THE VIEWS OF PRIMARY HEALTH CARE NURSES TOWARDS THE NATIONAL HEALTH INSURANCE

By

Phindaphiwe Brian Khuzwayo

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Supervisor: Mr Motswaledi Tlhotse.

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ABSTRACT

This study examines the views of Primary Health Care (PHC) nurses towards the National Health Insurance (NHI) in Johannesburg District D2. The main aim of this study is to respond on the views of PHC nurses towards NHI that is going to be implemented in 2015 and how to avoid, and manage, any challenges that might emerge with the implementation of the project.

Primary data was collected by means of interviews guide with PHC nurses from the Johannesburg district D 2. The study is qualitative. Purposive sampling was used to identify participants who are knowledgeable about the NHI. Nine participants were selected and interviewed. The sample selected was non-probability sampling. For this study, purposive or judgmental sampling is used. Data was collected by means of interviews questionnaires with PHC nurses from the Johannesburg district D2. The research questions addressed the concepts which are critical on the views of PHC nurses towards NHI in Johannesburg Metro district D2.

The findings indicate that the general views of the nurses are positive towards the NHI. Nurses are positive and ready to support the implementation of the project but proper buy-ins, stakeholder engagement and proper planning needs to be in place in order for the successful implementation of the project. The study recommends that the training of nurses should take place before the implementation the project. Sufficient availability of resources to ensure that quality health care service is rendered. There should a sufficient workforce to ensure that a quality service is not compromised.

DECLARATION

I hereby declare that this research study: The views of Primary Health Care nurses towards the National Health Insurance represent my own work both in conception and execution. It is submitted in partial fulfillment of the requirements of the degree of Master of Management (in the field of Public and Development Management) in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other University.

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Phindaphiwe Brian Khuzwayo

January2015

DEDICATION

This report is dedicated to my wife, Tankiso Khuzwayo, for the love, support and the understanding she has shown throughout this project. She is always my source of inspiration.

To my late father, Thembitshe Khuzwayo, who had a dream of seeing me progressing academically, may his soul rest in peace. He departed without seeing his dream realised.

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LISTS OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CHCW	Community Health Care Workers
DD	Deputy Director
DENOSA	Democratic Nurse's Organisation of South Africa
DHS	District Health Information System
DOH	Department of Health
FM	Facility Manager
GDOH	Gauteng Department of Health
HIV	Human Immunodeficiency Virus
HP	Health Policy
NDOH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHI	National Health Insurance
PHC	Primary Health Care
PHCN	Primary Health Care Nurse
SANC	South African Nursing Council
TB	Tuberculosis
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This proposed research seeks to assess the views Primary Health Care (PHC) nurses towards the National Health Insurance (NHI) in Johannesburg Metro district D two. There is a lot of information from research conducted in different countries by different authors on government-funded National Health Insurance but little is known about the views PHC nurses towards National Health Insurance in Johannesburg Metro district D two. National Health Insurance will bring major changes for both National, Provincial and District Health departments and will require extra resources. In addition, nurses will be expected to offer a more integrated holistic care approach.

1.2 Background and context to the study

In the pre-1994 democratic regime, the South African health care system was, characterised along racial lines and therefore highly fragmented. On the one hand, we had a system that provided highly resourced service to the predominantly white populace. On the other hand, there was the health service that was characterised by poor quality of service and was grossly under-resourced for the black majority of South Africans.

The introduction of National Health Insurance will bring hope to many South Africans. Its major objective is to transform the previously unbalanced health care system that will improve service provision to previously under-serviced black South Africans. In an attempt to address the imbalances of the past health care system, the government is planning on introducing National Health Insurance that will ensure equal access to health care to all SA citizens; every citizen has an equal right to health as stipulated in the Constitution. (Chapter 27, 1 (a).). However, up to now, post-1994 attempts to transform the healthcare system and introduce healthcare financing reforms have been thwarted (NHI policy paper, 2011). In support of the NHI proposal, the World Health

Organisation (2007) recommends that governments must generate conditions in which everyone can be as healthy as possible**.** Such conditions include ensuring availability of health services. (Chapman, 1996) cited the following steps for the realisation of the rights to health, these steps includes that:

Reduce infant mortality and ensure the healthy development of the child;

Improve environmental and industrial hygiene;

Prevent, treat and control epidemic, endemic, occupational and other diseases;

Create conditions to ensure access to health care for all.

1.2.1 National Health Insurance

The main objective of the newly-elected democratic government was to transform public service. As already said, the South African health care system is inequitable, with the privileged few having disproportionate access to health services (NHI policy paper, 2011). Furthermore, this inequality propelled the ANC government to resolve this problem by reaffirming the implementation of the National Health Insurance System by further strengthening the public health care system and ensuring adequate provision of funding (Resolution 53.December 2007, Polokwane conference).

Access to a decent public health care service is not a privilege it is a fundamental right to be enjoyed by all citizens, more especially those who have been previously disadvantaged by the Apartheid government. That is why South Africa is currently in a process of implementing the National Health Insurance as a vehicle to provide an equitable health care service.

1.2.2 Principles of National Health Insurance in South Africa

According to the NHI policy paper, the following are the guiding principles of National Health Insurance:

The right to access; the right to access as stipulated in *Batho Pele's* principles is to provide a framework for making decisions about delivering public services to the many

South Africans who do not have access to them. NHI aims to rectify the inequalities in the distribution of existing services.

Social solidarity;refers to building financial risk protection for the whole population through equitable and sustained health financing mechanisms that ensure sufficient cross-subsidisation between the rich and the poor, and the healthy and sick (NHI policy paper, 2011). Those who are young and working will be taxed more to cater for health-related costs and will be able to draw on the proceeds in the event of illness later in life.

Appropriateness; it has to be appropriate to the South African context and tailored to respond to local needs.

Equity; NHI should be free from any barriers and inequalities in the system should be minimized. Equity in the health system should lead to expansion of access, to quality health care services to vulnerable groups and in underserved areas (NHI policy paper, 2011).

Affordability; health care services will be delivered at an affordable cost; it is an essential public good and not a luxury for wealthy people.

Efficiency; NHI will ensure that value for money is achieved in the translation of resources into actual health service delivery.

Appropriateness; it refers to the adoption of new and innovative health delivery models that take account of the local context and acceptability and tailored to respond to local needs (NHI policy paper, 2011).

Effectiveness will be achieved effectiveness through evidence based interventions, strengthened management systems and better performance of the healthcare system that will contribute to positive health outcomes and overall improved life expectancy for the entire population (NHI policy paper, 2011).

1.2.3 Primary Health Care

According to the World Health Organisation (WHO) document (1978), published after the seminal Alma-Ata conference at which the PHC concepts was first formally adopted, PHC is a trans-disciplinary understanding of Primary Health Care (PHC). This paper acknowledges the role of health care providers from diverse disciplines within a philosophy and framework of PHC that is guided by the principles of access, equity, essentiality, appropriate technology, multisectoral collaboration, and community participation and empowerment. The Alma-Ata declaration acknowledges that PHC is the first level of contact of individuals, the family and community with the national health system; therefore it is about bringing health care as close as possible to where people live and work. As the first level of care, it also promotes health promotion, and infectious diseases prevention and control.

The Alma-Ata declaration was the culmination of the most important experiences in the field and development at the time. PHC represents a changed philosophy of health care, a movement for equity and social justice in health. This approach renders health workers as enablers or community change agents, rather than simply deliverers of health care.

This point was made in the original declaration to guide the implementation of PHC. The Alma-Ata conference was seen as “the start of a large public movement (which) made health and the issues of equitable access to basic health care and the improvement of the human condition a major and permanent social goal” (WHO, 1978). The slogan “*Health For All* (HFA) by the year 2000” was coined to assist with the global mobilization towards PHC.

According to National Health Act,

> “Primary Health Act (1992:3) prescribes essential healthcare based on practical scientifically sound methods and terminology, made universally accessible to individuals and families in the community, through their participation and at a cost that the community and the country can afford to maintain at every stage of the development, in the spirit of self-reliance and self-determination.”

Primary health care is an essential service and remains relevant in the country like South Africa where quadruple burden of disease HIV/Aids, chronic unhealthy lifestyle, maternal and child mortality and injuries are continue to be a challenge. (South African constitution Section 27) prescribed that everyone has the right of access to health care services.

Services that are rendered at PHC levels include: acute and chronic care, women's health, maternal and child health, mental health, health promotion, social service, HIV/Aids and TB, district health service, school health, dental health, referral service and emergency service.

The abovementioned services are provided to national department of health in line with World Health Organisation policies and guidelines. These will be incorporated into NHI project through re-engineering of PHC as health policy states.

In many countries, the initial response to Alma-Ata was the development of vertical programs, run as free-standing interventions, since this was the easiest starting point. The idea was that eventually the programs would link. Later critics see this, essentially *ad hoc* process, as contributing to further fragmentation of services and with the view of establishing a universal supermarket of services providers (providing all services of care under one roof) as the only solution. What these countries agreed upon is that an integrated healthcare service is an essential goal. In their analysis of the global status of PHC after one decade, (Ebrahim and Ranken, 1992) speak of the achievement of several pilot projects but found less evidence of successful implementation in applying the lessons learned throughout a health system".

The PHC approach establish a coordinated system where provision is rationally distributed by level of care and expertise, with basic common conditions being dealt with at peripheral clinics and referred up the chain (to hospitals) as increase expertise is necessary. The social health functions such as intersectoral collaboration, preventive and promotive healthcare take place most frequently at the periphery (the PHC clinics) but as part of the coordinated central thrust. The following map illustrates the geographical location of sub-region D2.

