ratings above?

### 1.5. RESEARCH REPORT SUPPORT

On a scale of 1-5 (5 being excellent) please enter the following school support you received in writing your research report

| SUPPORT | RATING | COMMENTS |
|---|---|---|
| Protocol development | | |
| Availability of supervisor during protocol development | | |
| Protocol approved doing project work | | |
| In collecting data | | |
| In writing report | | |
| In submitting report | | |
| In applying examiner's comments and corrections | | |
| In submitting research report on time | | |
| In getting you to graduate on time | | |

Have you got any recommendations to improve this process?

## 2) VALUE OF THE MASTERS IN PUBLIC HEALTH (MPH) TO YOUR CAREER

**2.1.** On a scale of 1-5 (5 being extremely valuable) please rate the value/importance of each topic to your current job

| VALUE | RATING | COMMENTS |
|---|---|---|
| Primary Health Care & Social Context of Health | | |
| Introduction to Environmental & Occupational Health | | |
| Health Measurement I & II | | |
| Management in Health & Health Services | | |
| Proposal Writing | | |
| Research Ethics | | |
| Project Management (if applicable) | | |
| Public Health Law & Health Systems Integration | | |
| Health Policy | | |
| Research Project | | |
| Health Care Financing | | |
| Health Systems and Decentralisation | | |
| Other | | |

Are there any additional comments you wish to add to your ratings above?

**2.2.** Do you think the MPH programme prepared you adequately for a career in Public Health. Please elaborate.

**2.3.** If you could do the MPH programme again, how would you want it changed? Please elaborate.

**2.4.** What selective options would you recommend for the MPH programme? Please elaborate.

**2.5.** Would you recommend or have you recommended this master's programme to others? Please elaborate.

**2.6.** What kind of services/support would you like the master's programme to offer post graduation?

**2.7.** Has the MPH course/qualification improved access to job opportunities? Please elaborate.

THANK YOU!!!

# APPENDIX B: INFORMATION SHEET

## Hello,

My name is Dr Thomas Mutloane. I am employed at the Regional Office of the Gauteng Department of Health, Region A, based at the Hillbrow CHC. I am currently heading the Quality Assurance Department of the Regional Office. I am a 3rd year MPH student of the University of the Witwatersrand, School of Public Health. As you probably know, as part fulfilment of the Master of Public Health degree I have to undertake research. I am particularly interested in the value of the MPH to you in your career. I need, firstly, your permission to conduct the telephonic interview and, perhaps, do the interview now or schedule a time more suitable to you. Is it okay to go through the information sheet with you now before you decide whether to participate and when?

## Why am I doing this?

The University of the Witwatersrand's School of Public Health started a Masters Programme in Public Health in 1998. The aim of the degree is to prepare "professionals to play leadership roles in management, improvement and evaluation of health and health care system" and to be able to respond comprehensively "to the needs of the people of South Africa and the African continent in their various living and working conditions" (School of Public Handbook). In your experience as a past student of the school, you are kindly requested to assist in answering questions that will be read out to you telephonically from a prepared questionnaire and, by assessing your responses to the questions, determine whether the school has fulfilled its mandate in as far as your career is concerned and what changes or improvements you would like to recommend.

**What is expected of the participants*?***

You will be expected to answer questions in which you will asked about how you felt about the courses that were offered to you; the support given to you; if the degree has enabled you to advance academically; and if the degree has enabled you to advance in your career in public health. By participating in this important study, you will contribute towards ensuring academic standards of the school are not only maintained but, more importantly, are improved. Through this interview, the school will be informed by you, its graduate or alumni, where it is lacking and where it needs to improve. The interview will take up between 20 and 30 minutes of your time at most.

**Are there benefits to the participants*?***

The benefits may not be direct to you as such, but in the interest of enhancing the quality of education for future generations there definitely are benefits. If we on the African continent are to resolve the many health problems bedevilling our countries, good-quality training needs to be offered by our institutions of higher learning and, therefore, your participation is one sure way of helping boost the quality of the education offered by the school.

