Corporate governance and service delivery in Gauteng Department of Health

Applied Research Article

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ABSTRACT

The goal of this research was to ascertain the reciprocal link between corporate governance and service delivery in the Gauteng Department of Health, with a particular focus on the factors that influence governance: accountability, integrity, transparency, and leadership. The study employed a number of quantitative measures, such as the Good Governance Index, as well as a number of qualitative indicators through thematic analysis of data collected from specific hospitals in the province. Several governance concerns emerged from this research, including poor accountability mechanisms, inefficient utilisation of hospital boards, and inadequate resource management at hospitals. Leadership and the provision of adequate transparency were the primary areas of non-compliance. Other elements, including shortages of employees, infrastructural challenges, and patient financial governance, also remained poor. These vulnerabilities exacerbate inefficiency, eroding public trust and impeding healthcare system outcomes.

The findings highlighted deficiencies in governance, the need for policy reform, the automation of hospital systems, the optimisation of procurement processes, and the involvement of pertinent stakeholders. The research paper explores these challenges and provides recommendations for overcoming them by acknowledging that governance mechanisms must align with the objectives of service. This study aims to address these deficiencies to enhance the efficiency and sustainability of the healthcare system in Gauteng.

TABLE OF FIGURES

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Corporate governance involves the structures, processes, and mechanisms used to direct and oversee corporations, ensuring accountability, transparency, and ethical conduct (Minow & Monks, 2011). Corporate governance is critical in the public and private sectors because it integrates the diverse interests and expectations of stakeholders, as well as the duties of institutions, in the generation and distribution of value (Acqua, 2021). The current research examines the challenges encountered by the Gauteng Department of Health in institutionalising corporate governance principles to improve public service delivery.

1.2 Background and context of study

Corporate governance refers to the set of rules, procedures, and methods that guide and regulate an organisation (Bruner, 2022). It entails striking a balance between the interests of the organisation's stakeholders, including the community at large, government, suppliers, consumers, and management. Improved performance is the first benefit of implementing corporate governance in an organisation. Organisations with strong corporate governance often experience improved operational and financial performance. Effective governance leads to better decision-making, efficient management, and strategic planning (Mohamad, 2004). Secondly, enhanced reputation is described as a benefit, wherein organisations known for good governance practices build a positive reputation, attracting investors, customers, and talented employees to contribute to the long-term success of the organisation (Mohamad, 2004). Mohamad (2004) identifies access to capital as the third benefit of implementing corporate governance in an organisation. Strong corporate governance makes an organisation more attractive to investors and lenders, resulting in easier access to capital and lower borrowing costs (Mohamad, 2004).

Sustainability is included as the fourth benefit, whereby corporate governance ensures that the organisation is managed sustainably, considering long-term goals and the interests of all stakeholders. This includes environmental, social, and governance (ESG) factors (Mohamad, 2004). Mohamad (2004) also emphasises stakeholder trust, stating that good governance builds trust among all stakeholders, including employees, customers, suppliers, and the community. This trust is crucial for

maintaining strong relationships and support (Mohamad, 2004). Crisis Management is included as the sixth benefit of corporate governance, as organisations with strong corporate governance are better equipped to handle crises. Clear governance structures and processes provide guidelines for effective crisis management and recovery (Mohamad, 2004). Lastly, shareholder value is emphasised, where effective corporate governance helps maximise shareholder value. By aligning management actions with shareholder interests, it ensures that the institution is managed in a way that enhances long-term value (Mohamad, 2004).

Corporate governance, often associated with the private sector, is equally crucial in the public sector. Effective governance in public sector organisations is vital to ensure accountability, transparency, efficiency, and ethical behaviour, ultimately leading to increased public trust and confidence. It is argued that corporate governance is essential in the public sector, citing reasons such as accountability, transparency, efficiency, ethical behaviour, risk management, compliance, citizen participation, long-term sustainability, public trust, and effective policy implementation (Minow & Monks, 2011).

First and foremost, accountability is a fundamental aspect of corporate governance in the public sector. Public officials and agencies are entrusted with taxpayer funds and resources, and it is essential to hold them accountable for their decisions, actions, and use of public resources (Almagtome et al., 2020). Effective corporate governance ensures that public officials are answerable to the citizens they serve, promoting a culture of responsibility and responsiveness.

Transparency is another critical aspect of corporate governance in the public sector. Just as in the private sector, transparency is crucial to maintain public trust and confidence. Transparent governance processes, including open decision-making and public disclosure of information, help prevent corruption and foster trust between the government and citizens (Almagtome et al., 2020). By promoting transparency, public sector organisations can demonstrate their commitment to accountability and good governance.

Good corporate governance practices also promote efficiency and effectiveness in the delivery of public services. By aligning objectives with citizen needs and expectations, public sector organisations can optimise resource allocation and achieve better

outcomes (Almagtome et al., 2020). Effective governance enables public sector organisations to identify areas of inefficiency and implement reforms to improve service delivery, ultimately benefiting citizens.

Ethical behaviour is paramount in the public sector, where officials are expected to serve the public interest. Corporate governance frameworks help establish ethical standards and codes of conduct, guiding public officials in their decision-making and behaviour (Almagtome et al., 2020). By promoting ethical conduct, public sector organisations can maintain the trust and confidence of citizens.

Risk management is another critical aspect of corporate governance in the public sector. Public sector organisations face various risks, including financial, operational, legal, and reputational risks. Effective corporate governance structures enable these organisations to identify, assess, and manage risks proactively, minimsiing their impact on public services and outcomes (Almagtome et al., 2020). By managing risks effectively, public sector organisations can ensure continuity of services and maintain public trust.

Compliance with laws, regulations, and standards governing public sector operations is also essential. Corporate governance ensures that public sector organisations meet their legal obligations and adhere to ethical principles, reducing the risk of legal disputes and regulatory penalties(Almagtome et al., 2020). By complying with legal requirements, public sector organisations can maintain their legitimacy and credibility.

Citizen participation and engagement are critical components of corporate governance in the public sector. Public sector governance should involve citizens in decision-making processes and policy development. By promoting citizen participation and engagement, corporate governance enhances democratic principles and ensures that government actions reflect the will and interests of the people (Almagtome et al., 2020).

Long-term sustainability is a key aspect of corporate governance in the public sector. Public sector organisations must consider long-term sustainability and the interests of future generations. Corporate governance frameworks help align short-term objectives with long-term goals, promoting sustainable development and responsible stewardship of public resources (Almagtome et al., 2020).

Ultimately, corporate governance in the public sector is essential for maintaining public trust and confidence in government institutions and officials. By demonstrating transparency, accountability, and ethical behaviour, public sector organisations can strengthen their legitimacy and credibility in the eyes of citizens (Almagtome et al., 2020). Effective corporate governance also enhances the implementation of public policies and programs, ensuring that they are aligned with citizens' needs and expectations.

In conclusion, corporate governance is vital in the public sector, and its importance cannot be overstated. Effective governance in public sector organisations ensures accountability, transparency, efficiency, ethical behaviour, risk management, compliance, citizen participation, long-term sustainability, public trust, and effective policy implementation. By adopting corporate governance principles, public sector organisations can improve their performance, maintain public trust, and ultimately serve the interests of citizens. Therefore, it is essential to prioritise corporate governance in the public sector to ensure effective governance and sustainable development (Almagtome et al., 2020).

The National Health Act (The Presidency, 2004) defines the roles and obligations of the state, provinces, and local governments in the provision of health services. Gauteng is the most populous province in South Africa, accounting for over 22% of the national population (Gauteng Provincial Treasury, 2022). It is also economically well resourced and the most urbanised. It has more resources and thus outperforms other South African provinces in health and development statistics. According to mid-year population projections, Gauteng will have a population of 15.8 million by 2021 (Department of Statistics South Africa, 2021).

According to the Gauteng Department of Health annual report (2021), the Department of Health in Gauteng is responsible for planning, implementing, monitoring, and evaluating health-care services in accordance with the National Development Plan and Sustainable Development Goals (Gauteng Department of Health, 2021). To accomplish the above, the department focuses on promoting health by implementing the appropriate processes, people, skills, and equipment. It is highlighted that the ideals of a patient-cantered approach, responsibility for excellence, transparency, efficiency, ethical leadership, and integrity should be reinforced in order to attain

optimal health and welfare (Gauteng Department of Health, 2021). These ideals are incorporated in the National Development Plan (National Planning Commission, 2012) and are derived from the tenets of good governance, which include efficacy, responsiveness, rule of law, accountability, legitimacy, and transparency (Keping, 2017).

There is widespread dissatisfaction with the manner in which the medical system operates in Gauteng (Public Service Commission, 2020). Protests focus on cost, quality assurance, availability of services, fair distribution of services, abuse of power, poor financial management, corruption, and irresponsibility (Public Service Commission, 2020). The scale and extent of public health bureaucracies offer health organisations tremendous capabilities to impact people's lives and well-being, making effective governance increasingly crucial. Furthermore, healthcare constitutes a major budgetary expenditure. In Gauteng, it is the second biggest budget allocation after education. Therefore, proper accounting for the use of these funds is a high priority. Gauteng's total budget appropriation amounts to R153 billion for the 2022/23 fiscal year (Gauteng Provincial Treasury, 2022). Of that total appropriation, the Gauteng department of health is allocated a budget of R59 426 398 000, which is the second biggest allocation after education (Gauteng Provincial Treasury, 2022).

The improvement of human health should be the main objective of all the organisations, institutions, resources, and personnel that make up the healthcare system. Achieving this goal requires efforts to safeguard individual health while simultaneously promoting and preserving the population's lives (World Health Organisation, 2010). However, healthcare systems are under pressure to improve their performance, yet they are hampered by major resource constraints, notably labour shortages. Governance in healthcare services is anticipated to be the least explored component of the health system due to imprecise definitions and complexity, according to the Medical Protection Society (2016). Further, the Medical Protection Society refers to the management of healthcare as highlighting the contrast between resource optimisation and excessive waste in a resource-constrained situation (Medical Protection Society, 2016).

Each institution or service in the public sector receives funding from the general public; thus, residents, users, and taxpayers care about how this money is used and the

quality of the services delivered. Citizens, therefore, require effective administration of public services. Good governance serves to ensure good management, superior performance, effective public investment, decent public behaviours, and favourable outcomes. It is consequently the responsibility of leaders in public institutions to guarantee that the goals and objectives of organisations are met while working in the best interests of the public (United Nations, 2016). The leaders ought to provide satisfactory outcomes to customers while also providing value to the taxpayers who fund these services. Further, they must strike a balance between public interest, accountability, and respect.

The above-mentioned implications are supported by Nawaz and Mohamed (2020) in their case study on an effective governance model for public health management at public hospitals in Pakistan. The investigation looked at the influence of good governance on public health characteristics such as accountability, fairness, and openness. In addition to public health hospital accountability, the findings reveal that health outcomes are strongly linked to good governance, fairness, accountability, and openness (2020).

Public health administration at various levels ought to enhance its capacity to provide high-quality care, conduct research, and contribute to society at large by using scarce resources and creating a good governance environment to improve health outcomes. Brinkerhoff and Bossert (2014) evaluated the role of good governance in strengthening health systems and unveiled three gaps in health and governance problems: the gap between good governance and existing capacities; the difference between formal and informal governance; and neglecting the dynamics of socio-political power.

De Jager et al. (2016) looked at poor governance in South Africa and the detrimental impacts of corruption on the delivery of public health services. The investigation employed diverse research methodologies and three-dimensional data, comprising 13 semi-structured interviews with key stakeholders in the healthcare sector, a content review of print media reports from the past three years, and Auditor-General of South Africa reports for all provinces over a three-year span. The Auditor General's findings indicate a decline in audit outcomes, which exhibited significant variation throughout the nine provinces. Selected participants claimed that both the standard of patient care and the morale of South African healthcare personnel have been negatively impacted.

The investigation discovered that corruption is prevalent in the South African healthcare industry, and it was concluded that while proper legislative intervention is essential, it is insufficient to reduce corruption De Jager et al. (2016).

As a result, the research study seeks to delve deeper into the difficulties impeding the Gauteng Department of Health's efforts to institutionalise good governance principles for improved public service delivery.

1.3 Research problem

The Gauteng Province in South Africa is the country's economic centre. It houses multiple medical training institutions, several leading service delivery NGOs, scores of top researchers, and research entities, and much of South Africa's private healthcare sector is headquartered in the province. Despite having so much potential, the Public Service Commission (2020) concluded that public healthcare in Gauteng is so politicised and disorganised that it repels rather than attracts the finest service. As a result, the Gauteng Department of Health demonstrates characteristics contrary to those of a capable state. The Gauteng Department of Health, like many other public sector health agencies, faces various governance issues. The department has been repeatedly been implicated in avoidable scandals, with the PSC report (Public Service Commission, 2020) highlighting its lack of capability to uphold the basic principles of good governance. Notable examples include the Life Esidimeni disaster and significant delays and mismanagement in the rebuilding of the Charlotte Maxeke Hospital following the fire (Mohamed et al., 2021).