Figure 1: Map of the City Johannesburg

(Source: City of Johannesburg website)

1.2.3.1 PHC in South Africa

The key to health for all in South Africa is a national development strategy that incorporates PHC. With the limited resources available to us, there is no other way of addressing the wide discrepancies in health and development among the people of our country as a result of colonialism and apartheid. PHC is good in itself; it is the best possible form of health care for everyone, rich and poor alike" (NHI policy paper, 2011).

Hence, the new government has committed itself to the approach (ANC, 1994) and RDP, 1994). But, it inherited a national PHC programme that is uneven at best and

token at worst. Many still regard the PHC approach as trying to package cheap inferior care in nice-sounding words (ANC, 1994).To date, little attention has been paid to the establishment of an integrated system offering comprehensive care in South Africa. Instead, authorities provide divided services at all levels. This needs to change.

The National Health Plan is designed to decentralize the management of the delivery of health services to provinces, districts, and institutions in order to increase efficiency, local innovation, empowerment and accountability" (ANC, 1994). What is envisaged is the transformation of fragmented, urban-weighted services into a unitary system based on health districts.

Districts will need to be staffed by "personnel functioning in teams capable of planning, rendering, managing and evaluating comprehensive PHC" (Sanders, 1994). Concomitantly, the personnel at these districts must acquire new skills, and build on those already gained in the traditional health care setting. The most important skills bases to be expanded are: clinical, management, measurement, adult-education abilities and communication (Sanders, 1994).

1.3 Problem statement

National Health Insurance has not yet been introduced in South African healthcare system; therefore there is no data and literature available. This means that this study is solely depending on the preliminary reports from the pilot sites.

South African healthcare system is also faced with the following implementation challenges; the fourfold burden of chronic and lifestyle diseases, decreasing quality of healthcare, distribution of financial and human resource, the high cost of health care. In August 2011, the government of South Africa launched the National Health Insurance Green Paper aimed at addressing the above challenges and to provide improved access to quality health services for South African citizens, irrespective of their background.

Preliminary reports from the piloting sites suggest that there are challenges with regards to NHI implementation; hospitals and clinics performed badly in standard compliance

during inspection, lack of sufficient funding for the project, lack of workforce in particular from the specialized professional categories. In some districts, there are no district project managers to oversee the project. Or, in some facilities, managers do not possess the specialist training.

While there are studies of views on national health insurance systems conducted in other countries, little is known about the of the views of PHC nurses towards the proposed NHI system in Johannesburg' Metro district D2. The study will be based in the South African context in Gauteng province, Johannesburg Metro District D2 Primary Health Care setting. The result of this study will assist in understanding the views of PHC nurses towards the NHI and aid in the implementation process. Since, nurses are regarded as the backbone of primary health care service, researching them is crucial because the behaviour is based on what is perceived as reality.

1.4 Purpose statement

The purpose of this study is to assess the views of PHC nurses towards the NHI system in the Johannesburg Metro District D2. The study intends to investigate how nurses for the Johannesburg Metro District D2 view the National Health Insurance policy with regards to human resource distribution as well as the allocation of funds.

1.5 Research questions

The research will be guided by the following questions;

Primary question

What are the views of PHC nurses towards NHI in the Johannesburg Metro District D2?

Secondary questions

How are the nurses feeling about the proposed National Health Insurance system with regards to human resource issues?

What are the perceived challenges that nurses feel will affect the implementation of National Health Insurance?

What are the expected changes in the health care system that might be introduced in the implementation of NHI?

What are the perceived skills required for the effective NHI?

1.6 Significance of the study

Significance of the research the study seeks to have a better understanding of the views of PHC nurses towards the NHI. The study also attempts to assess the feelings of Nurses about National Health Insurance. The study will address challenges that might emerge in the implementation process of the NHI and which can as a result be addressed early. The findings and recommendations of this study will assist the implementers of NHI to be aware of potential challenges within district D 2 about what might emerge.

1.7 Outline of chapters

Chapter 1: Introduction

Chapter One will present an introduction of the views of Primary Health Care nurses towards the National Health Insurance in Johannesburg District D2, historical background of the study, problem statement, purpose of the study and research questions.

Chapter 2: Literature Review

Chapter Two will present the literature review for the research. The review will cover key areas relevant to the research that will provide the theoretical framework for the study.

Chapter 3: Research Methodology

Chapter Three will present research methodology used in the research. This will include the research approach and design, data collection, sampling, data analysis, validity and reliability.

Chapter 4: Data Presentation

Chapter Four will present data collected. The data will be presented based on the research questions under the initial categories that will emerge.

Chapter 5: Data Analysis

Chapter Five will present the discussions that will entail the data analysis and interpretation. It will be done in relation to the literature and researcher's opinion.

Chapter 6: Conclusion and Recommendations

Chapter Six will present the conclusions of the study and recommendations based on the findings. This section will also present areas that need further improvement. It will also provide areas for further research.

1.8 Conclusion

Primary Health Care is an essential to redress the inequities that have been prevalent in the health care system in South Africa. Furthermore, nurses are recognized as the backbone of health care system. Therefore, PHC falls within the nurse's scope of influence. However, additional skills and expertise are required in order for PHC to be successfully re-engineered for the implementation of National Health Insurance.

Based on the above outline, the introduction of National Health Insurance seek promote the universal access to health care system through strengthening of primary health care.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The purpose of this section is to acquire an understanding about the views of PHC nurses towards the National Health Insurance system (NHI) from what has already been researched in other countries. And provide an overview of the literature relevant to this research. This section will touch on the views, feelings, perceptions, and behavior of nurses in other countries where NHI has been introduced.

2.2 Definition of terms

***National Health Insurance*:** World Health Organization defines health insurance as all the activities whose primary purpose is to promote, restore or maintain health. There are three fundamental objectives of a health system: improving the health of the population they serve; responding to people's expectations; and providing financial protection against the costs of health care interventions in illness (WHO).

"National Health Insurance is an approach to health system financing that is structured to ensure universal access to a defined, comprehensive package of health services for all citizens, irrespective of their social, economic and/or any other consideration that affects their status" (NHI policy paper, 2011). The NHI system's major objective is to transform the health care system in a way that will improve service provision. It is structured in such a way as to ensure equal access to health care to all South African's regardless of their socio-economic status.

2.3 Content of the literature review

2.3.1 Re-engineering of primary health care

In this context, re-engineering of primary health care (PHC) means improving the systems of school health services through implementation of a PHC outreach team for each electoral ward and in district-based clinical specialist teams. In the proposed NHI,

PHC will be engineered to form the backbone of delivering primary health services in a unified manner.Before PHC was re-engineered, the focus of services was mostly patient-driven, and concentrated on treatment support (curative) and palliative care.

One of the challenges that exist in current health care was the system's lack of integration that resulted in 'overlapping of services. The new approach/re-engineering of Primary Health Care Services is more supportive of a holistic healthcare service.

The service provision is moving toward the phrase of 'prevention is better than the cure'. After this re-engineering, the services will be more household-driven and will offer a more integrated, holistic care which includes: promotion, prevention, treatment support and palliative care.

2.3.2 Perceptions

Perception is a cognition resulting from sense object contact which is inexpressible by words, which is not erroneous and it is determinate that is definite in character (Panda, 2009). This means that perception is a process by which individuals organise and interpret their sensory impressions in order to give meaning to their environment. Perception is crucial because the behaviour of a person is based on what they perceive as a reality and not on the reality itself.

Mkhize (2011) outlines the factors that influence perceptions are as follows:

Views: it is an opinion or way of thinking about someone or something (Oxford dictionary).

Motives: it is an incentive to act a reason for doing something that can makes a person choose a type of action.

Attitude: is a mental or neural state of readiness, organised through experience, exerting a directive or dynamic influence on the individual's response to all objects and situations to which it is related. Allport (1935) as quoted by (Borkwaski, 2005).

Interest: it is refers to as a feeling or emotion that causes attention to focus on an object or an event or a process.

Past experience: learning from past experience changes the circuitry in our brains so that we can quickly categorise what we are seeing and make a decision or carry out appropriate actions.

Expectations: is a state of expecting or looking forward to an event as about to happen, that which is expected to be looked for, the prospect of the future, the prospect of anything about to come.

2.3.3 Change management

Resistance to change is a part of human nature. People tend to resist change simply because they fear new things because they enjoy being in their comfort zones or perhaps the change was not properly communicated, for change agents it is important that they bear in mind that resistance to change is a perfectly normal reaction for the human being.

Kotter (1996) believed that change management was possible in health care. He said rapid change was occurring as health care organisations strove to adopt new technologies, such as the electronic health records, implement quality improvement initiatives, and instituting pay-for-performance plans. According to (Kotter, 1996), change has both an emotional and situational component, and methods for managing. For National Health Insurance in South Africa to be successful change agents need to be able to address the above elements before the actual implementation. The NHI will be implemented using the change management methods and processes which encapsulate extensive marketing to enable proper communication between the affected people; it also requires a good leadership style.

Van Lerberghe (2008), states that globalisation is putting the social cohesion of many countries under stress, and health care systems, as key constituents of the architecture of contemporary societies, are clearly not performing as well as they could and as they should. People are increasingly impatient with the inability of health care services to

deliver levels of national coverage that meet stated demands and changing needs, and with their failure to provide services in ways that correspond to their expectations and needs. Health care systems need to respond urgently to the challenges of a changing world hence South Africa needs to transform its health care system. The drivers of change include the following; there are many forces that may affect the environment to change, whether social, economic, technological, legal, environmental or political. The forces provide the context with more details in terms of planning in order to take full advantage of the opportunities that present themselves. However, for this research, the change was driven by political forces since it had an impact in terms of health services.