**May I withdraw from the study?**

Certainly, you may withdraw at any time by not completing the interview. You may choose one of two ways – firstly by declining to continue now or later, if you find the questions not appropriate and want to withdraw during the interview. Should you choose to withdraw, this will in no way adversely affect your relationship with the School or the University.

**What about confidentiality?**

This will be maintained in that the results will not be presented on an individual basis but will be presented in a group format so that no individual will be identifiable in the results. This interview will be coded so that I only know whom I have telephoned and this record will be kept under lock and key by me. The grouped results will be made available to you upon request after the study.

In the event of you requiring more information or having queries, you may contact me at 011 694 - 3710 or 0823730001 / 0824954478.

Should you need to have more information pertaining to your rights as a participant in this research, or have complaints regarding it, you may contact Ms Anisa Keshav, the secretary to the University of the Witwatersrand Human Research Ethics Committee at (011) 717-1234.

If you are happy to participate, then please allow me to proceed. I will acknowledge that you have agreed by telephone and keep this consent with me. If you want a copy of this information sheet, I can e-mail or fax it to you. May I proceed with the interview? If not, are you declining to participate or shall I phone you at another time?

Thank you,

Dr T Mutloane

**Consent Form**

I hereby acknowledge that consent / refusal to consent to participate in the above-mentioned study was given telephonically.

Thank you,

_____ _____

Signature Date

# APPENDIX C

# POST GRADUATE SUBMISSION FORM

| | | |
|---|---|---|
| CANDIDATE'S SURNAME: MUTLOANE [Please print] | FIRST NAME: Thomas | STUDENT NUMBER: 9812195A |
| CURRENT QUALIFICATIONS: B.Sc.,MBBCh, MAP, ACHM | | |

| | | | |
|---|---|---|---|
| TEL: 011 694 - 3710 | CELL:0823730001 | E-MAIL:tmutloane@yahoo.com | FAX:011 694 - 3815 |

| | | |
|---|---|---|
| DEGREE FOR WHICH PROTOCOL IS BEING SUBMITTED:MPH | | |
| PART-TIME OR FULL-TIME:Part-Time | | |
| FIRST REGISTERED FOR THIS DEGREE: 2005 | TERM : 1st | YEAR:III |
| DEPARTMENT:School of Public Health | | |
| TITLE OF PROPOSED RESEARCH: The perceptions of and course evaluation of the MPH degree by former students who graduated in the period 2001 to 2006. | | |
| CANDIDATE'S SIGNATURE: | | DATE: 12/03/2007 |
| SUPERVISOR'S NAME: Prof Shan Naidoo | | |
| SUPERVISOR'S QUALIFICATIONS: MB.BCh, DTM&H, DOH, DPH, DHSM, MMed & FCPH | | |
| SUPERVISOR'S DEPARTMENT: School of Public Health | | |
| CO-SUPERVISOR'S NAME: | | |
| CO-SUPERVISOR'S QUALIFICATIONS: | | |
| CO-SUPERVISOR'S DEPARTMENT | | |
| CO-SUPERVISOR'S ADDRESS / TEL / E-MAIL: | | |

| | | |
|---|---|---|
| ETHICS PENDING: Ψ<br>ETHICS APPROVED: Y<br>(circle appropriate symbol) | | IF Y SUPPLY ETHICS CLEARANCE No: |
| SIGNATURE OF SUPERVISOR/S: | | |

*SYNOPSIS OF RESEARCH*:

[]

A degree like the Master of Public Health equips candidates with the requisite skills to be able to take leadership positions to resolve problems bedevilling the health system of any country. Problems are solved through well-thought-out research, to find solutions that are applicable to the situation at hand.