The Gauteng Department of Health (GDOH) has been plagued by a multitude of governance issues, which have been consistently highlighted in the Auditor General's reports over the last five financial years (Gauteng Department of Health, 2021). Despite receiving unqualified audit reports, the department has failed to address these concerns, resulting in a lack of improvement in its overall performance. According to the Auditor General's report (2021), the various governance issues affecting the GDOH include financial mismanagement, procurement irregularities, human resource management challenges, service delivery problems, quality of care concerns, data management and information system issues, ethical and legal compliance breaches, and stakeholder engagement and accountability shortcomings.

At the heart of the GDOH's governance issues lies financial mismanagement, which has resulted in the inefficient use of financial resources. Irregular, unauthorised, and wasteful expenditures have become the norm, undermining the department's ability to deliver quality healthcare services. The non-payment of suppliers within the 30-day period has also been a persistent problem, further exacerbating the situation. These financial malpractices have had dire consequences, including the inability to provide adequate healthcare services, compromising patient care, and perpetuating a culture of inefficiency (Gauteng Department of Health, 2021).

Procurement irregularities have also been a major concern, with the department being susceptible to irregularities. The failure to adhere to transparent and fair procurement practices has resulted in inflated costs, substandard goods or services, and compromised patient care (Gauteng Department of Health, 2021). There are several such cases wherein there were deviations with procurement processes. An example is when the GDOH was a subject of investigation due to overinflating prices for personal protective equipment during the peak of Covid-19 (Special Investigating Unit, 2024). An SIU inquiry into the Gauteng health department revealed that a competitive bidding procedure was not adhered to, deviations from this process lacked proper approval, and the contractual rates were exaggerated. Additionally, the SIU determined that the designated service provider was not listed in the government's Central Supplier Database for the provision of PPE at the time the multimillion-rand contracting was issued (Special Investigating Unit, 2024).

Human resource management challenges have also plagued the GDOH, with staff shortages, inappropriate hiring practices, and a lack of training and development opportunities being major concerns. The department's inability to attract and retain skilled healthcare professionals has resulted in inadequate service delivery, further compromising patient care. Moreover, the lack of employee morale and motivation has created a toxic work environment, leading to decreased productivity and efficiency (Gauteng Department of Health, 2021).

Service delivery challenges are another area of concern, with the department struggling to provide adequate healthcare services to the population. Long waiting times, shortages of medication or medical supplies, overcrowded facilities, and deficiencies in infrastructure and equipment maintenance are just a few of the

challenges faced by patients (Gauteng Department of Health, 2021). These systemic issues are a result of poor planning, resource allocation, and coordination, highlighting the need for effective governance and leadership.

The quality of care provided by the GDOH has also been compromised due to insufficient monitoring and evaluation mechanisms, lack of adherence to clinical guidelines and protocols, and the failure to address patient complaints and feedback effectively. These factors have all contributed to substandard care (Gauteng Department of Health, 2021). The department's inability to ensure that healthcare professionals adhere to ethical standards and professional codes of conduct has resulted in medical negligence, patient confidentiality breaches, and the failure to comply with regulatory obligations.

Data management and information systems are critical components of effective healthcare delivery; however, the GDOH has struggled to maintain accurate and timely data collection, analysis, and reporting. Outdated or inadequate information systems, data security breaches, and difficulties in data integration and interoperability have all hindered the department's ability to make informed decisions and provide quality care (Gauteng Department of Health, 2021).

Ethical and legal compliance has also been a major concern, with instances of ethical misconduct often leading to medical negligence, patient confidentiality breaches, and failure to comply with regulatory obligations. The department's lack of adherence to ethical standards and professional codes of conduct has compromised the integrity and credibility of the healthcare system (Gauteng Department of Health, 2021).

Finally, stakeholder engagement and accountability have been inadequate, with insufficient stakeholder consultation, a lack of transparency in decision-making processes, and inadequate mechanisms for holding decision-makers accountable. This has resulted in a lack of trust and confidence in the department's ability to provide quality healthcare services (Gauteng Department of Health, 2021).

In summary, addressing governance challenges in the Gauteng Department of Health is crucial for improving service delivery, enhancing public trust, optimising resource allocation, promoting accountability and transparency, preventing corruption and fraud, building institutional resilience, and supporting the achievement of sustainable development goals. By prioritising governance reform and implementing effective

governance mechanisms, the department can better fulfil its mandate of providing accessible, affordable, and high-quality healthcare services to the people of Gauteng.

Addressing these governance issues requires a concerted effort from leadership, policymakers, healthcare professionals, and other stakeholders. Implementing robust governance frameworks, enhancing transparency and accountability mechanisms, improving internal controls and oversight, and fostering a culture of integrity and professionalism are essential steps toward strengthening the governance of the Gauteng Department of Health and improving healthcare delivery for the population it serves (Edward, et al., 2015). Based on the foregoing, the study seeks to identify factors that promote successful good governance in public hospitals managed by the Gauteng Department of Health. This reflects the political factors that have inhibited effective leadership and the delivery of high-quality services. The study will illustrate the theoretical implications of the political environment on the successful or unsuccessful implementation of good governance. As a result, this study argues that corporate governance techniques should be used at the provincial level to improve community engagement, increase openness and accountability, and thereby hasten service delivery. Furthermore, enhanced governance processes urge public officials to prioritise and actively evaluate community needs and expectations throughout policy implementation.

1.4 Research objectives

The objectives of the study are detailed below:

- To identify key governance challenges in the department.
- To assess the effectiveness of current government practices.
- To explore the relationship between governance and service delivery outcomes.
- To provide recommendations for improving governance for better service delivery.

1.5 Research questions

The research questions of the study are detailed below:

- What is the impact of corporate governance on service delivery in the Gauteng Department of Health?
- What are the key governance challenges faced by the department?

- How effective are the current governance practices in addressing these challenges?
- What is the relationship between governance practices and service delivery outcomes?

1.6 Significance of the study

It is critical to understand that South African companies are subjected to company laws and a corporate governance system, while governmental organisations are not required to comply with company law stipulations. Corporate governance is considered the system by which public services are directed, controlled, and held accountable. The goal of good governance is to create an environment of good management, which reduces the potential for abuses and promotes a healthy and effective public sector that is more likely to achieve positive growth outcomes. Because of the effect of corporate governance on stakeholder rights, corporate governance codes and principles are ideally targeted at companies that issue shares to the public (Eeckloo et al., 2004). However, government organisations have only started to adopt corporate governance best practices on a voluntary basis worldwide. Therefore, research specifically focused on corporate governance within the Gauteng Department of Health may be limited, but studies on governance challenges in the broader context of public healthcare in South Africa could provide relevant insights.

The research conducted by De Jager et al. (2016) used agency theory to examine corruption within the South African healthcare system. It employed a variety of research methodologies and triangulated data from three sources: the Auditor-General of South Africa provides reports, which cover every province over a 9-year duration; 13 semi-structured interviews with key informants in the health sector; and a content analysis of print media publications over a 3-year period. The Auditor-General reports' findings demonstrated a declining trend in audit outcomes with significant regional variations across the nine provinces. Interviewees claimed that corruption has a detrimental effect on healthcare personnel morale and patient treatment. Reports of corruption in print media mainly focus on the public health sector (63%) and provincial health administrations (45%) (De Jager et al., 2016). The attributes and intricacies of the public health sector may heighten its susceptibility to corruption; yet, the private-public distinction is misleading, as corruption often includes participants from both sectors. Despite the absence of universally established metrics for assessing

corruption, results from this study indicate that corruption is an issue within the South African healthcare industry. Corruption is exacerbated by poor agent selection, insufficient detection systems, and a lack of sanctions for individuals engaged in corrupt practices.

The study concluded that while adequate law is a necessary but insufficient measure to combat corruption, it is nevertheless required (De Jager et al., 2016). The argument asserts that to successfully eradicate corruption, there must be political motivation to administer healthcare devoid of corruption, an efficient administration to enforce legislation, appropriate systems, and public advocacy and involvement to hold public officials accountable. The formation of an effective bureaucracy and public personnel aligned with the objectives of the health system, with requisite ethics, values, and competencies, is vital in combating corruption (De Jager et al., 2016).

Tshabalala (2019) undertook research to ascertain the presence of statutory District Health Councils in Gauteng Province and to evaluate the attitudes of members concerning the functionality and efficacy of these entities. The research was conducted in all five districts in Gauteng. The target demographic included individuals within established governance frameworks. Participants completed a computerised self-administered questionnaire (SAQ) that gathered views about the functionality and efficacy of governance systems, using a seven-point Likert scale. Additionally, comprehensive interviews with the chairpersons of the District Health Councils and the District Health Council Technical Committees supplemented the survey. The interviews were subjected to thematic content analysis. The findings indicated that just three districts had established DHCs. The interviewees revealed that enabling laws and a collective vision about DHS enhanced governance. The intricacy of dual governmental sectors, political divergences, challenging interpersonal dynamics, a lack of direction, and inadequate resources hindered governance (Tshabalala, 2019). The study and interviews revealed deficiencies in community responsibility.

The research conducted by Bhengu and Maphumulo (2019) sought to identify practice-related challenges that compromise the quality of healthcare, including governmental efforts to enhance the standard of healthcare provision. Computerised databases and bibliographies were utilised in the literature review. Furthermore, policy documents from entities such as the World Health Organization and the National

Department of Health in South Africa were obtained from their respective websites. There were 74 items chosen from the 1366 that were retrieved. These articles evaluated challenges in delivering high-quality treatment and provided strategies for improving South Africa's healthcare system (Bhengu & Maphumulo, 2019). The findings indicated that many quality improvement activities were initiated, modified, altered, and assessed; nonetheless, they did not provide the anticipated level of high-quality service delivery. Consequently, the South African government faces challenges in guaranteeing that the implementation of National Core Standards delivers the desired health results, as developing a sustainable quality improvement system in healthcare is a formidable endeavour (Bhengu & Maphumulo, 2019).

Understanding both favourable and unfavourable effects on service delivery at the provincial levels in South Africa requires extensive research on governance structures and practices. Politics, society, and the economy all impact the government's methods. As such, a thorough investigation is required to comprehend how corporate governance can impact the users of the healthcare service. Although there have been several studies on South African government and service delivery, none have looked at the effects of corporate governance techniques on the provision of services at the Gauteng provincial level, which is what the study aims to address. Further, the body of research evaluating good corporate governance in the public sector, particularly in health care, does not take into account healthcare categories and key stakeholders involved in healthcare, such as Chapter 9 institutions, Hospital and Clinic Boards, and other key stakeholders.

Given the study's objectives, this research is significant to the governance and service delivery of the Gauteng Health Department. If correctly applied, the model of governance and service delivery outlined in chapter three of this study can help improve governance procedures and service delivery at the provincial level in Gauteng.

1.7 Delimitations

This study is intentionally delimited to an investigation of corporate governance practicies within the Gauteng Department of Health, with a focus on public healthcare at the provincial level. It excludes national and municipal health departments as well as private healthcare institutions to maintain a concentrated scope on governance

issues specific to the provincial context. Furthermore, the study is narrowed to selected hospitals and facilities within Gauteng Province, chosen for their relevance to governance structures and oversight mechanisms. Accordingly, the focus is on the relationship between governance practicies and service delivery outcomes, explicitly excluding operational or clinical issues that fall outside the domain of governance. Additionally, the research draws on insights from provincial health officials, hospital workers, patients, and community representatives to retain an emphasis on decision-making and oversight processes.

1.8 Limitations

The limitations of this study are as follows: The study is restricted to a single case, namely the public hospitals serving the Gauteng province. Similar studies carried out in other provinces can provide different findings. The study also focuses on a certain time frame, However, good governance and healthcare delivery dynamics may change over time.

Mistrust by some respondents: The study addresses delicate and complicated subjects, including governance and service provision. As a result, some hospital staff members were reluctant and uncomfortable discussing governance and service delivery difficulties with the researcher.

Limited published resources: The lack of recent published material on governance and service delivery, particularly in the Gauteng hospitals, led the researcher to rely on outdated sources alongside already-existing regulations and official publications.

1.9 Assumptions

Whereas the absence of good governance and service delivery leads to failed initiatives in the health department, the Gauteng government is assumed to remain proactive in advancing good governance principles for enhanced public service delivery. Further, an assumption was that the mixed-method, holistic case study approach would provide an in-depth understanding of how Gauteng Hospitals' relatively good governance and service delivery impact good governance principles for enhanced public service delivery. The final assumption was that ample documents would be available to contribute sufficient data to explain how Gauteng hospitals institutionalise good governance principles for enhanced public service delivery.

1.10 Chapter summary

The chapter provides a comprehensive overview of corporate governance principles and their relevance to the Gauteng Department of Health. It discusses the fundamental elements of corporate governance, such as transparency, accountability, and ethical behaviour, and explains their importance in ensuring effective management and oversight within organisations.