Political factors are how and to what degree a government intervenes in the economy. It includes areas such as: environmental law, labour law, tax policy, trade restrictions, tariffs, political stability, freedom of press, regulation and deregulation trends, social and employment legislation.

2.3.4 International experience

There are many countries across the world that has implemented the National Health Insurance to ensure accessible health care to the majority of its citizens. The NHIS was also established in Nigeria, Rwanda, and Tanzania to try and address the healthcare challenges in most developing countries such as, Kenya and Ghana as the African pioneer countries (WHO, 2000). However, the heath care still having much more work to be done so they can redress those challenges faced by most developing countries.

According to (Mohammed et al, 2011) argue that Nigeria had first proposed the NHIS in 1962, which never been implemented since the Nigerian government proposed it. However, they argue that the NHIS was implemented some years ago in early 2000. Unfortunately, Nigerian healthcare systems still suffering with under-resourced healthcare facilities.

The NHIS in Ghana was established by the National Health Insurance Act in 2003 and National Health Insurance Regulation in 2004, with the aim of improving poor and vulnerable Ghanaians, to quality basic health care service (Liang and Gobah, 2011). However, healthcare in Ghana still has challenges even though the NHIS was

established in the early 2000. However, private healthcare still one of the best in the country because not every citizens have access to financial means. This implementation of the NHIS was not the first one because after the independence of Ghana, the NHIS was implemented but did not last long. The government changed it to the Health Fee Act, where citizens were asked to pay fees for consultations only which later changed to be payable healthcare (Owusua and Gajata, 2013). According to Witter and Garshong (2009), there is a growing concern about how to reduce the financial barriers to quality of health care generally and in the African region in particularly, especially to vulnerable and poor.

In 2003, Ghana passed the National Health Insurance (NHIS) to ensure equitable and universal access to health care services for all Ghanaians. Mr Alban Bagbin, the Minister of Health in Ghana, who was speaking to healthcare personnel at the Wa Government Hospital 2012, admitted that more than five years post the implementation of NHIS there are still lots of challenges including poor security, office and residential accommodation, lecture halls for students and lack of human resources in other areas of the country. The country is faced with high inequality rates in healthcare provisions that are largely associated with poverty, and availability and access to health care facilities.

Ghana, like most countries in Africa in the 1980s and 1990s was compelled by financial constraints to remove government subsidies on health care and are now trying to use social insurance to alleviate financial burden and improve access in health care delivery (Frempong, 2009).

In Nigeria, there are a lot of bottlenecks which impact the proper implementation of NHIS. Some of these include poverty, poor supply of drugs or vaccines, inadequately trained health personnel and inadequate human resources (Metiboba, 2011). South Africa is intending to introduce NHI in 2015, yet there is still no training of healthcare professionals regarding the re-engineering of PHC and the mechanisms for patient referrals from PHC level up to the tertiary level of health care. The reality is that most Nigerians still have unequal access to proper health care services.

According to WHO, there are three fundamental objectives of a health system:

- Improving health of the population they serve
- Responding to people's expectations and
- Providing financial protection against the costs of health care interventions in illness.

In order for China to achieve, these objectives, they met formidable costs. Healthcare expenditures have risen from 3% of World GDP in 1948 to 7.9% in 1997 (Liu, 2001). He revealed the funding of the programme that the employer's premium contribution is 6% and employee's contribute 2% of their wage. It is stated that retired workers are exempted from premium contributions, the costs of their contributions is expected to be borne by their previous employers.

The health care system is exclusive. Worker's dependents are not covered and those who are self-employees and rural industries workers are not required to enroll into the programme. From 1997 Health Insurance reform was put on China's policy agenda. China implemented health Insurance system in 1998 for urban workers. Despite its successful implementation China faced with several major challenging in executing the programme, including risk transfer from work units to municipal government, diverse need and demand for health insurance benefits, incongruent roles of the central and regional government (Liu, 2001).

The aim of the programme was to provide a basic benefit package to all urban workers, including employees of both public and private enterprises. The unaffordability of medical services and drugs propelled China to establish a national health insurance scheme. WHO defines health system as a system that includes all the activities whose primary purpose is promote restore or maintain health (World Health Report, 2000). Russia inherited a publicly-funded healthcare system that promised universal access to comprehensive services. Their healthcare system was against World Health Organisation recommendations because its primary focus is on Primary Health care System re-engineering. The Russian healthcare system was fragmented and financially

unsustainable and characterised by an over-reliance on curative and patient care with incentives that encouraged providers to hospitalised patients for lengthy periods instead of improving prevention strategies (Patricio et al, 2010). Patricio alluded to the fact that the aim of the health care reform was to improve access to quality health care and ensure financially sustainability of the system by shifting from an in-patient to an out-patient healthcare service and from specialist to Primary Health Care as per World Health Organisation's guidelines.

Russia has invested in the necessary infrastructure, medical equipment, information system and training before the implementation of National Health Insurance. Their emphasis was on increasing the capacity at the Primary Health Care level while phasing out in-hospital care with out-patient services and PHC services. And for this reason, new PHC facilities were built and existing health care centers were refurbished. They also invested on modern equipment help to improve quality of healthcare services. The scope of practice and the scale of Primary Health care Services were modified and expanded. They introduce 'one-stop shop' or multiple services under one roof. As opposed to the previous vertical arrangement of services which provided services separately for adult people, women and children was successfully replaced by service provision for the whole population (Patricio et al, 2010). He stated that the units, which are staffed with general practice physicians, nurses, and auxiliary personnel, are now responsible for the care of patients within defined geographical catchment areas, for example: Voronezh where each unit is responsible for 2500 persons in rural areas and 1700 persons in cities.

In 2010, the provision of healthcare services shifted its focus from curative orientation to disease prevention, health and management of chronic illness. The emphasis was on the use of PHC physicians as gatekeepers to specialist and other medical resources, and continuity of care. (Patricio et al, 2010) noted that the population covered by general practice units has increased significantly in both pilot regions. In 2010 alone, the Chuvash Republic and Voronezh were ranked among the top three regions in the Russian Federation, as measured by the number of General Practitioners per 100000 of the population. The NHI introduction had already begun bearing fruits with reduced

cases referred to specialists. He further stated that in the Chuvash Republic, referrals to specialists declined from 8.7% in 2003 to 2.3% in 2008.

Universal health care coverage does not exist in the United States. The US has over 37 million people who are without health insurance and a further 53 million are under-insured in the event of a serious illness. According to (Bernard,(2010) US spends 11.8% of the GNP, or $2.051 per person for a health care system that does not provide universal health care system.

In 2013, Obama announced that the US will introduce health care reform laws to be implemented in 2014 which seeks to provide universal health coverage for all Americans. Currently, healthcare coverage depends on whether health insurance is provided by their employer or through two major public programmes, medical aids for the poor and Medicare for the elderly. Healthcare benefits and costs vary tremendously both in public and private employees.

Bernard (2010) highlighted the challenges of making workers dependent on their employer for health care. He noted that there is a growing number of people with a history of health problems or with what insurance companies deem to be pre-existing conditions often finds themselves uninsurable, many employers in the private sector do not provide any health care benefits at all, employers try to shift the cost of health care programmes onto workers and Medicare, for example, does provide 100 percent cover of the health care costs of the aged. Health care system of Canada and the US were very similar, however, the two countries have gone in a dramatic different directions with dramatic different results.

Canadians spend 8.7% of their GNP on health care, or equivalent of $ 1,483 per person. They do not offer comprehensive health care for all of its residents; however, the costs are far lower than the US (Bernard, 2010). Canadian has a universal health care system for the rich and the poor, regardless of the state of their health, age, or employment status, are covered by the same comprehensive system. They have a free for service. In Canada, there are no financial barriers to health care. There is also a sufficient supply of health care providers. There are strong regulations to private

insurances to ensure that they do not duplicate the comprehensive services covered by the provincial plans. WHO stated that Canada has faced an increased pressure to reform hospital structures to accommodate the changing pattern of care from an institutional to a community based model focusing to health promotion and disease control.

The health care itself is privately provided, with the vast majority of doctors in private practice changing for care on a fee-for-service basis. The overwhelming majority of hospitals in Canada are private, non-profit. They receive funds from the provincial government. A patient has a choice of which doctor they want to go to and received free services. This meaning the majority of health care providers are private but are funded from provincial government budget.

Irvine et al (2002) said that provincial governments are the key providers of health care, having constitutional responsibility for planning, financing, and evaluating the provision of hospital care, negotiating salaries of health professionals and negotiating fees for physician services. Each province has the responsibility of planning how to extend public health insurance coverage beyond medically necessary hospital and physician services.

“Like other nations experiencing limitless demand, on ageing population and the costly advance of medical technology, Canada has faced pressure to control health expenditure” (Irvine et al, 2002). When services are provided for free, it is very much likely that the work load increases and eventually the shortage of resources because of the high demand of health care provision. In a country like South Africa where there is too much of influx the free for services is likely to be abused by foreign nationals whose home health care system has collapsed.

2.3.4.1 Nurses' views on change management

Like any other human beings, nurses are resistant to change, it is human nature. Nursing as a profession is shifting from doctor dependable and becoming more independent entity. Their role is not only that the patients receive the highest quality of professional care but also they are highly skilled operational manager to carry out the management of change.