The aim of this research study is to establish whether the MPH degree does indeed produce graduates who are critical and analytical in addressing health concerns in their countries. There is a need to asses whether this MPH has produced graduates that influence health policy.

Do the graduates feel that the MPH qualification has enabled them to play a role in health planning, health advancement, health care financing, and health care project management?

Although the research focuses on public health, it is by no means restricted to that. This is because some of the MPH candidates are actually from the private health sector and the NGO sector. It would also be of interest to see if there are participants who graduated with the MPH qualification but in terms of career advancement found themselves in sectors other than health.

Does the Wits MPH prepare candidates to go into research as a career?

The world of academia would also be an area of note. Will this study reveal whether there are candidates who on completion of the MPH qualification embarked upon academic careers?

Measurement will also be made of what the candidates think of the courses that the school offered. How do these candidates feel (later, after graduating) about these modules? Do they find the modules applicable or relevant to their job situations?

If you look at the number of enrollees for the MPH degree, it is not commensurate with the number that graduates in any one year; i.e. input is not equal to throughput. For candidates to attain the MPH qualification, they need to have successfully managed their research. This research seeks to establish from candidates how they feel about the amount of support they received from the School while they were busy doing their research in various aspects of public health.

Most candidates of the School appear to do well and on time in as far as coursework is concerned, but there appears to be a bottleneck when it comes to tackling the area of the candidates' research studies.

Answers to these questions could be used to improve the course or programme so that better and more well-prepared graduates can be produced by the school to tackle meaningfully health problems besetting the African continent.

# APPENDIX D

# ETHICS SUBMISSION FORM

**Please note that this form must be completed in full or it will not be reviewed**

***APPLICATION[1] TO THE COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS (MEDICAL) FOR CLEARANCE OF RESEARCH INVOLVING HUMAN SUBJECTS, OR PATIENT RECORDS.***

☐ *CLEARANCE NUMBER (for office use only):*_____

**This application must be typed or handwritten in capitals**

**SURNAME :** MUTLOANE **INITIALS :** TAM **TITLE :** Dr **STUDENT No.**9812195A
**Principal Investigator/Sub Investigator**

**Degree :**Master of Public Health (MPH)
**PROFESSIONAL STATUS (if student, year of study)** Medical Doctor

**UNIVERSITY DEPARTMENT[2]** School of Public Health

**HOSPITAL/INSTITUTION WHERE EMPLOYED** Hillbrow CHC

**FULL-TIME OR PART-TIME** Full-Time **E-mail address:** tmutloane@yahoo.com

**TELEPHONE AND EXTENSION** 011 694-3710**.. FAX NO .**011 694-3815**.**

**TITLE OF RESEARCH PROJECT: (Use no abbreviations)**

The perceptions of and course evaluation of the MPH degree by former students who graduated in the period 2001 to 2006

**WHERE WILL THE RESEARCH BE CARRIED OUT? (Please furnish name of hospital/institution and particular department)**

It will be done by telephone from an office at the Wits Medical School

***All the following sections must be completed[3]*. Please tick all relevant boxes.**

**1. PURPOSE OF THE RESEARCH:**

**postgraduate: degree/diploma (state which)** **X** Post graduate degree

**undergraduate: degree/diploma (state which)** ☐

**not for degree purposes** ☐

**2. OBJECTIVES OF THE RESEARCH (please list):**

- Measure satisfaction levels of graduates concerning the teaching they got
- Measure satisfaction levels of the support they got from the School whilst studying
- To determine how many of the School's graduates pursued further studies e.g. PhD after graduating with an MPH
- To determine how many of the School's graduates pursued pure research
- To determine whether the School's graduates made career advancement in the public sector since graduating
- To determine whether the School's graduates made career advancement in the sphere of business

1. Unless received by **the 7th of the month**, applications will be carried over to the next month for consideration.
2. If not employed by the University or one of the University's teaching hospitals, please indicate clearly where correspondence should be sent.
3. This requirement holds even if, to assist the Committee, a protocol detailing the background to the research, the design of the investigation and all procedures, is submitted with the application.