The chapter underscores the critical importance of addressing governance challenges in the Gauteng Department of Health to enhance service delivery, restore public trust, and ensure the effective functioning of the healthcare system. It delves into the specific governance challenges faced by the Gauteng Department of Health. Drawing on existing literature, government reports, and empirical research, it raises issues such as financial mismanagement, procurement irregularities, human resource deficiencies, and service delivery shortcomings. The section also explores the root causes of these challenges, including systemic factors, institutional weaknesses, and external pressures. However, a noticeable gap is the lack of empirical research focused on corporate governance in the Gauteng department of health. Thus this research is vital as it aims to enrich the body of knowledge on corporate governance in the province's health service delivery. Additionally, the study seeks to contribute towards the strengthening of governance systems, thereby ensuring the provision of quality healthcare services to the citizens of Gauteng.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Governance has emerged as a key concept in scholarly debates regarding how public institutions manage themselves and their relationships with the rest of society. Public institutions play an important role in reducing poverty and improving service delivery, and they must have effective governance procedures in place to provide quality services to the public. The objective of this chapter is to review the literature on governance in the public sector, with an emphasis on health. The chapter is organised as follows: Section 2.2 presents the theoretical underpinning of the study; Section 2.3 examines governance in the public sector; Section 2.4 addresses governance effectiveness, efficiency and service delivery: Section 2.5 discusses key governance challenges in Department of Health; Section 2.6 explores challenges that affect the delivery of quality healthcare services in the province; Section 2.7 evaluates the effectiveness of current governance practices in addressing these challenges; Section 2.8 examines the relationship between governance and service delivery; Section 2.9 oullines the legal framework; and Section 2.10 proposes the research strategy, design, procedures, and methods arising from the literature reviewed.

2.2 Management theories underpinning the study.

Theories that relate to the research are discussed below:

2.2.1 Agency theory

Agency theory holds that the interests of principals and agents are inherently incompatible because individuals are always motivated by self-interest. The principal relies on the agent to make the right decision, but this can lead to disagreements or conflicts, as the agent may not always make decisions that are in the best interest of the principal, even though the two parties strive to achieve a common goal (Homayoun, 2015). The principal may impose limitations on agents' interests that diverge from their own in order to maintain a certain level of conformity. However, the control mechanisms are expensive and ineffective because they can interfere with the realisation of strategic decisions and restrict collective actions (Bonazzi & Islam, 2007).

This theory is relevant to the current study because the population is sovereign in a democratic system and hence has the power to elect individuals to represent it in

public management. Elected politicians who run public administrations are essentially national agents. However, elected officials can be opportunistic, using their positions to further personal interests rather than the interests of the people they are supposed to represent. Unfortunately, agents are frequently unable to implement measures to control this behaviour.

2.2.2 Stakeholder theory

The stakeholder theory posits that organisations should aim to do right by all its stakeholders to achieve long-term success. The stakeholders of an organisation are the groups that the organisation depends on for its survival. These include groups affected by the institution's policies and decisions, such as customers, political affiliations and formations, employees, and other key partners. This perspective portrays institutions as an intricate network of stakeholders who contribute to organisational health and success (Horisch et al., 2014). A healthy organisation values contributions from all parties, including suppliers, manufacturers, governmental bodies, and customers (Phillips et al., 2003)**.**

By utilising this framework, government agencies such as the Department of Health will be able to develop policies that benefit the majority of people in society by makingstrategic decisions. Hence, behaviour, structure, and exploitations are linked hereto. In good governance, the primary aim of the stakeholder framework is to gather and integrate existing policies, guidelines, and supporting documents. Stakeholder consultations across government domains will aim to deconstruct convoluted systems and concurrent activities at the national and provincial levels with the intention of reorganising them (South African National Department of Health, 2015). In addition to delivering services, this will involve cash management to ensure sufficient funds are available to meet the population's health demands, which vary across the country depending on factors such as population size, distribution, and disease burden.

2.2.3 Resource Dependence Theory

Resource Dependence Theory (RDT) suggests that an organisation relies on external resources to survive and grow. These resources may come in the form of raw materials, workers, or funding. This resource dependence framework is used by researchers to understand how organisations interact with one another (Malatesta & Smith, 2014)**.** Organisations are shaped by their environment, which consists of other

organisations that influence economic, political, and social aspects. The necessity to obtain resources results in the formation of trade ties or network governance among organisations (Acqua, 2021), creating organisational interdependence. These relationships create dependency, which can lead to uncertainty, external control, or negative effects (Davis & Cobb, 2010).

The theory suggests that an organisation relies on external resources to survive and grow. In corporate organisations, directors serving on multiple boards can enhance their knowledge and expand their professional networks. These directors contribute valuable resources, such as information and skills, which facilitate business operations. This, in turn, fosters confidence and reduces the costs associated with conducting business with external organisations (Hillman & Dalziel, 2003)**.**

By incorporating RDT into effective governance and service delivery, healthcare organisations can better understand how diverse environments react to resources pressures caused by erratic resource access and the organisational tactics they use to protect resources. According to this approach, governance for health involves efforts made by governments or other actors to guide communities toward a goal of health as a component of overall well-being, using both whole-of-government and whole-of-society approaches (Moore, 2020). It emphasises the importance of health and well-being in creating a prosperous society and a thriving economy in the twenty-first century, and bases policies and methods on principles like equality and respect for human rights. It fosters collaboration between health and non-health sectors, as well as between public and private actors and individuals, towards a shared goal (Edward, et al., 2015).

2.2.4 Ethics theory

Ethics theory is based on principles of right and wrong (Abdullah & Valentine, 2009). It informs ethical decision-making, increasing confidence and competence when making future ethical decisions. Abdullah and Valentine (2009) assert that the main purpose of ethics is to ensure good governance. The primary task of good governance is to fulfil what is termed the social compact (Roberts, 2005). This entails ensuring that all citizens are treated fairly and with respect, and that public policies are both effective and efficient. There are several ways to strengthen moral values in governance using ethics theory; some examples are outlined below:

Selflessness: Public officials should prioritise public interests over personal gain. They should not do anything to benefit themselves, their families, or their friends (Ministry of Public Administration, 2019). The following values are central to the ethics theory:

Integrity: Public officials should not be placed under any financial or other obligation to anyone else that might influence their decision-making (Ministry of Public Administration, 2019).

Objectivity: Public officials should make decisions based on merit and the public's best interest, avoiding favouritism or personal gain (Ministry of Public Administration, 2019).

Accountability: Public officials should be as transparent as possible, allowing the public to have a clear understanding of decisions and actions (Ministry of Public Administration, 2019).

Accountability: Public officials are required to declare any personal interests that may interfere with their public obligations and take efforts to address any conflicts of interest that may occur (Ministry of Public Administration, 2019).

Leadership: Public officials should lead by example, promoting and supporting these principles (Ministry of Public Administration, 2019).

Sense of belongingness with the public: In order to facilitate ethical governance, elected officials should foster a personal connection with their constituents, listening to and addressing their concerns (Ministry of Public Administration, 2019).

Responsive Civil Servants: High-level officers should provide feedback on the problems faced by the public and suggest solutions within the bounds of the law (Ministry of Public Administration, 2019).

2.3 Governance in the public sector

Bahr, Falkner, & Treib (2007) describe governance as a process of governing that differs from the traditional model, where elected representatives make binding decisions together, and public administrators enforce those decisions. Regardless of whether a government is democratic or not, governance refers to a government's power to set and enforce laws and deliver services (Fukuyama, 2013). Governance issues involve the ability of government to create an efficient, effective, and accountable public management system that is open to citizen participation. This

process strengthens democracy rather than weakening it. Different institutions are used to ensure that governance is achieved, and these include laws, courts, and other entities (United Nations Development Programme, 2012). The level of respect that citizens have for the institutions that govern their interactions is equally important (Kaufmann & Kraay, 2007). Overall, the governance of a country is based on power politics, with an emphasis on the interactions between political players. Governance is a set of laws that control how social actors behave. This system shapes the actions of people, businesses, and governments. Governance also refers to the policy dimension as a tool for achieving specific goals (Peters & Pierre, 2000).

2.4 Governance effectiveness, efficiency, and service delivery

Good governance promotes effectiveness and efficiency in the public sector, leading to improved service delivery. Mandl et al. (2008) highlight that effectiveness relates to the input or the output of the final objectives to be achieved, namely the outcome. Jones and Pendleburg (1996) define effectiveness as the success in achieving objectives, while Cohen (1993) indicates that the notion of effectiveness changes depending on the context, type, and objectives of the organisation. Different organisational environments require different functions and features to be performed.

Efficiency is defined as the relationship between the cost and the expedience of transforming inputs into outputs (Minnaar & Bekker, 2005). Grandy (2008) asserts that efficiency in the public sector involves public servants using the most economical means to achieve the desired result. To ensure optimal use of available public funds, alternative strategies should be considered. In addition, Grandy (2008) notes that early public administration theorists like Morris Cooke and Frederick Cleveland held a broad view of efficiency regarding the use of public resources. Cooke and Cleveland argued that efficiency promotes public responsiveness to citizen demands in a democracy, a perspective that is shared by Rutgers and Van der Merwe (2006).

According to Rutgers and Van der Merwe (2006), efficiency is the "basic value" that, when correctly upheld, supports the broader values of government activity, especially given the limited availability of public resources. This underscores that effective government and service delivery rely heavily on efficiency. It is important to emphasise that the meaning of efficiency can vary significantly across different fields of study. In this research, it refers to the prudent use of public resources to maximise outcomes.

Service delivery is defined as the provision of goods or services by a government or other organisations to those who need or demand them (McLennan, 2009). Numerous social considerations are accounted for by those holding constitutional responsibility when providing services. To ensure the sustainability of service delivery, this approach involves equitable resource allocation and redistribution, promoting social equality, improving living conditions, and enhancing the economy (McLennan, 2009).

The United Nations Development Programme (2016), states that a shortage of services and an inadequate operating environment directly impact people's demand for essential services and facilities. For example, the greater the distance to access services, the lower the demand for those services. In other words, poor service delivery and a lack of critical infrastructure adversely affect people's daily lives at the grassroots level. Poor rural communities may struggle to receive medical care, send their children to school, and even purchase basic foodstuffs (United Nations Development Programme, 2016).

According to Katorobo (Katorobo, 2007), understanding the scope and context of the term ‘service delivery’ enables public institutions to focus on what the sub-national government intends or plans to provide, and what citizens expect in terms of the quantity and quality of services rendered. Katarobo (2007), also argues that a robust approach to service provision enhances the public sector’s capacity to deliver services in line with people's aspirations and needs. To enhance the service delivery process, the impact of services should be assessed using well-designed and meaningful metrics, such as citizen surveys and polls.

2.5 Key governance challenges in the Department of Health

Ditzel, Strach, Pirozek (2006) assert that the governance process is managed by boards and senior management, forming the core of "hospital governance." Eckloo et al. (2004) contend that hospital boards and management face significant challenges due to various advancements in health services and healthcare policies, particularly regarding the influence of political and social actors on how services are provided. Since 2012, South African public healthcare facilities have undergone modifications in management and leadership roles to ensure that hospital administration adheres to the values of equity, efficiency, effectiveness, transparency, and accountability (NDoH, 2012). The importance of these principles has been acknowledged in Central

and Eastern Europe (CEE) and the Former Soviet Union, where the interplay between external factors and organisational structure significantly affects the performance of hospitals (Jakab et al., 2003).

Furthermore, both internal and external accountability elements, together with enduring poor accountability procedures, have created an irregular incentive environment in which incentives and punishments are unrelated to performance. As a result, hospital administration often lacks the autonomy to implement necessary reforms to enhance productivity and efficiency (Jakab et al., 2003). The majority of health professionals perceive health primarily as a national issue, viewing global health as a portion of public health that concentrates on addressing illnesses associated with poverty. Domestic issues need to be examined within a regional and global context; otherwise, policies and actions to address them will be ineffective. A briefing from McDermott Will and Emery (2019) examines the problems and developments in healthcare governance for 2019.

2.5.1 The strength of board oversight

One of the primary responsibilities of the healthcare board in governance is to oversee the performance of the organisation and ensure accountability for outcomes, particularly concerning mission success, financial governance, strategic direction, quality, and patient satisfaction (McDermott Will & Emery, 2019). In the digital age, media scrutiny of patient issues, billing practices, products, public safety, and consumer rights often illuminates the healthcare board's roles, procedures, diligence, dependence on CEOs, and the efficacy of board monitoring. The monitoring roles of the healthcare board are often scrutinised when organisational issues are highlighted (McDermott Will & Emery, 2019).

2.5.2 Diversity and board recruitment

A varied board composition offers several advantages, such as a diversity of viewpoints, experiences, and talents that improve decision-making, according to best practices for all kinds of boards. Attaining such diversity requires intentional, strategic methods for board recruiting (McDermott Will & Emery, 2019). According to the American Hospital Association’s National Healthcare Governance Survey Report (American Hospital Association, 2019), hospital and health system boards are making little progress in racial/ethnic, age, gender, or professional diversity. Moreover, over

76 percent of survey participants said that no board member had been substituted or failed to be reappointed while eligible in the preceding three years (American Hospital Association, 2019).