Nurses view change as a threat to their comfort zone. (Poggenpoel, 1992) as quoted by (Carney, 2000) suggest that:

> "For nurses to view change as a challenge and manage it pro-actively and creatively, they need to understand change as a phenomenon, identify emotional reactions to change and be cognizant of key aspect of remaining change".

Since, change management is a discipline outside the nursing profession, some nursing managers find it difficult to apply business-focused, oriented change management strategies.

A report by (Mackenzie, 1993)on UK nurses, as quoted by (McPhail, 1997) reveals that nurses felt that their management responsibility had increased since the implementation of National Health Service.Nurses feel that National Health Service has brought some added duties and responsibilities in their scope of practice.

2.3.5 The role of nurses in PHC in South Africa

2.3.5.1 The Nature of Nursing

South African Nursing Council rules and regulations (section 20-87) defines nursing as the practice of nursing by a registered nurse is defined as the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen.

This concept contains the principles of community empowerment so central to PHC according to the principle of PHC the nurse must act as an 'enabler' to assist community members to adopt health seeking behaviours. In most countries, nurses are the health

care professionals with primary responsibilities for health care (WHO, 2000). Their training equips them to deal with a broad range of activities, with the patient holistically placed as central focus rather than focus on their medical condition the case with doctor training. (Roemer, 1999) differentiates the 'clinical' patient care and the social roles of the nurse. The former are the functions related to personal health care usually associated with nursing, particularly hospital based services. The latter describes the functions of nurses who serve populations or groups of people. Developing a PHC system requires the appropriate expansion of both in South Africa.

Internationally, nursing is governed by a Codes of Ethics which although it varies a little from countries to country, it is essentially the same. Ethical bodies exist as they do for all professionals to protect the consumer. Nurses face many ethical dilemmas, notably those where patients endanger nursing staff with contact with HIV/AIDS, from violence inflicted by patients. Also important are the more subtle dilemmas encounted by nurses who experience frustrations since their preventive messages are not heeded. This is particularly relevant at PHC level where much of the work is aimed at educating patients to adopt health-seeking behaviours.

2.3.5.2 Shortage of nursing professionals in South Africa

There are many factors that contribute to the shortage of nurses in South Africa. (Woodward, 2004) cites the hierarchical nature of public sector nursing, low salaries, stresses in the system, lack of influence and control as contributors of the nursing shortage. She also lists unsociable working hours as a reason but this does not apply to PHC level where services usually functions during normal office hours. Whether these shortages are real or are due to a poor utilization of resources is a moot point. Anecdotes about staff shortages and subsequent poor levels of care are frequently aired in the media.

An assessment by the WHO in 2003 found that more than 60% of health care institutions in South Africa struggled to fill existing posts, with more than 4 000vacancies for general practitioners and upwards of 32 000 vacancies for nurses throughout all provinces.

The South African Nursing Council (SANC) has identified a shortage of nurses in South Africa, but it has tried to present a positive picture by noting past gains. Thus, the council asserts that "although there may still be a shortage of qualified nurses in the country, the positive side to this overall picture is that the growth in nursing figures is now approaching that of the population of South Africa" (SANC, 2007).

Since the mid-eighties, health care planners in South Africa realized that doctors are too expensive to provide the type of coverage required for implementation of PHC Instead, nurses are in place but nurses lack necessary skills to provide the kind of comprehensive care needed. The most glaring gap is in the area of curative services. Nurses, traditionally trained to assist doctors, do not have diagnostic and case management skills. In all, nurse training equips its graduates to function in hospitals. This is not the case with PHC nurses; they are undergoing a post-basic qualification in PHC which deals with assessment diagnosis and curative skills (Goodman, 1995).

2.3.5.3 Skills required from Nurses for PHC:

Curative skills: basic professional nurse training excludes diagnosis and treatment from clinical skills. However, nurses with these skills are crucial if the vision of PHC is to begin to be implemented. A new category of nurse specialization was introduced in the late 1980s – the Primary Health Care Nurse (PHCN). These nurses are trained to deliver a full range of curative services, as well as the preventive and promotive care. The scope of their practice extends to handling all common ailments and referring the more complicated cases to doctors. The number of student nurses has grown with the setting-up of additional training schools but the number of qualified staff is not yet meeting the needs of the country (ANC, 1994).

These specialist nurses straddle a difficult territory between the doctors' domain and nursing and acceptance by both has been a struggle. On the one hand, doctors may defend their jurisdiction by recourse to standards, on the other hand, nurse managers feel threatened by nurses who possess more skills than they do. One area in which nurses have always had diagnostic and case management autonomy is in the field of midwifery. Midwifes are specialist nurses that run maternity units which is one of the

cornerstones of PHC and area Identified for improvement as outline in the millennium development goal to reduce maternal and infant mortality.

Management skills: the nursing profession has officially incorporated management terminology into its realm when “Matrons” became known as: “Nursing Services Managers”. Clinics are presently managed by nurses who have little or no formal management training. Many authors have dealt with this and attempts have been made to solve this problem including the burgeoning of training management courses for senior and mid-level health care workers (ANC, 1994).

Adult education skills: both preventative and promotive health rely on education techniques in order to encourage health-seeking behaviours by community members. A widely subscribed post-basic nursing course, community Health (CHN), 20 840 qualified as at December 1993 (ANC, 1994), is the main course for imparting these skills. The majority of the graduates are employed within the PHC preventive health services.

Attitude change skills: includes the concept of “a concerned, non-elitist health worker practice” as part of PHC. At its simplest, this means showing concern for people and their families, keeping facilities open at convenient times and using a language that is understandable to patients. To change nurses attitude is a difficult process. In the public sector, attention to customer needs and opinions is a matter more of ideology than financial survival. At present, there are few incentives for staff to improve customer relations. In addition, patients are probably the most disempowered of all public users. Health care givers are accorded enormous power by all, not just the disadvantaged.

Teamwork skills: without teamwork nurses cannot function as effective health care workers or colleagues or managers. The ANC National Health Plan, (1994) spoke about the autonomy and innovation at the periphery. The autonomy and innovation at the periphery, spoken about in the ANC National Health Plan (1994), will not emerge unless supportive teams are in place and work collaboratively. Nurses in South Africa have increasingly seen themselves as professionals. While this is in line with international moves towards increasing the professionalising of nursing, it has had additional effects (Bernard and Harrison, 1986). The passing on of more menial tasks to assistant-nurses

and other categories of nursing staff has not resulted in a climate where all team members are seen as valuable but one in which nurse's uniforms become increasingly elaborate and co-operation with other categories become more unlikely. However, other health care workers can perform performs tasks more cost-effectively and with less training than registered nurses which adds to the stress of nurses (Goodman, 1995).

2.3.5.4 Health status

Couple of health indicators are discuss below to outline the health status and or health performance of the across jurisdiction and population. These indications further give hints for the need to roll out National Health Insurance. The objectives of the national health insurance is to improve of people's lives through the improve access into the health care system. If these are materialised we will see the drop in infant mortality rate. There are more other elements that are taken into considerations when looking at the Infant Mortality Rates (IMR). Those elements include others factors such as income or education level levels have far greater impact on population health outcomes that any health interventions.

Infant mortality rate is a good indicator not only of the health status of infants but also of the general population, their socio-economic conditions and the availability, utilization and effectiveness of their health care. Therefore infant mortality rate is used as an indicator of the efficacy of health services of the country. There is a wide spread assumption that the distribution of advantages and disadvantages in a society reflects the distribution of health and disease in the that particular society (Jourbert and Ehrlich, 2007).

Statistic South Africa (2014) data shows that TB remains the number one causes of death in South Africa in tem leading underlying of natural causes of deaths and a major health threat in the world. In 2013 there were 7.6 percent deaths due to TB alone.
The ranks may be the same, the contribution of each cause to the total number of deaths differed for each sex. The statistic South Africa further reveals that proportion of deaths due to tuberculosis was more prevalent in males 9,9 percent compared to females 7,6% percent, while the proportion of deaths due other viral diseases such as

HIV/Aids was 2,7% for males and 3,3 percent for females. South Africa has a quadruple health challenge of which tuberculosis is among them. There is still more people dying of TB while some are developing multi drug and extreme drug resistance strain of TB.

Statistics South Africa (Stats SA, 2012) shows that in 2007, the majority of registered child deaths were infants 76 percent, with 22 percent of these deaths occurring at the neonatal period that age of one month. There were a recorded increased number of registered child deaths increased steadily since 1997, peaking in 2006. The substantial increase rate was recorded in the post-neonatal period, with a particularly marked rise in infection-related deaths including diarrhea and pneumonia. Major causes of death were tuberculosis and other respiratory diseases and gastro enteritis.

Statistic South Africa states that "*there is ample evidence of resource misdistribution and inadequate health care although interventions in the low socio-economic arena have a far greater impact on health status than do improvements in health care delivery*" (Stat SA, 2012).

2.4 Conclusion

Key issues that emerged when reviewing the literature are that National Health Insurance does not guarantee equal access to good health care and has its own challenges. These challenges range from financial cost, lack of enough human resources distribution, resistance to change from health care professionals especially nurses. In most countries, NHI is seen as the best policy but the implementation does not bear the desired outcome.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section presents the research methodology to be used in this study. The research approach and design, data collection, data analysis, validity and reliability are presented. The purpose of this study is to find out about the views of PHC nurses towards the National Health Insurance in Johannesburg Metro District D2.

The term methodology refers to the overarching research design whereas a method refers to a specific technique in research. The research will be conducted using the qualitative research approach, research design, and data collection will use both primary and secondary data.

3.2 Research Approach

The research approach is qualitative, explorative and contextual in nature with an indicative approach. This is aimed at understanding the views of Primary Health Care nurses towards the National Health Insurance in Johannesburg Metro District D2.