**3. SUMMARY OF THE RESEARCH (give a brief outline of the research plan):**

It is the first time that a study of this nature is undertaken to get *perceptions* of former students of MPH (at Wits) about the MPH programme they studied. It also offers an opportunity for the Wits MPH programme to be *evaluated* by its own products who presently are working in the Public, Private or Non-Governmental sectors. Participants in the study will be people who graduated in the period 2001 to 2006. It is hoped that lessons about the programme and how to improve it for future students can be learnt. This can also be viewed as the beginning of an opportunity for future research on the MPH programme in general and especially on whether it has brought about the desired change in public health.

**4. REQUIREMENTS**

4.1 If radiation or isotopes are to be used, written approval must be obtained from the Nuclear Medicine Department, Diagnostic Radiology Department, Radiation Therapy Department or NUCOR representative. None of the above will be required

**Is this attached? If not, the application cannot be considered.** Yes ☐ No **X**
Not needed in this research

**4.2 Subject Information Sheet[5] is attached. (For written and verbal consent)**
Not needed because the research does not use patients or radiation Yes **X** No ☐

**Informed Consent Form[6] is attached. (For written consent)** Yes **X** No ☐
Yes it is attatched.

**Consent will be verbal** Consent will be verbal as well Yes **X** No ☐

**Informed consent is not necessary.** It is necessary - form attached Yes ☐ No **X**

**4.3 If a questionnaire or interview is to be used in the research, it must be attached. Is it attached? If not, the application cannot be considered** Yes, it is attached Yes **X** No ☐

**5. SUBJECTS FOR STUDY**

**5.1 If patients are being studied, state where and how the subjects are selected:**

Patients are not studied. It will be graduates of the School of Public Health who will be studied.

**5.2 Where the subjects are not patients, they will be asked to volunteer** Yes **they will be selected** Yes

They will be asked to volunteer. A list of graduates of the school will be obtained and subjects contacted accordingly and asked to volunteer.

**State how the subjects are selected, or who is asked to volunteer:**

They will be asked telephonically and a consent form will be faxed or e-mailed if requested

**Are the subjects subordinate to the person doing the recruiting?** Yes ☐ No **X**

Definitely not subordinates to the researcher. They are independent professionals.

**If yes, justify the selection of subordinate subjects:**

Answer to above question is NO.

4. NB. If any doubt exists, please contact Ms Anisa Keshav, Room 10005, 10th Floor, Senate House, Wits University, 717-1234

5. Whether written or verbal consent is to be obtained, the CRHS requires a Subject information sheet written in language understandable to the subject (or guardian) detailing what the subject will be told. This should include the following:(1) investigator introduction; (2) participation is voluntary, and refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled; (3) the subject may discontinue participation at any time without penalty or loss of benefits;(4)a brief description of the research, its duration, procedures and what the subject may expect and/or be expected to do; (5) any foreseeable risks, discomforts, side-effects or benefits, including those for placebo; and (6) disclosure of alternatives available to the subject. If risks are involved: (7) a professional contact and 24 hour telephone number; (8) an explanation whether medical treatment will be provided in the case of a complication developing; (9) a separate Patient Information and Informed Consent sheet for blood / tissue samples taken for future testing. This Subject Information Sheet may be incorporated into the consent form, or the consent form may be submitted separately.

6. The Informed Consent Form should include a clear statement that the subject is consenting to involvement in research and not to treatment which will necessarily provide personal benefit. Any personal benefit should be mentioned where this is possible. An important piece of information is that the subject is free to withdraw from the trial at any time without prejudicing any treatment that is required for existing or future medical conditions. if this is not made clear, the researcher risks the accusation that consent was obtained by subtle coercion (that is, the possibility of prejudice against the subject as a current or future patient).