2.5.3 Conflicts of Interest

McDermott et al. (2019) highlight that several high-profile healthcare board conflicts of interest controversies have been brought to the national forefront. These issues frequently stem from insufficient board oversight of CEOs with concealed conflicts regarding mergers and acquisitions, directors possessing vendor relationships with the organisation or lacking independence, and ineffective processes for identifying, disclosing, and managing potential conflicts of interest. The need for healthcare boards to exhibit an unwavering commitment to their fiduciary responsibility of loyalty has become more critical (McDermott Will & Emery, 2019).

2.5.4 Director engagement

As the healthcare landscape becomes more complex, boards are constantly confronted with the need to make intricate and critical choices about significant concerns and risks (American Hospital Association, 2019). This level of complexity requires healthcare board members who are thoroughly engaged in governance and can allocate the necessary time and focus to facilitate creative conversations and tackle challenging decision-making systematically and comprehensively. In 2019, director involvement, attention, and dedication emerged as focal points for regulators, courts, and governance thought leaders. Healthcare boards are evaluating strategies to reduce director distractions and enhance the allocation of directors' time for effective governance activities (American Hospital Association, 2019).

2.5.5 Tax-exempt status

Several state regulatory agencies have examined healthcare groups, questioning their classification as charitable, non-profit companies eligible for tax-exempt status (McDermott Will & Emery, 2019). The criticisms have stemmed from several arguments, including access to care difficulties, worries over "mission drift," and the examination of non-profit companies' sponsorship of for-profit subsidiaries (McDermott Will & Emery, 2019).

2.5.6 The intersection of governance and quality of care

Monitoring quality and safety is a primary responsibility of healthcare boards (American Hospital Association, 2019). The role of quality control has expanded and become more complex as the healthcare system develops and becomes a continuum of care. This requires robust governance that oversees the quality of treatment across all levels. An inadequate governance framework may lead to systemic quality problems that increase the incidence and prevalence of care-related difficulties, along with medical personnel apprehensions about hospital and health system executives and boards (American Hospital Association, 2019).

2.5.7 Time for a compliance review

Healthcare board compliance committees are reassessing the breadth and efficacy of their initiatives. These emphasise the efficacy of compliance initiatives and the criteria often used in their assessment (McDermott Will & Emery, 2019).

2.5.8 Disruption increases in frequency and variety

There are many different kinds of disruptions in the healthcare industry, and they are growing in number. Peregrine and Kaufman (2021) assert that healthcare boards must oversee emerging disruptive factors by: requiring management to identify potential threats and formulate responsive strategies; contemplating modifications to board processes and structures to enhance the efficacy of response plans; and ensuring that pertinent information regarding business disruptions is consistently presented to the board (Peregrine & Kaufman, 2021).

2.5.9 Legal challenges to board infrastructure

The New York state attorney challenged the organisational design and internal financial arrangement of the Lutheran Care Network, leading to extensive media coverage (Stock, 2019). The result of this litigation may influence the parent businesses' future capacity to exert financial and governance oversight over the subsidiaries even if they are just participants in the healthcare system (Stock, 2019).

2.6 Challenges affecting the delivery of quality healthcare service in the province.

Substantial evidence indicates that the quality of healthcare in South Africa has been undermined by several difficulties adversely affecting healthcare standards (Bhengu & Maphumulo, 2019). Enhancements in quality care result in fewer mistakes,

decreased delays in care provision, heightened efficiency, expanded market share, and reduced costs. The deterioration of quality healthcare has resulted in a loss of public faith in the healthcare system in South Africa. The provision of excellent healthcare is a constitutional mandate in South Africa (Stuckler et al., 2011). To further enhance health care, efficiency, safety, and quality of delivery and access for everyone who requires it, the government has implemented a number of innovations and programs (Mogashoa & Pelser, 2014). Additionally, significant modifications have been made to health policy and legislation to ensure compliance in providing high-quality care (Moyakhe, 2014). Although the government established several commendable objectives to enhance service delivery quality in healthcare, media and community reports from 2009 indicated that public health institutions were still not meeting fundamental care standards and patient expectations (National Department of Health, 2012). This has resulted in a deterioration of public confidence in the healthcare system (Zubane, 2021). Koelbe and Siddle (2014) characterise the healthcare system in South Africa as deteriorated and in urgent need of restoration.

A multitude of issues within the South African healthcare system may be attributed to the apartheid era (1948–1993), during which the healthcare framework was markedly fragmented and discriminatory among four distinct racial groups: black, mixed race, Indian, and white (Baker, 2010). The apartheid administration exacerbated the issue by establishing 10 Bantustans, or ethnic homelands, into which Africans were forcibly segregated, each with its own health departments and professional organisations (Baker, 2010). This resulted in a decline in health system delivery due to resource scarcity, disproportionately impacting impoverished areas (Chasin & Loeb, 2013).

Significant efforts have been undertaken to enhance the quality of healthcare delivery in South Africa since the 1994 elections; yet, several concerns have been expressed by the public about public institutions (Bhengu & Maphumulo, 2019). Among the several topics, the following six themes are addressed:

2.6.1 Prolonged waiting time because of shortage of human resources

A significant deficiency in sub-Saharan African health systems is insufficient human resources. Africa reportedly has less than one health professional per 1,000 people, in contrast to 10 per 1,000 in Europe (Fonn et al., 2011). Barron and Padarath (2017) observed that health issues in South Africa are exacerbated by the inequitable

distribution of health professionals across the private and public sectors, as well as the uneven allocation of public sector health professionals among provinces. Research by Tana (2013) revealed that participants reported the inadequacy of health personnel, noting that this resulted in physical and mental fatigue, and in some instances, exacerbated their medical conditions.

2.6.2 Adverse events

Additional examples documented were individuals who experienced complications, or in some instances, died due to being refused entry to the public healthcare institution or denied healthcare services (Barron & Padarath, 2017). Kama (2017) documented the story of a 1-year-old infant who died while being carried on his grandmother's back after being denied attention at three separate healthcare institutions in a township in Cape Town. In a separate occurrence within the same municipality, a teenager delivered a baby on the street outside a health institution after being denied entry (Kama, 2017).

2.6.3 Poor hygiene and poor infection control measures

As stated by Young (2016), public healthcare facilities have several deficiencies, including extended waiting periods, substandard healthcare services, outdated and inadequately maintained infrastructure, and ineffective disease control and preventive measures. Dunjwa (2016) reported that several facilities faced challenges such as inadequate waste management, insufficient cleanliness, and substandard upkeep of grounds and equipment. Nevhutalu (2016) found that both patients and staff acknowledged inadequacies in the physical environment of some departments, such as unsanitary restrooms, which hindered the provision of excellent healthcare.

2.6.4 Increased litigation because of avoidable errors

The increase in medical negligence lawsuits against the Department of Health has resulted in substantial financial settlements, exacerbating the burden on the health budget. During a medico-legal meeting in Pretoria (09–10 March 2015), Health Minister Dr. Aaron Motsoaledi characterised these claims as reaching 'crisis' status, characterised by a significant surge in medical malpractice lawsuits, which deviate from established patterns of carelessness or misconduct (Kollapen et al., 2017). A report detailing medico-legal claims disbursed by the government across South Africa's provinces, delivered at the forum by the acting Chief Litigation Officer of the

Department of Justice and Constitutional Development, revealed that the total amount of litigation payout for 2015 was R498,964,916.72. The KwaZulu-Natal Department of Health topped the list with claims paid totalling R153,612,355.49, alongside over R5 billion in outstanding lawsuits in the province (Kollapen et al., 2017).

The South Africa Nursing Council additionally documented an increase in misconduct complaints involving nurses, suggesting violations of the rights of patients and their families (National Department of Health, 2013). Kukreja et al. (2012) further confirmed the occurrence of malpractice lawsuit claims within the nursing profession; nevertheless, no scientific studies have been undertaken in South Africa on this issue.

2.6.5 Shortage of resources in medicine and equipment

Timeslive (2018) reported widespread concerns over the scarcity of equipment in hospitals, resulting in critical delays in essential surgeries. Backlogs in work result in prolonged delays for some patients seeking treatment, including cancer patients impacted by a shortage of oncology specialists and equipment, as well as lengthy waiting lists for surgery or diagnosis, also due to insufficient equipment (Bhengu & Maphumulo, 2019). The analysis indicates that prolonged waiting periods for medical treatment may have subjected patients to difficulties or possibly mortality; public hospitals, as stated in the report, have become “a death-trap for the impoverished” (Timeslive, 2018). A study by Mokoena (2017) indicated that the shortage of material resources, equipment, and supplies—such as glucometers for blood glucose monitoring and needles for lumbar puncture in diagnosing meningitis—contributes to extended hospital stays for patients.

The participants indicated that the scanning machine was malfunctioning, necessitating patient referrals to other hospitals for examinations or requiring them to wait for repairs, which led to delays in treatment and diagnosis (Mokoena, 2017). Manyisa and Van Aswegen (2017) identified a deficiency in administrative resources and qualified personnel, which negatively impacts the quality of treatment provided in healthcare facilities.

2.6.6 Poor record-keeping

Karma (2017) asserts that inadequate record-keeping results in unwarranted delays for patients. Frequently, patients' files are either missing or misplaced, and rather than healthcare professionals informing the patient of this issue, they often allow the patient

to continue waiting (Kama, 2017). In dire circumstances, the patient's medical history may be forgotten, resulting in problems that might lead to misdiagnosis and, in some instances, patient mortality (Kama, 2017). The Mercury reported on April 9, 2015, that the Pietermaritzburg High Court mandated a district hospital in KwaZulu-Natal to release medical records to the patient's attorney. This case involved a patient who, in July 2006, delivered twins at the hospital, reportedly losing one twin while the surviving twin developed cerebral palsy due to alleged hospital negligence (Regchand , 2015).

2.7 Effectiveness of current governance practices in addressing challenges

Effective corporate governance practices are essential for ensuring that health departments operate efficiently and deliver quality services to the public (Almatogtome et al., 2020). Current government practices in addressing challenges related to corporate governance and service delivery in the Department of Health are highlighted hereunder.

2.7.1 Accountability and transparency

Accountability and transparency are fundamental components of effective corporate governance. According to Bovens et al. (2008), accountability mechanisms in public health organisations are vital for ensuring that health services are delivered effectively and efficiently. The study highlights that governments need to implement robust accountability frameworks to monitor performance and ensure that resources are used appropriately. Effective accountability practices help identify inefficiencies and implement corrective measures, thus improving service delivery.

2.7.2 Leadership and management practices

Leadership and management practices play a crucial role in the governance of health departments. In a research article, Gilson and Daire (2011) emphasised the importance of strong leadership in driving organisational performance and service delivery outcomes. The study suggests that effective leadership practices, including strategic planning, performance management, and stakeholder engagement, are critical for addressing governance challenges and enhancing the quality of health services provided to the public (Gilson & Daire, 2011).

2.7.3 Policy implementation and compliance

The effectiveness of government practices in health governance is also influenced by policy implementation and compliance. Brinkerhoff (2004) explored the challenges

associated with policy implementation in health systems and the impact on service delivery. The study argues that while governments often develop comprehensive health policies, the effectiveness of these policies depends on their implementation at the local level. Ensuring compliance with established policies and regulations is essential for improving service delivery outcomes and addressing governance challenges (Brinkerhoff, 2004).

2.7.4 Resource allocation and utilisation

Efficient resource allocation and utilisation are critical for the effective governance of health departments. A study by Gupta et al. (2003) examines the impact of public expenditure on health outcomes and the importance of resource management. The research highlights that adequate funding and efficient use are essential for quality health services. Government practices that ensure equitable resource allocation and effective utilisation can significantly improve service delivery and address governance challenges (Gupta et al., 2003).

2.7.5 Monitoring and evaluation systems

Monitoring and evaluation (M&E) systems are essential for assessing the effectiveness of health governance practices. According to AbouZahr and Boerma (2005), robust M&E systems enable governments to track performance, identify gaps, and make data-driven decisions to improve health service delivery. The study suggests that effective M&E practices are crucial for continuous improvement and accountability in health governance, thus addressing service delivery challenges (AbouZahr & Boerma, 2005).

A qualitative survey was conducted on stakeholders' perceptions of the challenges of good governance in Malawi (Grugel et al., 2020). Malawi is committed to achieving universal health coverage by 2030, and like other low-income countries, limited resources impede access to and quality of healthcare in Malawi. The health sector relies heavily on donor contributions and mismanagement of publicly funded healthcare, causing donors to withdraw funds, limiting services and resources. Using a qualitative approach, stakeholders indicated that governance challenges are a major obstacle to achieving a more effective and equitable health system. The study identifies three categories: accountability; health resource management (health financing; drug supply); and influence on decision-making (power imbalance;

stakeholder involvement) (Grugel et al., 2020). Stakeholders do not trust the ability of governments to provide universal healthcare in a timely manner, citing the need for publicly funded service providers to improve supervision, implementation, service delivery, and social responsibility in their communities (Grugel et al., 2020).