3.2.1 Qualitative approach

A qualitative research approach according to (Parkinson and Drislane, 2011) is research using methods such as participant observation or case studies which result in a narrative, descriptive account of a setting or practice. It is said that sociologists using these methods typically reject positivism and adopt a form of interpretive sociology.

The purpose of this research is to explore the views of PHC nurses in Johannesburg Metro District D2 towards the National Health Insurance. An exploratory approach will be applied in the qualitative study. Qualitative research is an umbrella term which covers several forms of inquiry. Baden horst states that it is a loosely defined category of research design or models which focuses on understanding and explaining the meaning of social phenomena. A qualitative approach, according to (Draper, 2009),

“means quality in the sense of hallmarks, features, character nuances, complexity or nature of a phenomenon under study”.

According to (Silverman, 2003), qualitative research uses four major methods; observation, analysing texts, and documents, interviewing, recording and transcribing. In addition, qualitative research uses verbal, visual, tactile, olfactory or gustatory data in the form of descriptive narratives such as field notes, transcriptions, audio or video recordings, artefacts and other written recordings. (Draper,2009) says that qualitative research methods is utilised in the process of collecting, organising and interpreting text obtained through observation or from communication with individuals or groups. Qualitative research is useful when investigating the views of PHC nurses about NHI.

A qualitative approach is where data is captured and the meaning is discovered after the researcher has immersed themselves in the data. A qualitative approach normally exploits an interpretative position in a research. For this reason, Merriam (2002) argues that qualitative researchers are interested in understanding what those interpretations are at a particular point in time and in a particular context. Qualitative research is in particular relevant in the context of discovery and it imposes specific analytic challenges (Ghauri and Gronhaug, 2010).Concepts are in the form of themes, motifs, generalisations and taxonomies Replication is very rare as the procedure of research is particular. Theory is inductive and can be casual or non-casual. Data is in the form of words and images from documents, observations and transcripts.

3.2.2 Characteristics of qualitative research

Four characteristics of qualitative approach, according to (Merriam, 2009) are the following:

The first characteristic of qualitative research lies in the purpose of qualitative research, to understand the meaning attributed to individuals’ experiences. The focus of meaning people attribute to their experiences is on the process rather than the outcome. Likewise, the intent of qualitative research is used to study individuals’ understanding of their experiences, not researchers’ perceptions of individuals’ experiences.

The second characteristic common to qualitative research is that the primary instrument used to collect and analyze data is the researcher themselves. As can be expected, certain biases might occur when researchers act as the data collection instrument. Rather than attempting to remove such biases, qualitative research operates on the belief that biases presented by the researcher must be considered, accounted for and monitored to determine their impact on data collection and analysis.

Third, qualitative research is regarded as an inductive process as researchers often use qualitative studies to gather evidence in order to establish theories and hypotheses that previous research has neglected.

The final characteristic associated with qualitative research considers the products gleaned from the research. Qualitative research provides highly descriptive data in the form of words and pictures rather than the numbers produced by other types of research (Merriam, 2009).

3.2.3 Types of Qualitative Research

There are many different types of quality research that are used in research. (Merriam, 2009) has indicated the most commonly used types of qualitative research, are the following:

Basic Qualitative Research

Phenomenology

Grounded Theory

Ethnography

3.2.3.1 Basic Qualitative Research

The basis of basic qualitative research is grounded in constructivism with reality being constructed by individuals as they interact within a certain environment (Meriam, 2009). The intent of basic qualitative research is to understand the meaning individuals have attached to a certain phenomenon they have experienced. She indicated that researchers should focus on; how people interpret their experiences, how they construct

their worlds, and lastly what meaning they attribute to their experiences. While other types of qualitative research share this same focus, other types of qualitative research include additional components not found in basic qualitative research. Researchers conducting basic qualitative research required to collect data through the following tools: analysis of documents, observations, and interviews. Data analysis then occurs with data being organized according to themes, or reoccurring patterns (Merriam, 2009).

3.2.3.2 Phenomenology

Originally a school of philosophical thought, phenomenology was regarded as "a study of people's conscious experiences of their life-world" (Merriam, 2009). Phenomenological researchers base their studies on the premise that individuals' shared experiences results in an 'essence' or core meaning. With phenomenology researchers compare and analyze people's shared experiences in order to determine the 'essence' or core meaning of the phenomena. She indicated that phenomenology requires researchers to explore their own experiences with a certain phenomenon in order to account for their personal viewpoints and assumptions. This process, known as epoche, has become a common component of all qualitative research. Once researchers have gain awareness of personal viewpoints and assumptions, they must suspend prior beliefs in order to examine the phenomena of interest (Merriam, 2009).

3.2.3.3 Grounded Theory

(Merriam, 2009) indicated that this theory research, first introduced in 1967, follows the same process as other qualitative research; however, grounded theory differs as it concludes with the creation of a theory. Thus, substantive theories are produced with grounded theory research. Substantive theories differ from other forms of theories as they involve and everyday occurrence and are more specific in nature. Grounded theory research often builds theories based on the changes that occur over time with a certain phenomenon as well as other process-oriented topics. She further states that there are some terms commonly used in reference to grounded theory research. The first, theoretical sampling describes the ongoing process by which researchers use collected data to determine additional sources and types of data to collect. The constant

comparative method refers to a type of data analysis in which researchers compare segments of data with other segments to determine existing differences and/or similarities in order to analyze patterns by which categories are then developed. (Meriam, 2009) indicated that although many other types of qualitative research also utilize the constant comparative method for data analysis, such studies differ from grounded theory research in that no theory results from data analysis. Another term commonly used in grounded research, core category, refers to a main category developed from data analysis that is as connected as possible to the other categories. The core category is of importance to grounded research as it is used to develop theory. The core category, as well as any hypotheses and other categories, are "grounded" in (or derived from) the data collected. Unlike other types of research, hypotheses developed through grounded research are not identified at the beginning of study but instead are identified at the conclusion of the study once they have been derived from data collected (Merriam, 2009).

3.2.3.4 Ethnography

This type of qualitative research was conducted by anthropologists in the 19thcentury, ethnographic research is the study of culture and society. Although culture has been defined in various ways, culture includes attitudes, beliefs, and values held by a certain group of individuals. It is a process as well as a product and can take several forms. Data collection for ethnographic research typically requires the researcher to act as a participant observer and immerse themselves within the culture and/or society being studied. Interviews, observations, collected artifacts and documents, and the researcher's journal all act as additional sources of data (Merriam, 2009).

3.2.4 Contextual

This study focused on the nurse's views towards the National Health Insurance in Johannesburg Metro district D two. Currently NHI is under pilot project in different districts throughout the country. The implementation of NHI is expected to commence in 2015. The study only focused on professional nurses who are specialised in Primary Health Care. The findings cannot be generalized.

3.3 Research Design

Research design is the overall plan for relating the conceptual research problem to relevant and practicable research; in other words, the research design provides a plan or a framework for data collection and its statistical analysis plan (Ghauri and Gronhaug, 2010). It reveals the type of research (for example: exploratory, descriptive, or casual) and the priorities of the researcher. Research designs are the plans and procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis (Creswell, 2003).

The overall decision involves which design should be used to study a topic. Informing this decision should be the worldview assumptions the researcher brings to the study; procedures of inquiry (called strategies); and specific methods of data collection, analysis, and interpretation. The selection of a research design is also based on the nature of the research problem or issue being addressed, the researchers' personal experiences, and the audiences for the study.

In qualitative research, design decisions are conceptual with regard to the conceptual frame work, research questions, sampling, definitions, instrumentation and nature of data collection (Neuman, 2011). Interpretative positions will also be used.

I used an interpretative paradigm and qualitative research. Interpretative is phenomenological in a sense that it deals with individual's personal views or accounts of phenomena rather than striving to arrive at the objective statement. The researcher will try to get closer to the nurses (participants) world and take the insiders' perspective into consideration as well as thee researcher's own perceptions and roles are acknowledged in making sense of the experience (Thorpe and Holt 2008).

3.4 Data Collection

According to (Weller et al, 1988) data collection is any process of preparing and collecting data, for example, as part of a process of involvement or similar project. The purpose of data collection is to obtain information to keep on record, to make decisions about important issues, or to pass information on to others. Data are primarily collected to provide information regarding a specific topic.

Methods of data collection in qualitative research are mainly interviews, observation and document reviews. Both primary and secondary data will be collected and analysed in this research. The data can be collected quantitatively or qualitatively depending on the topic being researched. Quantitative normally uses numbers and qualitative is in the form of words or pictures (Draper, 2009).

3.4.1 Primary data

Primary data are original data collected by the researcher/s for the research problem at hand (Ghauri and Gronhaug, 2010). In this research primary data was obtained through interviews. Data collected was influenced by the research topic, availability of time and subjects or participants. In this study, primary data will be collected through in-depth interviews which constitute semi-structured questions and are open ended. Interviews were conducted in Johannesburg Metro District D2 clinics. Six nurses were interviewed, one PHC operational manager, one deputy director from District Office, and one official from the non-governmental organisation (NGO) currently working on pilot site in the Gert Sibande district in Mpumalanga Province.

3.4.1.1 Interviews

Burcu (2000) said "*Interviews is a kind of conversation of a particular kind little flexibility in the way questions are asked or answered*". This kind of instrument was used because interviews can yield a great deal of useful information the researcher will be free to ask questions that relate to fact, people's beliefs about facts, feelings and views. Interviews can be structured, semi-structured or unstructured. In this study the semi-structured interviews was used to interview the participants.