**5.3 Will control subjects be used? If yes, explain how they will be recruited:** Yes ☐ No **X**

No control subjects will be used.

**5.4 Subject records: state what records will be used and how they will be selected:**

No subject records are going to be used.

**5.5 Age range of patients/subjects/controls:**

Most probably 30 yrs and above

**If under 18 years, from whom will consent be obtained?**
**If under 18 years, is a patient consent form attached?**

**5.6 Sex:** **Male** ☐ **Female** ☐ Yes Both sexes.

**5.7 Number of patients …….. ;non-patient subjects** 79; **controls** 0**……**

**5.8 Benefit to patient or subjects: will the research benefit the patient(s) or subject(s) in any direct way.** Yes ☐ No **X**
**If yes, explain in what way**

No direct benefit, there is benefit to the programme in terms of the subjects giving information that can help improve the MPH.

**5.9 Disadvantages to patients/subjects/controls. Will participation or non-participation disadvantage them in any way?** Yes ☐ No **X**

There is no disadvantage whatsoever

**If yes, explain in what way**

**6. PROCEDURES**
**6.1 Mark research procedure(s) that will be used:**

☐ **Record review**

**X** **Interview form (must be attached)**

☐ **Questionnaire**

☐ **Examination (state below nature and frequency of examination)**

☐ **Drug or other substance administration (state below name(s) of drug(s)/substance(s) and dose(s) and frequency of administration)**

☐ **X-rays**

☐ **Isotope administration (state below name(s) of isotope(s) and frequency)**

☐ **Blood sampling;** ☐**venous;** ☐**arterial (state below amount to be taken and the frequency of blood sampling)**

☐ **Biopsy**

☐ **Other procedures** None whatsoever

**Use this space to elaborate procedures marked above:**

**6.2 Is/are procedure(s) routine for diagnosis/management?** ☐ **Specific to research?** ☐

**6.3 Who will carry out the procedure(s)? (State name(s) and position(s) held)?**

6.4 **When will the research commence, and over what approximate time period will the research be conducted?**

Research will commence as soon as approval is given by the Ethics Committee. Research will take 6 to 8 weeks for data collection and 6 to 8 weeks for analysis of data and write-up

**7. RISKS OF THE PROCEDURE(S) subjects/controls will suffer:**

**X No risk** ☐ **Discomfort**

☐ **Pain** ☐ **Possible complications**

☐ **Side effects from agents used**

**If you have checked any of the above except "No risk" provide details here:**

There are absolutely no risks involved in this research whatsoever.

**8. GENERAL** Permission will be sought and obtained from the subjects themselves

**8.1** **Has permission of relevant authority/ies been obtained? Yes**☐ **No**☐ **N/AX**

**State name of authority/ies:**

**8.2 Confidentiality: how will confidentiality be maintained so that patients/ subjects/controls are not identifiable to persons not involved in the research?**

The Interview Schedule will not have the name of the subject and only codes will be used on each schedule

**8.3 Results: to whom will result be made available?** To the School of Public Health and also to those subjects who may request to have them

**8.4 Finances. There will be financial costs to:** No financial costs to subjects

| | | |
|---|---|---|
| **Patient/subject** | **Yes☐** | **NoX** |
| **Hospital/institution** | **Yes☐** | **NoX** |
| **Other** | | **Yes X No☐** |

**Explain any box marked "yes":**

There will be a cost to me in terms of travel, time and stationary and to the school if their telephones are used.

**How will the research be funded?**

I will apply for a Research Grant from the Faculty

**8.5 Any other information which may be of value to the committee should be provided here:**

**Date:.....** **Applicant's Signature: .....**

**Who will supervise the project?**

**Name** Prof Shan Naidoo **Department** School of Public Health

**Signature .....** **Date .....**

**Head/Research Coordinator of Department/Institute in which study was conducted:**

**Name .....**

**Signature .....** **Date .....**