Another case study on an effective governance model for public health management in public hospitals was conducted in Pakistan (Nawaz & Mohamed, 2020). The study examines the impact of good governance, such as accountability, fairness, and transparency, on public health indicators. In addition to the accountability of public health hospitals, the results show that health outcomes have a significant link to good governance, fairness, accountability, and transparency (Nawaz & Mohamed, 2020). Public health administration at different levels should improve the ability to deliver quality services, research, and contribute to society at large by utilising scarce resources and creating an environment of good governance to improve health outcomes from available strengths and maximise and overcome challenges. The findings and recommendations add value to the current health literature and are expected to be of particular value to the public and private health sector in Pakistan (Nawaz & Mohamed, 2020).

2.8 Relationship between governance and service delivery

Effective corporate governance is a critical factor in enhancing service delivery in public sector organisations, including the healthcare sector. Governance encompasses the processes, structures, and mechanisms that ensure accountability, transparency, and responsiveness within an organisation (Fukuyama, 2013). In the context of the Gauteng Department of Health, the relationship between governance and service delivery is crucial for improving health outcomes and ensuring efficient use of resources.

2.8.1 Corporate governance in public sector healthcare

Corporate governance in the public sector, particularly in healthcare, involves the establishment of policies, systems, and procedures that promote accountability and transparency (Monks & Minow, 2011). According to (Pillay, 2008), effective governance frameworks in healthcare organisations lead to better decision-making processes, which directly impact the quality of service delivery. Governance mechanisms such as oversight committees, performance monitoring, and stakeholder

engagement are essential in ensuring that health services are delivered efficiently and meet the needs of the population (Mohamad, 2004).

2.8.2 Impact of governance on service quality

Governance practices significantly affect the quality of healthcare services provided. (Maphumulo & Bhengu, 2019), highlight that poor governance, characterised by a lack of accountability and transparency, often results in inadequate service delivery, resource misallocation, and corruption. Conversely, strong governance practices lead to enhanced service quality, patient satisfaction, and improved health outcomes. Effective governance ensures that healthcare providers adhere to established standards and protocols, thereby improving the overall quality of care (Maphumulo & Bhengu, 2019).

2.8.3 Transparency and accountability

Transparency and accountability are fundamental principles of good governance that directly influence service delivery in the healthcare sector. Brinkerhoff and Bossert (2008), argue that transparency in decision-making processes and accountability mechanisms helps build trust among stakeholders, including patients and healthcare workers. In the Gauteng Department of Health, ensuring that decision-makers are accountable for their actions can reduce instances of malpractice and inefficiency, thus improving service delivery.

2.8.4 Role of stakeholder engagement

Engaging stakeholders in governance processes is essential for responsive and effective service delivery. An article suggests that stakeholder theory, which emphasises the importance of involving various stakeholders in decision-making processes, can lead to more comprehensive and effective healthcare services (Freeman & McVea, 2001). In the Gauteng Department of Health, involving patients, healthcare providers, and the community in governance processes can ensure that services are aligned with the needs and expectations of the population.

2.8.5 Governance and resource allocation

Effective governance is crucial for the equitable and efficient allocation of resources within the healthcare sector. According to Siddiqi et al. (2009), governance frameworks that promote transparency and accountability can help in the fair distribution of resources, ensuring that healthcare facilities are adequately equipped

and staffed. In the context of the Gauteng Department of Health, proper governance can lead to better financial management and resource allocation, thereby enhancing service delivery.

2.8.6 Challenges in governance and service delivery

Despite the recognised importance of governance, various challenges hinder effective service delivery in the public healthcare sector. A research article points out that issues such as bureaucratic inefficiencies, corruption, and lack of skilled personnel can undermine governance efforts and negatively impact service delivery (Van Rensburg, 2014). Addressing these challenges requires a comprehensive approach that includes policy reforms, capacity building, and strengthening oversight mechanisms.

A study on health system governance in Tanzania examined the impact on service delivery in the public sector (Mikkelsen-Lopez, 2014). The first part of this work developed a framework for evaluating the governance of the health system; the second part applied this framework to a selected governance issue in Tanzania, namely the supply of essential drugs to public health centres in Tanzania. A lack of accountability was found at the health institution level, where stocks of essential drugs served as an immediate indicator of governance failure. In cases involving fully funded donor drugs, stockouts represented a health system failure. These stockouts were due to national and international procurement issues, where excessive bureaucratic procedures led to fragmented and dysfunctional procurement processes for first-line antimalarial drugs (Mikkelsen-Lopez, 2014). A key recommendation was that Tanzania revise the drug ordering system with greater involvement of health workers to better understand the challenges they face. The main recommendation was to increase the accountability and transparency of the drug distribution system and to establish cross-references between data sources, thus generating more reliable information about drug consumption (Mikkelsen-Lopez, 2014).

2.9 Proposed research strategy, design, procedure and methods arising

The objectives of the study inspired the development of the literature review, which contributed to a better understanding of good governance and its impact on the provision of quality healthcare. It is essential to evaluate various literature sources that are relevant to various nations to build insights into the subject, with a focus on

synthesising multiple sources to organise data in a manner that reflects the primary features of the research objectives.

The reader is better able to understand the issues raised in the research as a result of the pressure placed on public hospital systems to increase their performance while also dealing with significant resource limitations, notably staff shortages, proper record management, and resources scarcities. Using various theories, the chapter examined the organisational tactics that public healthcare organisations might employ to secure resources and how they can respond to pressure arising from uncertain access to resources. This evaluation also included a gap analysis of the research on good governance and how it influences healthcare delivery, notably in South Africa's Gauteng Province, as well as what other studies have tested the quality of public healthcare services. As demonstrated in the preceding literature, the purpose of the study is to investigate the impact that good governance has on public healthcare in the Gauteng Province by employing both qualitative and quantitative methods described in the following chapter.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter outlines the research design, approach, and methodology to achieve the research objectives. The chapter is structured as follows: Section 3.2 presents the research strategy. Section 3.3 outlines the research design. Section 3.4 presents the sampling approach. Section 3.5 outlines data sources and types. Section 3.6 outlines reliability and validity. Section 3.7 outlines ethical considerations.

3.2 Research strategy

Khothari (2020) shows that a research strategy systematically addresses research problems and methods that encompass quantitative, qualitative, and mixed methods approaches (Walliman, 2017). Quantitative research involves numerical data and statistical analysis to explore relationships, while qualitative research focuses on narratives and insights from social contexts. This study adopts a mixed research strategy to leverage both quantitative and qualitative data for a comprehensive analysis to effectively address the research questions.

The study employs a mixed approach, integrating quantitative indices such as the Good Governance Index (GGI) alongside thematic analysis of qualitative data from transcripts and field notes. The quantitative aspect involved the development and application of the Good Governance Index (GGI), which assessed governance practices across Gauteng's public hospitals. This was part one of the research, focused on providing numerical insights into governance compliance.

After the quantitative data was captured through the GGI, the study transitioned to qualitative methods, which involved semi-structured interviews with hospital personnel. These interviews allowed for a deeper exploration of the governance challenges identified through the GGI, providing rich, narrative insights. The thematic analysis of interview transcripts formed the basis for understanding the underlying governance issues impacting service delivery. This methodological approach enhances the study's depth and breadth in evaluating governance practices and service delivery impacts in Gauteng hospitals.

3.3 Research design

Research design is a systematic plan used to collect and analyse data to address research objectives and questions accurately (Leavy, 2017). The first part of this

research assesses the level of compliance with corporate governance codes by the Department of Health. To achieve this, the Good Governance Index was developed. The primary objective of the Good Governance Index was to create a robust tool for assessing the governance landscape and evaluating the effectiveness of various interventions implemented by Gauteng hospitals. In the context of this study, the governance index functions as a ranking instrument, providing a comprehensive measure of hospital governance performance in Gauteng. The index is anchored in four core values: accountability, leadership, transparency, participation, and integrity. Each value is characterised by distinct indicators, which are scored accordingly using either 0 (meaning non-compliance) or 1 (meaning compliance). These scores are aggregated to determine the overall value of each indicator. The governance of each Gauteng hospital was measured against this benchmark to assess the extent of compliance with governance requirements and best practices.

The second part of the analysis focused on data analysis and involved systematic data capturing, coding, and analysis to derive meaningful insights (Kumar, 2018). Thematic analysis was used to identify, analyse, and report patterns (themes) within data. This process was carried out as follows: First, familiarisation with the data, which included re-reading the interview transcripts and field notes to become thoroughly acquainted with the content, as suggested by Braun and Clarke (2006). Secondly, generating initial codes, which involved systematically tagging interesting features of the data across the entire dataset. Each segment of data that appeared relevant to the research questions was assigned a code. Coding was data-driven, ensuring that it captured both expected and unexpected insights. Braun and Clarke (2006) emphasise that coding is a critical phase where data are organised into meaningful groups, providing the foundation for theme development. Lastly, the researcher searched for themes, whereby codes were collated into potential themes. This involved sorting different codes into overarching themes and collating all relevant coded data extracts within identified themes. A thematic map was developed to visualise how codes combined to form themes. Braun and Clarke (2006) suggest that themes are broader patterns of meaning derived from coded data, and searching for themes involves an active process of categorising and reorganising codes.

Table 1 - Themes of the research instrument - semi-structured interviews

Section	Theme	Information required from the respondents
1	Key governance challenges	Researchers seek to identify major obstacles faced in governance
2	Effectiveness of current governance practices	In this section, the researcher seeks to assess current governance practices
3	Relationship between governance and service delivery outcomes	In this section, the researcher seeks to establish how governance has affected service delivery outcomes

The key rationale for this decision is that the study is explanatory in nature, and open-ended questions allow for follow-up questions. The steps of data analysis followed by the researcher included conducting face-to-face interviews, with an electronic voice recorder used to record interview questions and responses. Data collected from the interviews were transcribed into text for analysis, and units of analysis were defined, categories and coding schemes were developed, coding of the content was conducted, and lastly, validity and reliability were checked.

Coding Data Segments

Coding involved systematically identifying and tagging segments of data that corresponded to the identified themes. In terms of key governance challenges, codes included terms like "obstacles," "barriers," "issues," and specific challenges mentioned by respondents. Regarding the effectiveness of current governance practices, codes included references to "success," "efficiency," "transparency," and examples of effective or ineffective practices. Lastly, in relation to the relationship between governance and service delivery outcomes, codes included terms such as "impact," "service quality," "outcomes," and specific instances where governance affected service delivery.

The data were analysed using the MAXQDA coding tool, which is intended for use with coded text segments and is ideal for presenting an overview of the contents coded with a code, analysing and if required, altering relevant codes. This structured approach ensured that the thematic analysis was thorough, systematic, and reflective of the data's rich insights, providing a comprehensive understanding of the governance issues studied.

3.4 Sampling approach

Sampling involves selecting representative data from a larger population to draw conclusions (Martinez-Mesa et al., 2016). This study employs probability sampling, ensuring each element in the population has an equal chance of inclusion. Specifically, simple random sampling was used to select 16 participants from four central hospitals in Gauteng: Chris Hani Baragwanath, Charlotte Maxeke, Steve Biko, and Dr. George Mukhari Academic Hospitals.

The sample size of 16 was determined by applying the saturation method which is well accepted in qualitative research. According to Guest, Bunce, and Johnson (2006), interviewing for 12 to 16 participants is often sufficient as new themes and insights generally do not emerge beyond that point. The study was performed using purposive sampling where participants were drawn from four centrally located hospitals in Gauteng (Chris Hani Baragwanath, Charlotte Maxeke, Steve Biko, and Dr. George Mukhari Academic Hospitals) in order to adequately capture the variety of governance phenomena.

Mason (2010) claims that the 15 to 20 interview mark is usually enough for qualitative research to reach saturation depending on how intricate the issue is. The 16 interviews carried out in this study were adequate because they provided sufficient breadth as well as depth of information. They also confirmed that there was data saturation because no new themes were emerging anymore. Creswell & Poth (2018) have also stated that for qualitative research using thematic analysis, having a sample size between 5 and 25 participants is the most viable option.

For these reasons, the obtained sample was both methodologically justified and sound in meeting the different requirements of the study and ensuring optimal data collection while depth of analysis was maintained. Relying on other methods did enhance the

confidence on the results in this research, particularly the Good Governance Index (GGI) which refocused the study's objectives from qualitative analysis.

3.5 Data sources and types

Data for this study were primarily sourced from scholarly articles, journals, books, and relevant educational resources. Secondary data, supplemented with primary data collected via a quantitative approach, including surveys and questionnaires, were employed to address research objectives effectively.

3.6 Reliability and validity

Reliability ensures consistency in research results, while validity ensures accuracy and relevance (Hurlimann, 2019). Measures such as credibility, dependability, transferability, and conformability were employed to enhance the reliability and validity of findings. Internal and external validity considerations were paramount in ensuring the research accurately reflected realities within the studied hospitals.

To ensure the reliability and validity of the study's findings, several strategies were implemented, in line with best practices in qualitative research. These strategies aimed to enhance the credibility, dependability, and confirmability of the results.

Credibility was applied through triangulation: The study employed data triangulation by combining multiple data sources, including the Good Governance Index (GGI) (quantitative) and interviews (qualitative). This allowed for a more comprehensive understanding of governance practices and service delivery outcomes, which helped confirm the consistency of the findings across different data sources.

Dependability was applied through Audit Trail: An audit trail was maintained throughout the research process. This included detailed documentation of all research steps, from data collection through analysis, to allow for an independent review of how decisions were made and how the conclusions were drawn.