3.4.2 Secondary data

Secondary data are information collected by others for purposes that can be different from the researchers (Ghauri and Gronhaug, 2010). When first considering how to answer their research question(s) or meet their objectives, some people consider initially the possibility of re-analyzing data that have already been collected for some other purpose. Such data are known as secondary data. (Saunders et al., 2003).

Government policy document, books, journals and research articles were used to get more information about National Health Insurance.

3.4.2.1 Document analysis

Document analysis is often used in research projects that also use primary data collection methods. This research also used primary data as explain above. Secondary data in this research focused on documents reviewed and analysed including the NHI policy paper.

3.4.3 Sampling

Sampling method involves taking a representative selection of the population and using the data collected as research information. A sample is a “subgroup of a population” (Frey et al. 125 as quoted by Latham, 2007)

The purpose of sampling is usually to study a representative subsection of a precisely defined population in order to make inferences about the whole population (Silverman, 2003). The researcher used ‘purposive sampling in identifying key informants for this research. The sample was nine participants from whom information was be collected. Purposive sampling is very useful in digging for more information on the problem being investigated in the research (Neuman, 2011). This method is advantageous because it will help the researcher in choosing participants that are knowledgeable about the issue being investigated. The researcher has chosen this method because it saves on time and it is very convenient. Nurses chosen were from the District D2; it was easy to access the participants because they were around the researcher’s workplace. There were seven clinics with District D2 cluster. Only two facilities were chosen for this study. Nine participants is not the representation of the primary health care nurses of the Johannesburg Metro district D 2.

3.4.3.1 Non-probability/ non random sampling

The suitable method in qualitative was non-probability because the researcher had a limited knowledge about the larger group, which means they could not determine the sample size in advance as is done in quantitative research. “Any sampling procedure

where the final samples' is not obtained by means of "real life probability sampling" will be classified here as a non-probability sampling procedure" (Wretman, 2010).

The study was conducted in 2014 in Gauteng department of health, Johannesburg Metro district D 2 on primary health care nurses. Participants were selected on the following criterion: age, gender, qualification and experience.

According to (Battaglia, 2011) there are three primary categories of non-probability sampling: quota sampling, purposive sampling, and convenience sampling. Weighting and drawing inferences from non-probability samples require somewhat different procedures than for probability sampling; advances in technology have influenced some newer approaches to non-probability sampling (Battaglia, 2011). Purposive sampling was used and will be discussed briefly bellow.

3.4.3.2 Purposive sampling

According to (Neuman, 2011) purposive sampling is a valuable type of sampling method for special situation. The expert uses his or her judgment in selecting cases, or selects cases with a specific purpose in mind. It is not appropriate to use it if the intention is to have a representative sample or to pick the average or the typical case.

Purposive sampling was used to select nurses from District D2 clinics. Six nurses in district D 2, deputy director from the district office and an official from NGO currently working on NHI pilot project in one of the districts were selected. Nurses chosen were professional nurses who are specialized in Primary Health Care. They were employed by Gauteng Department of Health in a full- time capacity. Permission to conduct study obtained from District Research committee, and Ethics committee at Wits.

The sample used this criterion to select nurses from Department of Health District D2 clinics:

All participants were literate were able to read and write in English.

Professional nurses who has a post-basic qualification in Primary Health Care or PHC research and management.

Nurses were requested to give their consent to participate in writing; none of them refused nor terminated participation in the study.

All participants were currently working on PHC matters.

Participants had the experience of five years and above.

3.5 Data Analysis

Qualitative data analysis in this research will search for patterns in data (Neuman, 2011). Conducting data analysis in the form of spiral allows the researcher to severally go through the data collected using proper steps. The steps to be followed will include: organising data, scrutinising the data, classifying the data and finally integrating and summarising the intended data for the intended audience.

The data was organised into categories. The categories will then be represented in thematic form in the next chapter and the thematic issues raised in the interviews area presented and discussed. The categories were refined through several iterations before finally arriving at categories that holds data with the same theme. In this research, different categories will be explained along with different patterns used in answering the research questions. In terms of interpretation, the data with the different categories will be discussed in alignment with the literature review and the opinions of the researcher. The data collected on the views of PHC nurse's research is presented in the form of written word and phrases.

3.6 Limitations

The study was only limited to Primary Health Care Clinics within Johannesburg Metro District D2. The study only focused on professional nurses who are specialised in Primary Health Care and other stakeholders involved in PHC. Another limitation is that participants may have been subjective in their responses which may have affected the quality of findings. Therefore, the findings cannot be generalised even to Johannesburg Metro District D2, but rather provide an indication of what is viewed by PHC nurses towards the NHI. There was a possibility of researcher biasness because the

researcher is also employed at Primary Health Care Clinic in the Johannesburg Metro District D2. This was managed by not influencing the interviewee's responses.

3.7 Validity and Reliability

Reliability is a matter of whether a particular method, applied repeatedly to the same object, would yield the same result each time (Babbie et al, 2007).

This is a fundamental cornerstone of the scientific method to ensure that the study is free from errors. Reliability (Neuman, 20011), means dependability or consistency where the same issues are reiterated or recur under identical conditions. The opposite of reliability is where a process of measurement yields erratic, unstable, or inconsistent results.

The researcher interviewed more than one participant involved in the study in order to have different views and opinions on the same questions asked over and over again and in different version during interview sessions to ascertain if it would yield the same result each time is asked.

Validity is a process where truthfulness is suggested. It refers to how well an idea fits with actual reality. During interviews; the researcher ensured that the participant's response was consistent with the data collected.

3.8 Ethical considerations

In the context of research, ethics refers to the appropriateness of your behavior in relation to the rights of those who become the subject of your work, or are affected by it (Saunders, 2003). (Elliott, 2007) emphasizes that any research that involves the participation of human subjects requires consideration of the potential impact of that research on those involved. Ethics clearance was obtained from Wits University Ethics committee as per Department of Health requirements. Informed consent helped in obtaining the voluntary participation of the subject, which clearly states their right to withdraw from the study at any time should they feel so. Informed consent involve how much information should be given and when (Kvale, 1996). Ensuring confidentiality of

information provided by the respondent's means that it is important to not mention their names in the study but use only codes.

3.9 Conclusion

This chapter outlined the research methodology. Primary data was collected from primary health care nurses working at department of Health Gauteng province Johannesburg district D two. The sample size is not the representative of Johannesburg district D2. The study is qualitative. The research study used purposive sampling used to identify participants who are knowledgeable about the NHI. Nine participants were selected and interviewed. The sample selected was non-probability sampling. For this study, purposive or judgmental sampling is used. Data was collected by means of interviews questions with PHC nurses from the Johannesburg district D2.

The following chapter will present the data collected during the research study.

CHAPTER FOUR

DATA PRESENTATION

4.1 Introduction

The research was based on the on the following primary question “What are the views of PHC nurses towards NHI in the Johannesburg Metro District D2?”

This study examines the views of PHC nurses towards the National Health Insurance (Johannesburg Metro District D2). The researcher wanted to investigate the characteristics that determine how Primary Health Care nurses view NHI and what impact they feel it will have in their professional practice. The researcher used his own data collected from the participants for this research study. Interviews were conducted in Johannesburg metro District D2 clinics. Primary Health Care nurses, nurse managers and the official from the NGO currently working on NHI were selected using purposive sampling. They must possess post basic qualification in PHC and who are knowledgeable in PHC matters. They must be working in PHC setting for at least one year and above.

Then respondents were asked a series of questions designed to determine their views of PHC nurses towards the NHI. Questions around scope of practice, financial budget, consultation and challenges were asked Firstly, individual characteristics were collected. The research investigated the views of PHC nurses towards the NHI and the financial implications in the successful implementing the project.

The study findings are presented in a clear and logical manner that will make iteasy to understand. These results are presented in organizational reporting. While these are main sections, there are subsections attached to the main sections. This is a qualitative research. These findings were gathered through the interview process using questionnaire. The findings are presented in tabular, graphic and narrative format. In previous chapter we looked at the methodology. This chapter presents all data that was collected from the respondents during the research study. The first section of this

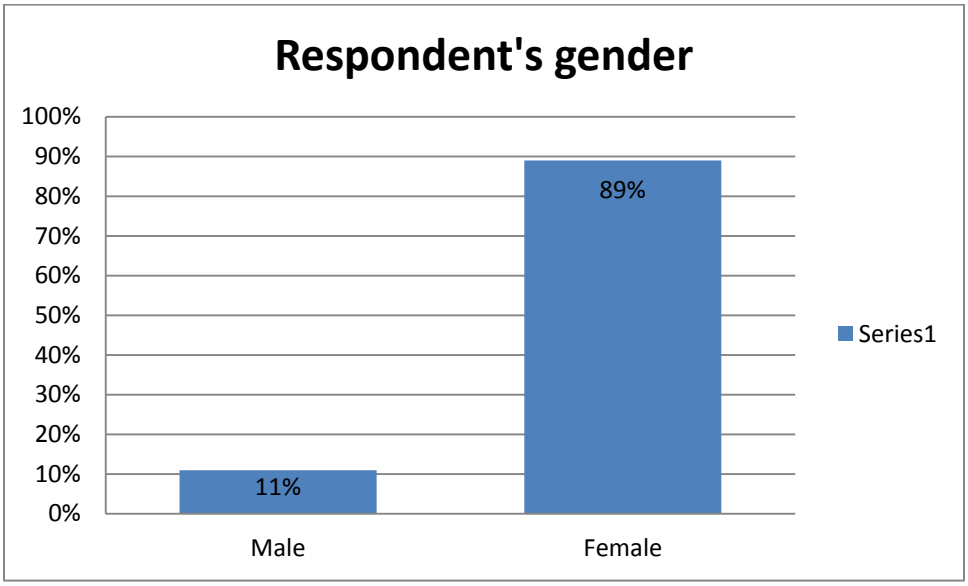
chapter deals with the respondents demographics and the second section deals with the questionnaire presentation.