Further, Thick Description was applied: Detailed descriptions of the research setting, participants, and context were provided to ensure the study's findings were reliable and consistent. This allowed readers to assess the transferability of the findings to other similar settings.

Objectivity was further applied using Reflexivity: The researcher engaged in reflexive practice throughout the research process, acknowledging their own potential biases

and prejudices that could influence data collection and interpretation. This was done through regular journaling and self-reflection on how these might affect the research process.

By employing these strategies, the study's reliability and validity were rigorously addressed, ensuring that the results are robust, accurate, and reflective of the realities within the Gauteng Department of Health's governance landscape.

3.7 Ethical considerations

Ethical principles guided the research process, ensuring participant safety, confidentiality, and informed consent (Arifin, 2018). Measures were taken to protect participants' rights and minimise potential harm, with permission obtained from hospital authorities to conduct the study. Participants provided voluntary informed consent, understanding their rights and the purpose of the study. The researcher upheld confidentiality and anonymity by ensuring that participant identities remained confidential and anonymous throughout the study. Additionally, official permission was obtained from hospital authorities to conduct interviews and collect data.

3.8 Chapter summary

The research study focused on the corporate governance practices within the Gauteng Department of Health. The primary objective was to establish a comprehensive governance index for the department, while also gathering data from central or academic public hospitals in the province. To guarantee the research generated useful information, the study used a mixed methodology, utilising quantitative indices such as the Good Governance Index (GGI) and thematic analysis of qualitative data from transcripts and field notes. Key findings were extracted through a detailed thematic analysis to define the study's objectives and address the underlying challenges.

CHAPTER FOUR: ANALYSIS OF DATA AND INTERPRETATION OF RESULTS

The first section deals with the Good Governance Index for the Gauteng Department of Health. This section details values such as accountability, leadership, transparency, and Integrity for the Department of Health in Gauteng. A Likert Scale analysis was employed to measure the extent to which the department has adopted the principles outlined in the Good Governance Index. The second section presents, examines, and discusses the empirical results of the primary data gathered from the semi-structured questionnaires administered to sixteen employees at Chris Hani Baragwanath, Charlotte Maxeke, Steve Biko, and Dr. George Mukhari Academic Hospitals. The data are summarised and presented using themes and tables, offering a detailed examination of the responses. The section discusses the findings in relation to the governance practices and challenges identified within these hospitals, providing a comprehensive view of the current state of governance in the Gauteng Department of Health.

4.1 Response rate

The results for the response rate are covered in the table below.

Table 2 - Response rate

	Frequency	**Percentage**
Responded	16	100
Not Responded	0	0
Total	**16**	**100**

The research sample consisted of sixteen respondents, whereby 100% of respondents responded. All the interview questions were answered in total.

4.2 Demographic information

The research sample was identified by gathering demographic data, which included the respondents' age, gender, race, level of education, and department within the organisation. This demographic information was then described and presented in

numerical form, providing a clear and structured overview of the characteristics of the sample.

4.2.1 Age of respondents

The information below presents the findings from the age analysis.

Table 3 - Age of respondents

	Frequency	Percentage
Less than 26	1	6.25
26-35	3	18.75
36-55	10	62.50
55-65	2	12.50
65 and above	0	0.00
Total	**16**	**100**

Table 4.2 above shows that 6.25% of the members were below the age of 26 years. Additionally, 18.75% of the members were between the age of 26 and 35 years. The age range of 36-55 included 62.50% of the members while the age range of 55- 65 years included 12.50%. There were 0.00% of members above 65 years. The results showed that not all age ranges of employees in the four different hospitals were represented in the research.

4.2.2 Gender of respondents

The information below presents the findings from gender analysis.

Table 4 - Gender of respondents

Gender	Frequency	Percentage
Female	10	62.50
Male	6	37.50
Total	**16**	**100**

The data from the 16 respondents show that 62.50% were female and 37.50% were male. This indicates a significant female representation among the respondents from the four different hospitals, with the percentage of females exceeding that of males by

25%. Despite this difference, the research successfully gathered views from both genders, demonstrating an effort to avoid gender bias in the survey.

4.2.3 Race of participants

The results of the race analysis are presented below.

Table 5 - Race of Participants

Race	Frequency	Percentage
African	16	100
White	0	0.00
Coloured	0	0.00
Indian	0	0.00
Total	**16**	**100**

The findings from Table 4.4 reveal that all participants (100%) in the study were African, with no representation from White, Indian, or Coloured groups. This lack of diversity among participants might indicate that the four hospitals involved do not sufficiently embrace diversity within their workforce or patient demographic. A diverse range of employees and patients can significantly benefit an organisation. Diversity encourages the development of creative solutions, enhances team agility, and promotes an environment that is more welcoming to a diverse customer base. By prioritising diversity, organisations such as the Gauteng Department of Health can improve governance and service delivery, ultimately leading to better outcomes for all stakeholders.

4.2.4 Level of education

The following information presents the findings from qualification analysis.

Table 6 - Qualifications of participants

Education	Frequency	Percentage
Certificate	0	0.00
Diploma	2	12.50
Bachelor Degree	8	50.00

Honours Degree	1	6.25
Master Degree	3	18.75
Doctorate	2	12.50
Total	**16**	**100**

The data presented in Table 4.5 indicate the educational levels of the study participants. Specifically, 0.00% of the participants had certificates, 12.50% held diplomas, 50.00% had bachelor's degrees, 6.25% had honours degrees, 18.75% had master's degrees, and 12.50% had doctorates. This breakdown shows that all respondents had at least a diploma, providing them with a solid foundation of knowledge relevant to the research problem. This distribution also suggests that the four different hospitals are committed to providing their employees with educational access and opportunities. Higher levels of education among employees are likely to positively impact their performance in essential duties. Furthermore, such education enhances their creativity and fosters constructive behaviour, contributing to a more effective and innovative workplace.

4.2.5 Departments in the organisation

The information below discusses the findings from the position analysis.

Table 7 - Participant's departments in the organisation

Department	Frequency	Percentage
Chief Executive Officer	3	18.75
Board Executive	5	31.50
Supply Chain Management	3	18.75
Quality Assurance	5	31.50
Total	**16**	**100**

The findings indicate that 31.50% of the respondents are from the Board Executives and Quality Assurance departments, while 18.75% are Chief Executive Officers and Supply Chain Management staff, respectively. This representation from various departments across the four different suggests comprehensive participation in the research. The diverse departmental involvement provides valuable insights that can guide decision-making across these hospitals. Understanding the specific challenges faced by each department allows for the development of targeted strategies to address

these issues effectively, ultimately enhancing overall performance and operational efficiency.

4.3 Data analysis and interpretation of findings

The study employed both Likert Scale analysis and thematic analysis to address its objectives, effectively aligning with participant responses. The Likert Scale offered a quantitative assessment of participants' attitudes and perceptions, enabling a structured analysis of their responses. In contrast, thematic analysis was used to identify and examine patterns within the data, providing deeper insights into the participants' experiences and viewpoints. This combination of quantitative and qualitative methods ensures a thorough and well-rounded understanding of the study's objectives, grounded in the participants' perspectives.

4.3.1 Objective 1: To assess the effectiveness of current governance practices

The first objective of the study was to evaluate the effectiveness of current governance practices within the department. This was achieved using the Good Governance Index as a framework for the presentation and interpretation of research findings. The analysis focused on how these practices impact good governance and service delivery in the Gauteng Department of Health. The findings from this assessment provide crucial insights into the strengths and weaknesses of the department's governance structure, guiding potential improvements in their service delivery processes. The scoring on the Index is represented as follows:

0 – Noncompliance: indicates that the specific governance criterion has not been met.

1 – Complied: indicates that the specific governance criterion has been fulfilled.

a) Accountability

The following information discusses the findings for Accountability as a value for the Good Governance Index.

Table 8 - Accountability

VALUE#1 – ACCOUNTABILITY	
1. Board and Directors	Score
- Non-Executive Directors independent of Management	1
- A chairperson who is a non-executive director.	1
- A Chief Executive Officer as accounting officer.	1
- Declaration of conflicts of interest register	0
- A Board/Company Secretary	0
- Board Committees established:	
○ Audit Committee	1
○ Remuneration Committee	0
○ Nomination Committee	0
- Annual calendar of meetings - general meetings with resolutions	1
- Formulate and reviews strategy.	1
- Ensures that financial statements are prepared annually.	1
- Performance appraisal of the chairperson and the Board and CEO	0
- Effective induction of the Board	1

The results presented in the table indicate that 61.54% of the score selections were in compliance with good governance practices, while 38.46% were in noncompliance. Despite the majority being compliant, the findings highlight several critical areas where the department is lacking, including the absence of a declaration of conflicts of interest register, the lack of a Board/Company Secretary, and the non-existence of a Remuneration Committee and a Nomination Committee. Additionally, there are no performance appraisals for the Chairperson, the Board, or the CEO.

These gaps suggest a need for the department to enhance its governance framework to ensure comprehensive compliance and effective oversight, both of which are essential for robust governance and improved service delivery.

b) Leadership

The following information discusses the findings for Leadership as a value for the Good Governance Index.

Table 9 - Leadership

VALUE#2 – LEADERSHIP	
2. Strategic Leadership	Score
- Strategic plan	1
- Business processes	1
- Medium Term Plan (MTP)	1
- Annual Business Plan	1
- Operational Plan	1
- Strategic Assets	1
- Human Resource Development Plan	1
- Information and Communication Technology plan	1
- Performance management system	1
- Remuneration Policy	1
- Code of conduct	1
- Conflict of interest disclosure by staff	0
- Organisational structure	0
- Delegations of authority	1
- Information System enhanced by eGovernment initiatives	0

The above results indicate that 80% of the score selections reflect compliance with governance practices, while 20% indicate noncompliance. Despite a high level of compliance, the findings identify specific areas of concern within the Department's leadership, including a lack of conflict of interest disclosure by staff, issues with the organisational structure, and insufficient enhancement of the Information System through eGovernment initiatives, as per the Department's website and the annual report for 2022/23. Addressing these areas is crucial for strengthening the department's governance framework. Improved conflict of interest disclosures, a more effective organisational structure, and better integration of eGovernment initiatives can enhance transparency, efficiency, and accountability within the department.

c) Integrity

The following information discusses the findings for Integrity as value for the Good Governance Index.

Table 10 - Integrity

VALUE #3 – INTEGRITY	
3. Financial Governance	Score
- Permanent appointment of Chief Financial Officer	0
- Corporate Plans are in place	1
- Approved working Budget	1
- Corporate Objective and statement	1
- Accounting Policies are in place	1
- Quarterly Reporting	1
- Annual Reporting	1
- Internal Audit plan	1
- Risk Management plan	1
- External Auditing	1
- Tax and Dividend Policy	1
- Black Economic Empowerment	1
- Employment Equity	1
- Information, Public awareness, and education	1
- Code of ethics	1

The above results show a strong compliance rate, with 93.33% of the score selections indicating compliance and only 6.67% indicating noncompliance. Despite the high compliance rate, the findings highlight a significant gap in the Department's leadership, specifically the absence of a permanent Chief Financial Officer (CFO) as noted in the Department's website and the annual report for 2022/23.

Filling the CFO position with a permanent appointee is essential for ensuring financial stability and effective financial management within the department. A permanent CFO can provide consistent leadership, improve financial decision-making processes, and enhance the overall governance of the department. Addressing this gap is crucial for maintaining the department's high compliance standards and achieving long-term organisational goals.

d) Transparency and participation

The information below discusses the findings for Transparency and Participation as a value for the Good Governance Index.

Table 11 - Transparency and participation

VALUE#4 – TRANSPARENCY AND PARTICIPATION	
4. Stakeholders Management	Score
- Accounts regularly to the Legislature (SCOPA and Portfolio Committees)	1
- Has partnerships in place (Public Private Partnerships, NGOs, BBBEE)	1
- Community consultation and awareness campaigns	1
- Communication and media relations framework	1
- Constant engagement with the Public Service Commission	0

The results presented in the table indicate that 80% of score selections reflect compliance with governance practices, while 20% reflect noncompliance. Despite a generally high compliance rate, the findings reveal a notable deficiency in the Department's engagement with the Public Service Commission. This lack of constant engagement is highlighted on the Department's website and in the annual report for 2022/23. Regular and proactive engagement with the Public Service Commission is crucial for maintaining transparency, accountability, and adherence to best practices in public service. Addressing this gap can help improve governance, foster better relationships with oversight bodies, and ensure that the department is meeting its public service obligations effectively.

4.3.2 Objective 2: To identify key governance challenges in the department.

The second objective of the study cantered on identifying key governance challenges within the Gauteng Department of Health. This subsection presents and interprets the research findings in relation to the principles of good governance and their impact on service delivery within the department.

Theme 1: Evaluate governance within Gauteng public hospitals in reference to the index and identify weaknesses

Sub-Theme 1.1: Hospital governance structure

Governance structure in hospitals was evaluated as a critical criterion in reference to the Good Governance index. The following views were expressed by respondents:

> *Typical governance structure includes: Hospital Board, Leadership or management, Specialised Committees such as finance, quality assurance, ethics etc. and Community Representatives.* - (Respondent 3)

> *Ideally the Hospital Board for a Central Hospital should have oversight responsibilities. However, currently the Hospital Board has an advisory role to the Accounting Officer (CEO) as prescribed by the Minister of Health in the Health Act*. - (Respondent 5)

> *A typical governance structure would entail the state, being the department and the policymakers, the hospital management, the community representatives or Hospital Board, as well as the present of advisory committees on risk, and financial management.* - (Respondent 11)

> *Typical governance structure includes: Hospital Board, Leadership or management, Specialised Committees such as finance, quality assurance, ethics etc. and Community Representatives.* - (Respondent 15)

Sub-Theme 1.2: Strong hospital governance practice

Strong hospital governance practices were evaluated as a critical criterion in reference to the Good Governance Index. The following views were expressed by respondents:

> *Clear mission and values aligned with the hospital's purpose. Competent Leadership capable of strategic planning, risk management and ensuring quality care. Open communication and accountability to stakeholders including patients, staff and the community. Adherence to legal and ethical standards to maintain the hospitals integrity and reputation. Regular assessment of financial, operational and clinical performance to address challenges and capitalise on each opportunity. Specialised committees such as finance, quality and medical affairs to contribute to decision making processes. Ongoing learning and adapting to changes to ensure that the hospital remains responsive to evolving healthcare landscape.* - Respondent 1

Prudent financial management, budget oversight, and compliance with financial regulations. Implementing robust quality assurance programs, continuous monitoring of clinical outcomes, and continuous improvement. Flexibility or capability to adapt to evolving healthcare landscapes, technological advancements and changes in community needs. - Respondent 8

A strong governance practise is one that subscribes and comply with the elements of good governance such as accountability, transparency, responsiveness, provides an effective and a quality service and is collaborative with partners and community being served. - Respondent 12

An effective governance measure in hospitals is to establish structures to provide financial and risk oversight of the facility. The structure also actively collaborates with other patients and the community to build cooperation and preserve being a responsive institution. - Respondent 14

Sub-Theme 1.3: Role of the Hospital Board in governance

The Role of the Hospital Board in governance was evaluated as a critical criterion in reference to the Good Governance Index. The following views were expressed by respondents:

Ideally, a hospital board plays a crucial role in governance by providing oversight and strategic direction. Its responsibilities include setting the hospital's mission and goals, approving budgets, appointing and evaluating executives, ensuring legal and ethical compliance, and representing the community's interests. The Board should also address risk management, quality of care, and long-term planning to guide the hospital's overall direction and performance. However in the South African public sector, the role of hospital boards is prescribed under the National Health Act and is an Advisory committee and can make input in an informal way to effect any meaningful changes to influence policy. - Respondent 2

In terms of governance, the Hospital Board is responsible for developing the hospital's three- to five-year strategic plan. This is accomplished by creating high-level goals and the hospital's vision and mission, which are subsequently incorporated into departmental strategies and action plans. The board serves as a liaison between the community and the hospital. Through a variety of hospital

governance systems, the CEO and executive report to the board, which also serves as an oversight body. - Respondent 9

The Hospital Board in governance involves formulating the strategic focus of the hospital for the next three to five years. This is done through the development of the hospital vision and mission as well as high level objectives that will then be translated into departmental strategies and action plans. The board plays a role as a link between the hospital and the community. The hospital board also plays an oversight role, where the CEO and the executive account to the board through various governance structures within the hospital. - Respondent 13

Sub-Theme 1.4: Policies that guarantee good governance in the Gauteng public hospitals

Policies that guarantee good governance in the Gauteng public hospitals was evaluated as a critical criterion in reference to the Good Governance Index. The following views were expressed by respondents:

Preferential Procurement Policy Framework Act, Broad Based Black Economic Empowerment Act, Treasury Regulations and Prescripts and the Constitution of South Africa. - Respondent 4

The RSA Constitution, PFMA, Broad Based Black Economic Empowerment Act and Protection of Personal Information Act. - Respondent 6

The Constitution, Public Service Act, The Health Act, Public Finance Management Act and Preferential procurement policy framework act. - Respondent 10

Sub-Theme 1.5: Necessary institutional and financial capacity to monitor and evaluate the implementation of good governance in the province

The necessary institutional and financial capacity to monitor and evaluate the implementation of good governance in the province was evaluated as a critical criterion in terms of the Good Governance Index. The following views were expressed by respondents:

The department does possess individuals who are capable and qualified to lead and monitor good governance. The Minister or Legislators in Health may be

required to revise legislation pertaining to the Hospital Boards' powers and functions. The present role is to serve as an advisory board for hospitals. This gives less powers in terms of oversight and implementation of solutions to promote effective good governance in institutions. Members of these Boards are highly qualified professionals, and their experience and qualifications will undoubtedly help to ensure the delivery of quality treatment. - Respondent 2

The department has been on a quest to prepare for the rollout of the NHI. The NHI requires the department to be jerked up in terms of the service delivered to the communities. It is undoubted that there are infrastructure challenges, human resources challenges, SCM challenges, shortage of equipment challenges etc. In my opinion, failure by the department to be up to standard and ready for the rollout of the NHI in respect of the above, is clear demonstration that it does not have the required capacity to implement good governance in the province. - Respondent 7

The department does have the capacity however there is a challenge regarding the system and how it's working at the present moment. Hospital boards are characterised by unclear roles, difficult functional issues, inadequate representation of the communities they serve, a lack of personal dedication and determination, and, occasionally, external meddling in hospital management that ultimately hinders service delivery rather than promoting compliance. Ultimately, these characteristics set the stage for excellence for all. - Respondent 10

The department gets allocated sufficient financial resources each year. It receives the second biggest budget in the province, after education. However, the mismanagement of funds places the department in a category of not having the financial capacity to monitor good governance. If you refer to the past reports by the Auditor General, there are matters of concern that are consistently being raised, especially on the Supply Chain Unit, but are never attended to in each year. So this says, no matter how qualified the leaders of the institution are, there is a gap insofar as the budget spending, and the delivery of a quality service to the citizens of Gauteng. - Respondent 13

4.3.3 Objective 3: To explore the relationship between governance and service delivery outcomes.

The third objective of the study focused on exploring the relationship between governance and service delivery outcomes. This subsection presents and interprets the research findings in the context of how good governance practices influence the quality and effectiveness of service delivery within the Gauteng Department of Health.

Theme 2: Reasons for governance deficiencies within the Gauteng hospitals.

Sub-Theme 2.1: Critical hospital management system challenges

Critical hospital management system challenges was evaluated as a critical criterion in reference to governance deficiencies within the Gauteng hospitals. The following views were expressed by respondents:

> *A critical management challenge in the department of health in Gauteng is holding the staff accountable. There is no consequence management for non-performance unless it catches the media's eyes. When it eventually happens, the decisions makers which is senior management is not held accountable but the junior staff which are implementers are put to task and hence the issue will not get resolved.* - Respondent 4

> *In terms of quality assurance, the hospital is overcrowded with patients and has serious workforce shortages. It should be noted that Gauteng is home to not just South African natives, but also a significant number of foreigners, and the law prohibits foreigners from being chased away in hospitals*. - Respondent 5

> *Human Resources shortages. Hospital boards lack adequate authority, leading to limited congruence between authority, responsibility, and accountability. Infrastructure challenges and poor maintenance. Lack of reliable integrated accounting systems in the SCM environment. All stock is managed manually. Inadequate integration of the health information system*. - Respondent 9

> *The most critical hospital management system challenges are that hospital management systems are not digitised and automated. Another critical challenge is that hospital management systems are not integrated. The finance management systems are not seamlessly linked to departmental activities to allow for the finance department to track the utilisation of the budget. The same*

applies to human resource department, whereby human resource planning and equity strategy does not match what is happening in the different departments. The critical challenge is the lack of a digitised system that is able to integrate all departments, provides a feedback mechanism that informs planning and budget allocation for example. - Respondent 12

Sub-Theme 2.2: Challenges affect the delivery of quality healthcare service in the province

Challenges affect the delivery of quality healthcare service in the province was evaluated as a critical criterion in reference to governance deficiencies within the Gauteng hospitals. The following views were expressed by respondents:

Permanent deviations caused by specific medical equipment necessary in times of emergency or breakdown result in irregular expenditure, which is an audit query that violates good governance norms. A recent example that may have had devastating consequences is the inability to perform Vital CT scans due to machine failure and management's failure to renew maintenance contracts. - Respondent 3

With insufficient staff shortages, there is increased waiting time for patients as well as an increased risk of medical negligence that can lead to litigations. Poor maintenance of infrastructure poses a threat and can increase the risk of cross infection control. Furthermore, the hospital has in the past years experienced fire in the hospital, this is due to lack on maintenance and infrastructural challenges. Inadequate integration of health information system impacts on adequate data flow and can impede on healthcare decision-making. - Respondent 9

The result of all the challenges above is that it compromises the delivery of quality healthcare. The non-digitised environment leads to elongated waiting hours, inability to track and trace patients and even loss of patient files and information. The insufficient staff or non-filling of vacancies leads to medical negligence at most times, because whether it's a nurse of a doctor, attending to many patients above the patient ratio as provided for in the Health Act can lead to fatigue and ultimately negligence. This is just one example associated with non-filling of vacancies. Centralisation of procurement delegations means hospitals have to wait for the Central office on areas that are urgent such as medical supplies and

equipment. The hospital can stay months without critical medical supplies and equipment, whilst awaiting central office to follow all procurement processes and eventually appoint the relevant service provider for the delivery of the service. - Respondent 11

The hospital is often full, especially because it caters to cross boarder patients who cross the boarders seeking better hospital treatment and care. The hospital is not allowed by law to chase any patient, as a result the hospital headcount is always at a very high. This puts strain on both the staff and the size of the facility. The above affects waiting times at casualty, allocation of beds to patients in wards, as theatre scheduling. A strained staff member cannot produce the best results and this leads to medical negligence at most times. - Respondent 15

Sub-Theme 2.3: Hospital's most pressing concerns

Hospital's most pressing concerns was evaluated as a critical criterion in reference to governance deficiencies within the Gauteng hospitals. The following views were expressed by respondents:

The shortage of staff. The health worker shortage is caused by a number of reasons, including insufficient training capacity, rapid population increase, international migration, poor health workforce governance, career changes, and low health personnel retention. Sufficient healthcare worker numbers and quality are related with better health outcomes. - Respondent 2

Hospital administrators have limited responsibility and authority insofar as procurement is concerned. Therefore decentralising hospital administration will promote efficiency and cost effectiveness. To increase control over everyday operations, hospital managers should be given decision-making authority in personnel, procurement, and financial administration. - Respondent 10

The hospital's most pressing concerns are an inadequate budget, an insufficient staff establishment that is required to provide modernised tertiary services and aged, poorly maintained infrastructure that is 61 years old. - Respondent 12

The most pressing from the matter is the shortage of staff. There is an influx of cross border patients, and the patients that are being attended to in the hospital

have increased immensely, whilst there is a higher rate of vacancies that remain unfilled. This concern affects the mental health of the staff that is overworked, this is when instances of medical negligence occur. - Respondent 14

4.3.4 Objective 4: To provide recommendations for improving governance for better service delivery.

The fourth objective of the study aimed to provide recommendations for improving governance to enhance service delivery. This subsection presents and interprets the research findings in the context of actionable recommendations designed to strengthen governance practices and improve the quality of service delivery within the Gauteng Department of Health.

Theme 4: To enhance governance for better service delivery in the Gauteng Department of Health

Subtheme 4.1: Proposed future strategies for improving the delivery of quality healthcare in hospitals

Proposed future strategies for improving the delivery of quality healthcare in hospitals were evaluated as a critical criterion for improving the governance framework, leading to more efficient and effective service delivery. The following views were expressed by respondents:

Train and develop the workforce, invest in a Health Information System, ensure a appointment of a strong leadership, healthcare workforce development investment, decentralisation of SCM powers to hospitals, strengthen the policies that will control the influx of foreign national into public hospitals as this will lessen the burden on the healthcare system, full implementation of patients record system to manage patients, as well as a strategy to deal with medical negligence and litigations in facilities. - Respondent 3

The implementation of the National Health Insurance is key to solving a lot of challenges within the hospital facilities. In accordance with the Act, NHI will form a Board and sign agreements to provide services to both public and private hospitals as well as private medical professionals. The facilities of public clinics and hospitals will be updated. But in addition, training of Supply Chain and end-users on policies and writing of specification are an ongoing important factor the needs to be looked into.