4.2 Demographics

Demographics encompass differences such as gender, age, race, qualification, rank, and experience with current employer.

4.2.1 Respondents gender

Graph 1: Respondents gender

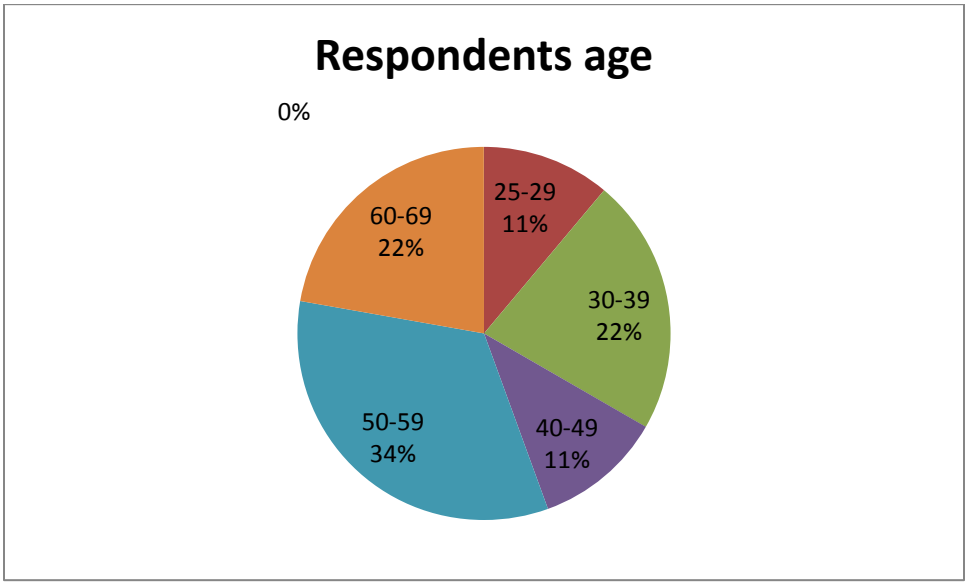


Source: Interview, 2014 (0wn)

Graph one represents the respondent's gender. Out of nine respondents eight were females while only one respondent was male. 89% were females and 11% males. There is a discrepancy between male and females personnel distribution in the health profession population. This could be the result of previous male prejudice towards nursing profession. One male nurse interviewed is a departmental manager within the PHC setting.

4.2.2 Respondent's age

Graph 2: Respondents age



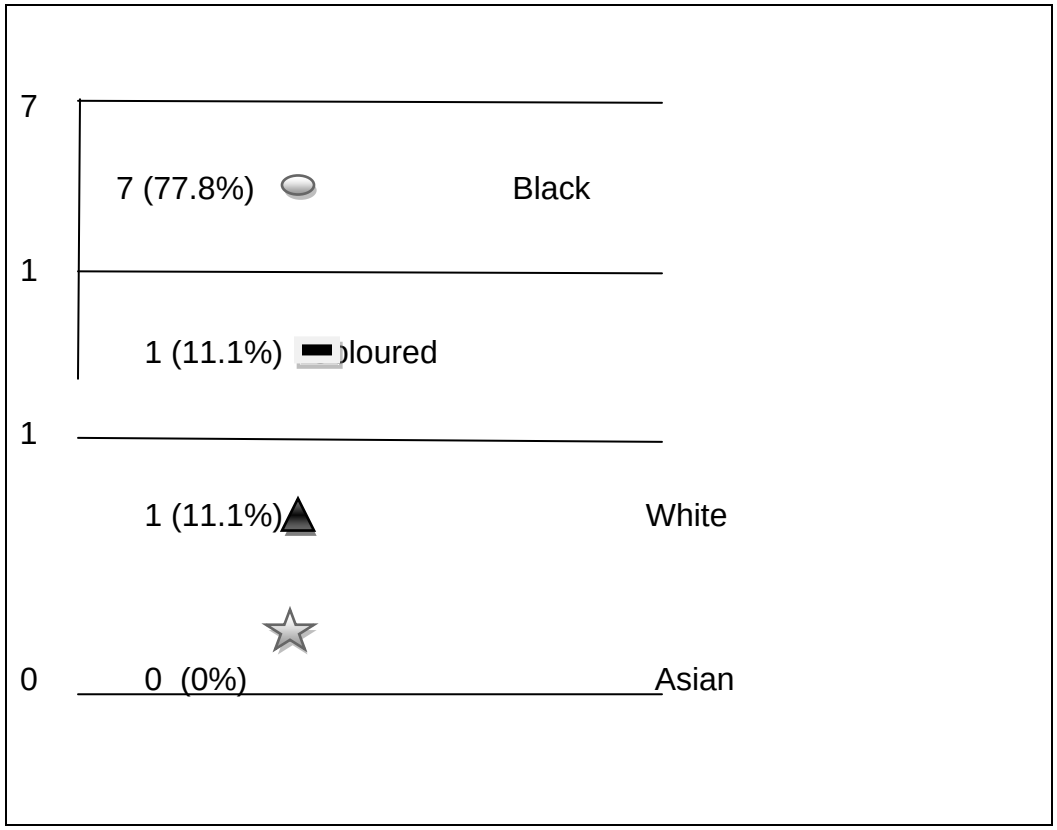
Source: Interview, 2014 (0wn)

Nine participants were interviewed as it shown in the graph 2 above. Graph 2 shows that all age categories are represented. Category one consists of respondents that are from age 25 to 29 years. Category two reflects the respondent's age ranging from 30 to 39 years. Category three and four reflects respondent's age from 40 to 49 years and 50 to 59 years of age respectively. And the last category reflects respondents that are from age 60 to 69 years.

In the research study, one respondent fall within the 25 to 29 years category. Two respondents fall within 30 to 39 years category. One respondent fall within the range of 40 to 49 years category. Three and two respondents fall with the ranges of 50 to 59 and 60 to 69 years category respectively.

4.2.3 Respondents race

Graph 3: Respondents race

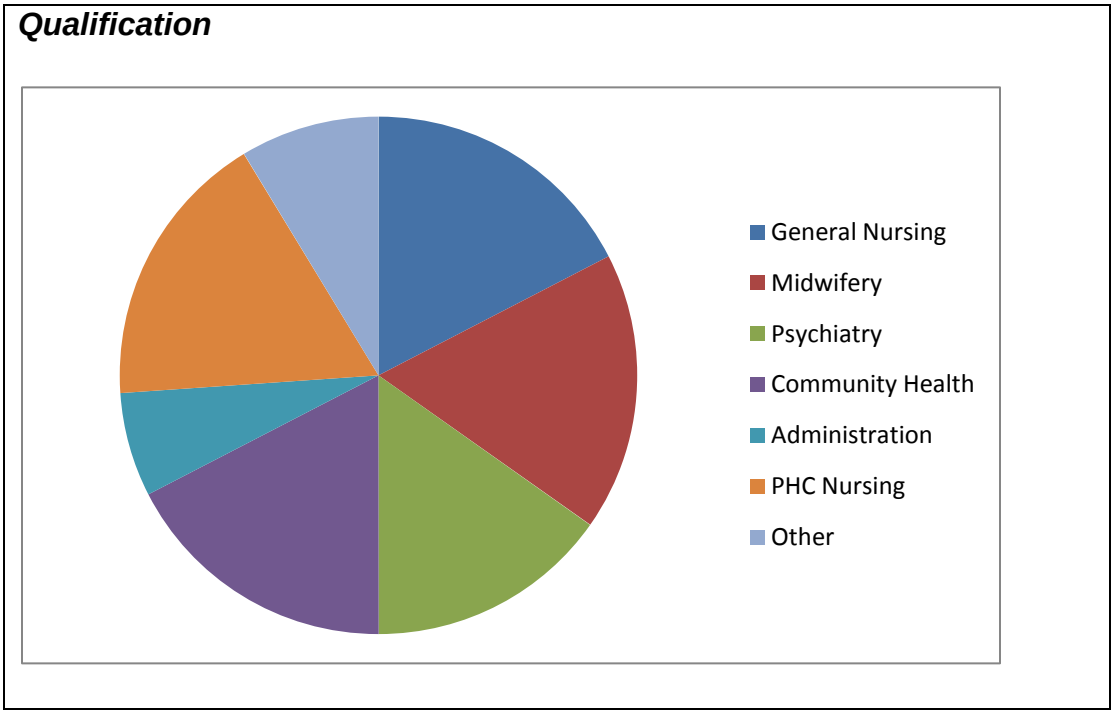


Source: Interview, 2014 (0wn)

Out of the nine respondents, seven were Black, one Coloured, one White and nil were Asian. The graph shows that Blacks dominated the research sample as compared to other races.