Regular audit by Risk Manager is done to avoid stock-outs and late delivery. Engage Head Office on priority procurement of critical items that require contracts to ensure availability of stock. - Respondent 4

I would propose the following strategies – a healthcare workforce development investment strategy; infrastructure maintenance investment that will include renovating and improving public health facilities around the province, as well as construct new hospitals and clinics, to increase accessibility; an effective Health Information System; a streamlined referral system, decentralisation of power from the central office, as well as adequate medical equipment and qualified personnel strategies. - Respondent 9

A thorough evaluation of procurement being entrusted to healthcare institutions in order for them to properly manage their own procurement process. The department further needs a strategy to deal with consignments and permanent deviations as this will seek to eliminate irregular expenditures that often occur due to such deviations in hospital facilities. Lastly, a strategy that incorporates a solution for dealing with the long wait times for medical equipment that require maintenance and repairs. - Respondent 16

4.4 Chapter summary

Through the thorough analysis, this chapter provides valuable insights into the governance practices within the Gauteng Department of Health. It highlights both the achievements and challenges that affect the effectiveness of service delivery within the department. The findings offer a comprehensive understanding of the current state of governance, identifying areas of strength as well as those requiring improvement. These insights form a crucial foundation for developing recommendations to enhance governance, thereby improving the department's overall performance and accountability.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter discusses the findings presented in Chapter 4, concludes the research and makes recommendations to the Gauteng Department of Health. The chapter is organised as follows: Section 5.2 discusses the results. Section 5.3 presents the conclusion to the research, and Section 5.4 outlines the recommendations based on the findings of this study.

5.2 Discussion

The first objective of the study was to assess corporate governance practices at government hospitals in Gauteng, focusing on accountability, leadership, integrity, transparency, and participation. The findings indicate a lack of adherence to accountability measures, including the absence of a conflicts of interest register, the lack of a Board/Company Secretary, the non-existence of both a Remuneration Committee and a Nomination Committee, and the absence of performance evaluations for the Chairperson, the Board, and the CEO. This finding contradicts Bovens et al. (2008), who suggest that accountability mechanisms in public health institutions are essential for the successful and efficient delivery of health services. The findings support Eeckloo et al. (2004), who contend that weak governance structures reduce efficiency in healthcare institutions. Gupta et al. (2003) further underscore that insufficient resource management adversely affects the efficacy of public health systems. Van Rensburg (2014) emphasises that healthcare systems in South Africa struggle with governmental fragmentation, resulting in poor service delivery.

The Gauteng Health Department was found to be compliant in terms of leadership. This finding is crucial, since Gilson and Daire (2011) contend that strong leadership is essential for improving organisational performance and service delivery outcomes. Therefore, by fostering a culture of efficient leadership, health organisations become better equipped to navigate challenges and enhance their service delivery capabilities (Gilson & Daire, 2011).

The Department was found to be adhering to the principles of integrity. This finding supports the assertion that integrity is essential for accountability, accuracy,

and the reliability of information, free from any deliberate manipulation by management to mislead stakeholders (Indonesia Accounting Association (IAI), 2017). By instituting financial governance rooted in integrity, the Department can strengthen public trust while effectively managing its resources, ultimately resulting in better health outcomes for the community.

The Department was found to be conforming to standards of transparency and participation. This finding aligns with Auld and Gulbrandsen (2010), who assert that transparency entails defining processes and activities throughout the decision-making, implementation, and monitoring phases. Transparency necessitates the dissemination of political information to citizens using multiple media channels, facilitating their effective engagement in public policymaking and oversight of the public administration process (Auld & Gulbrandsen, 2010). Involving stakeholders in decision-making, soliciting their input, and addressing their concerns enables the Health Department to enhance relationships and partnerships, thereby facilitating coordinated efforts to tackle public health challenges and achieve common objectives.

The second objective focused on identifying the factors that may hinder good corporate governance within the Department. The Department has established well-defined governance structures, which include a hospital board, CEO, leadership or management, and specialised committees focused on finance, quality assurance, ethics, and community representation. The governance structure is anticipated to be instrumental in delineating roles, responsibilities, and decision-making processes (Jafari et al., 2019), ensuring alignment with the hospital's mission, vision, and strategic objectives, while fostering effective governance practices. Ditzel et al. (2006) emphasise that specialised committees, including finance and quality assurance, enhance the operational efficiency of hospitals.

The Department demonstrated solid governance principles, characterised by effective collaboration with partners and the community. This suggests that effective governance structures are in place to address the challenges identified by Young (2016), including prolonged waiting times, poor service delivery, outdated infrastructure, and ineffective disease control measures. Established governance structures also facilitate the development of sound financial policies, enhance budget monitoring, and ensure accountability among decision-makers for financial outcomes,

thereby promoting financial stability and viability. These practices subsequently enhance a hospital's financial performance and improve service delivery (Young, 2016).

It was also discovered that hospital boards seem to provide advisory services, and their role primarily involves offering informal input to influence policy and bring about meaningful changes. This finding contradicts Eeckloo et al. (2004), who assert that hospital boards assume a strategic role by establishing the organisation's direction and ensuring alignment of governance frameworks with healthcare policies. They argue that boards should not be confined to informal advisory roles but must also maintain oversight and hold executives accountable for policy implementation. This suggests that despite the presence of clearly defined governance structures, the Boards are not as effective as would be expected. The research did not advance to identify the underlying factors contributing to the restricted function of hospital boards.

The research found that pertinent legislation, such as the Preferential Procurement Policy Framework Act, the Public Service Act, the Health Act, the Public Finance Management Act, and the Constitution, promote good governance in Gauteng public hospitals and is frequently cited when necessary. This finding confirms the conclusions of Fusheini et al. (2017), who highlight the importance of legislation in establishing transparent, accountable, and cooperative governance across different healthcare management levels.

In addition, it was discovered that the department receives sufficient financial resources annually to support the execution of its goals and objectives as well as the monitoring and evaluation processes to guarantee that those objectives are achieved. Mismanagement of these funds, however, compromises the department's financial ability to effectively uphold good governance, perhaps as a result of weak governance mechanisms. This finding supports the claim made by Mirugi-Mukundi (2006) that corruption impedes good governance. In the absence of specialised agencies with the required competence or oversight bodies with sufficient resources, the department struggles to effectively manage governance processes. This oversight gap may result in governance failures, such as reduced accountability, weakened transparency, and unethical behaviour, all of which further hinder the delivery of quality healthcare services.

The final objective was to investigate the relationship between governance mechanisms and hospital service delivery, specifically identifying governance-related factors that hinder or enhance service delivery within the Health Department in Gauteng. The lack of digitisation and automation was identified as the most significant challenge confronting hospital management systems. The lack of system integration hinders effective coordination between financial management systems and departmental activities, complicating the finance department's ability to monitor budget utilisation. This misalignment results in a deterioration of healthcare quality, subsequently eroding public trust in South Africa's healthcare system. This finding supports the work of Jafari et al. (2019), highlighting the significance of strong governance frameworks in the attainment of public health objectives.

Staff shortages were identified as a significant factor compromising service delivery. Staff shortages prolong patient waiting times and heighten the risk of medical negligence, potentially resulting in litigation. Furthermore, poor infrastructure maintenance elevates the possibility of cross-infection, which endangers patient safety. Young (2016) identifies several deficiencies in public healthcare facilities, such as prolonged waiting times, inadequate healthcare delivery, out of date infrastructure, and inadequate disease control and prevention measures.

The Department’s pressing issues reveal that the shortage of health workers is attributed to multiple factors, including inadequate training capacity, rapid population growth, international migration, ineffective health workforce governance, career transitions, and low retention rates among health personnel. The quantity and quality of healthcare workers are linked to improved health outcomes. Additionally, the number of patients has risen substantially due to the flooding of cross-border patients, while the number of vacant positions has also increased. The mental health of overworked staff is adversely impacted, leading to instances of medical negligence. Mokoena (2017) indicates that insufficient material resources, equipment, and supplies, such as glucometers for blood glucose monitoring and needles for lumbar puncture in the investigation or diagnosis of meningitis, lead to extended hospital stays for patients.

5.3 Conclusion

The aim of the study is to investigate corporate governance within the Gauteng Department of Health and its relationship with service delivery. The department is governed by numerous pieces of legislation that have facilitated the establishment of good corporate governance structures. However, a number of significant issues persist because structures like hospital boards only function as advisors and are unable to implement governance as might be anticipated. The findings revealed significant gaps in accountability, particularly in critical governance procedures such as conflict of interest disclosures, defined board responsibilities, and performance assessments.

These deficiencies lead to inefficient service delivery, reinforcing the assertion that inadequate governance frameworks impede the operational efficiency of healthcare facilities (Eeckloo et al., 2004). Nonetheless, there were encouraging findings in the areas of transparency, integrity, and leadership, indicating that some aspects of governance comply with standards and improve healthcare outcomes. Strong leadership, a commitment to integrity, and transparent procedures cultivate public trust and improve service delivery quality, consistent with best practices in public health governance (Gilson & Daire, 2011; Auld & Gulbrandsen, 2010).

The study identified issues hindering good governance, including underutilised hospital boards, inadequate automation and integration of financial management systems, shortages of staff, and poor infrastructure. The challenges, exacerbated by mismanagement and insufficient oversight, diminish service delivery and erode public trust in healthcare. The findings underscore the essential need for strong governance frameworks that enable strategic oversight, transparency, and accountability, which are vital for the successful attainment of healthcare objectives.

The findings underscore the pressing need for policy changes to address governance deficiencies, which include enhancing accountability and transparency procedures. The practical implications include establishing a legal framework for conflict of interest management, appointing a Board Secretary, and forming specialist committees such as Remuneration and Nomination Committees. These measures will align Gauteng's healthcare governance with best practices, ensuring that stakeholders maintain accountability, integrity, and ethical standards within the healthcare sector.

Further research could investigate the fundamental causes for the limited roles of hospital boards and identify barriers to their strategic involvement. Furthermore, a comparative analysis of Gauteng's governance practices with those of other provinces or with international standards may provide valuable information for customising good governance models for regional contexts. Future research can assess the impact of focused interventions, like workforce building initiatives or digital integration, on healthcare outcomes at public hospitals. Additionally, exploring the wider socioeconomic influences on healthcare governance, including cross-border patient flows, may guide policies to more effectively meet the healthcare requirements of South Africa's varied and evolving populace.

5.4 Recommendation

Establish a clear and accessible declaration of conflicts of interest for all board members and senior management, requiring regular updates as mandatory. This aligns with the accountability standards laid out by Bovens et al. (2008), promoting transparency in decision-making and minimising bias. Develop a Remuneration and Nomination Committee within the governance framework. These committees would play a crucial role in determining appropriate compensation, selecting competent candidates, and ensuring the leadership adheres to accountability guidelines. Given the department's existing compliance in leadership, the implementation of continuous leadership development and training programs would enhance its capacity to address complex healthcare challenges. Programs must prioritise strategic thinking, resilience, and adaptability, as highlighted by Gilson and Daire (2011), who emphasise the significance of strong leadership in healthcare.

Establish a stakeholder engagement framework that enables ongoing consultation and feedback from the public, staff, and other stakeholders. This will enhance the department's transparency and participation initiatives, as highlighted by Auld and Gulbrandsen (2010), fostering a transparent process in decision-making, monitoring, and service delivery.

Expand the responsibilities of hospital boards by transitioning from an advisory position to a role of strategy, thereby allowing them to oversee and ensure management accountability in policy implementation. This is consistent with the

recommendations of Eeckloo et al. (2004), which advocate for the empowerment of hospital boards to implement effective governance and enhance service delivery.

Establish an independent oversight body or strengthen the functions of existing committees to ensure comprehensive monitoring and evaluation of financial allocations and spending. Enhance auditing procedures to reduce mismanagement risks, as financial governance rooted in integrity will address inefficiencies and decrease corruption (Mirugi-Mukundi, 2006). Perform periodic assessments to determine key areas for allocation of resources, including staff shortages and infrastructure maintenance. This will direct financial resources to critical areas, thereby enhancing operational efficiency.

Invest in the automation and digitalisation of hospital management systems to enhance decision-making, data accuracy, and administrative effectiveness. As suggested by Jafari et al. (2019), implement integrated solutions that are in line with the finance and operational divisions. This will assist with real-time budget monitoring and alleviate financial management bottlenecks. Integrate financial management with other hospital functions to enhance the efficiency of information and resource flow among departments. This will improve coordination and enhance overall service quality.

To mitigate staff shortages, enhance training opportunities and forge partnerships with educational institutions to generate a greater number of healthcare professionals. Engage with governmental and private sector stakeholders to enhance the pool of qualified personnel. Formulate policies to efficiently manage the influx of cross-border patients, including cooperative agreements with neighbouring countries for resource and responsibility sharing.

Conduct a comprehensive audit of existing infrastructure and establish a scheduled maintenance program to prevent equipment failures and unsafe conditions. Modernising hospital facilities can mitigate risks of cross-infection and improve patient safety, as Young (2016) highlights the importance of quality infrastructure for effective healthcare delivery. Ensure adequate supply of essential medical equipment and materials. By establishing minimum inventory levels and forecasting demand accurately, the department can avoid resource shortages that could compromise patient care.

Develop and monitor key performance indicators (KPIs) for governance, such as financial accountability, transparency in decision-making, and quality of patient care. Regular assessments will help to identify gaps and ensure continuous improvement in governance and service delivery. Conduct regular reviews of governance frameworks to ensure alignment with healthcare policies and standards. This will allow the department to adapt to changing healthcare needs and regulatory requirements.

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