4.2.4 Qualifications

Graph 4: Qualification

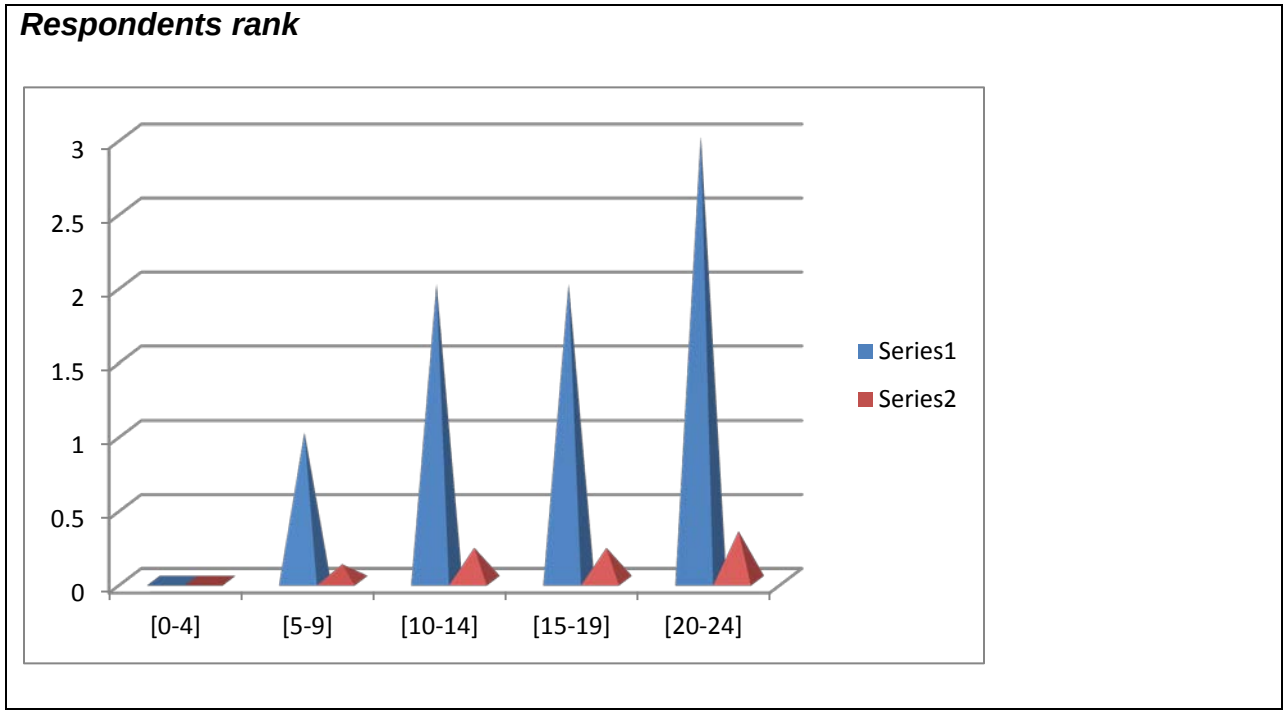


Source: Interview, 2014 (0wn)

Graph four shows the respondents' qualifications. The respondents were asked to indicate their qualifications. Eight respondents had General Nursing Science, eight had Midwifery, seven had Psychiatry, eight had Community Health Nursing, three had Administration, eight had PHC nursing qualification and four had other qualifications not listed above.

4.2.5 Respondent's rank

Graph 5: Respondents rank

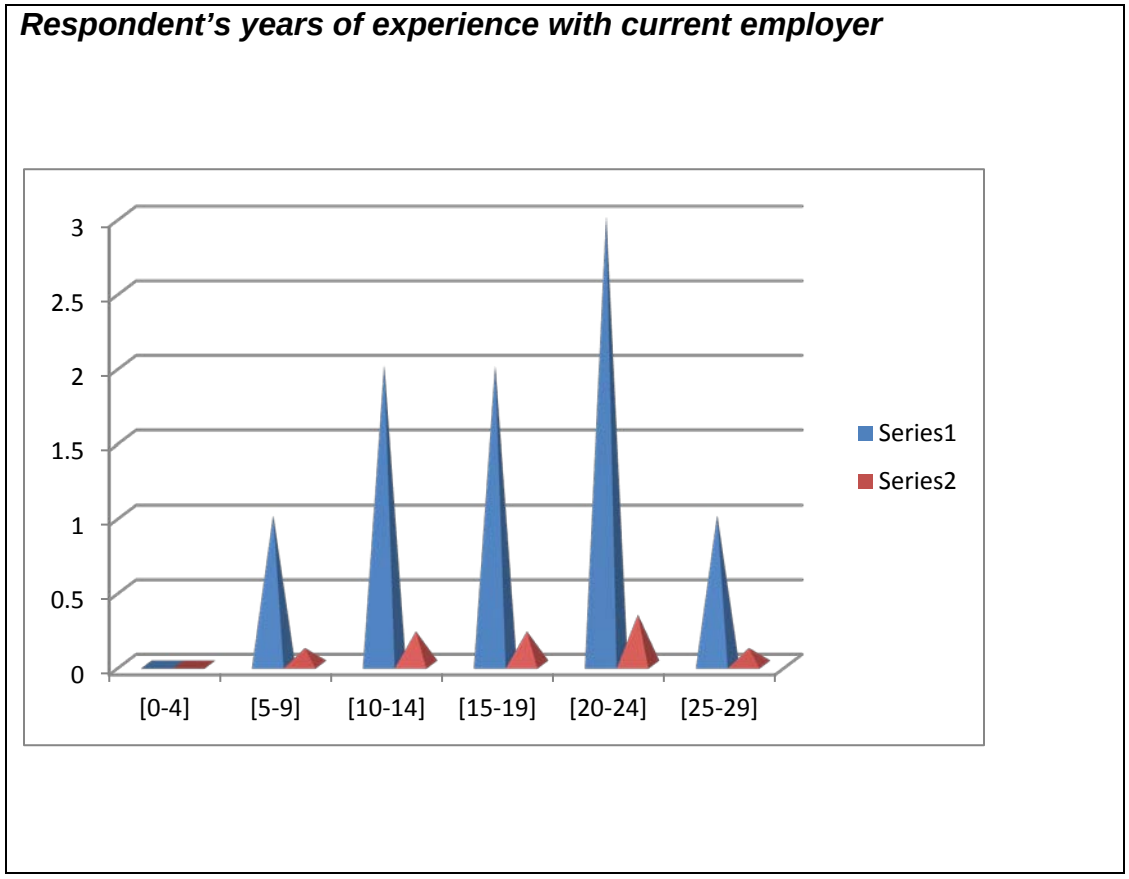


Source: Interview, 2014 (0wn)

Of the nine respondents interviewed, one was a Deputy Director, one an Operational Manager. Six of the respondents were PHC nurses dominating research sample and one a middle manager from an NGO.

2.4.6Respondents years of experience with current employer

Graph 6: Respondents' years of experience with current employer



Source: Interview, 2014 (0wn)

The last category of demographic information was the years of experience. Years of experience reflects that only one respondent falls within category of '5 to 9 years of experience', two fall with the category of '10 to 14 years of experience', again two fell within the category of '15 to 19 years', three respondents fall within the category of '20 to 24 years of experience' and one respondent falls within the category of '25 to 29.years of experience'. The age group of respondents was diverse.

4.3 Questionnaires

(a) What do you understand about National Health Insurance system?

When asked about the understanding of NHI it was discovered that the understanding of National health Insurance was well understood because out of nine respondents all of them understood it. Even though the answers and explanations were bit different, the meaning was exactly the same as shown below.

Respondents 1, 2, 3, 5 (interview 2014) stated that the NHI is an inclusiveness of health care system, for rich and the poor… It is aim at improving better service diversity in the health sector and increase access to health care service.

Respondents 4, 6, 7, 8 (interview 2014) stated that NHI is the policy which seeks to reform health system in south Africa that will improve service provision and address the inequality created by apartheid government.

Responded 8 also said:

> *"It is the new method to deliver health care to the people of South Africa in an equitable manner, where all South Africans will access health care respectable of their financial status and the standard of health care will be compatible to the private health care that is provided to the people who can afford it".*

Respondent 9 stated that:

> *"NIH is the political position of the ruling party aim to increase its support base and remain in power. But agreed that NHI is for improving better health care services".*

(b) What are the changes do you think will come with the implementation of the National Health Insurance?

When asked about what changes do they think will come the implementation of the NHI. Four of the respondents 1, 2, 4, 5) (interview 2014) felt that:

"NHI will bring a lot of changes in delivery of health services" *"New facilities will be refurbished. There will be more training of Nurses to render comprehensive health care services*". Respondent 6 stated that:

> "*experts will come to work at primary health care level."*

Respondent 3, and 8 (interview 2014) felt that:

> "there will be more uniformity in the rendering of health care services".

Responded 7 (interview, 2014) felt that:

> *"Health service providers will be trained to better their skills as the intention of NHI is to give a quality service. The resources will be available to enable the health care professional to render the service. The clients will not abuse the services as it is right now, because there will be tracking system in place to see if the client has received the service and medication were given for an example patient is collecting treatment from different institutions.*

While respondent 9 stated that:

> *"finance mechanism will change services provision, decentralization of power to district levels and the establishment of Re-engineering of the primary health care".*

(c) Do you think the NHI will affect your daily normal work routine? Explain.

All of the respondents were certain that there will be too much workload which will affect the quality health care services and their knocking off times. Seven of the respondents agreed that there will be expected to go to the community for PHC re-engineering which might take long hours because they are not familiar with. Responded 7supported this by saying said:

> *"Yes, there will be a system in place that workers will be trained on and they will have to implement that system. People will utilize the institution in their areas".*

Respondent 1 (interview 2014) said:

"*There will be longer working hours. Clinics that operate from 07h00 to 16h00 will be force to expand working hours to 07h00 to 19h00 and work on weekends and public holidays to cater for the large number of patients".*

But some raised dissatisfaction in terms of staff shortage:

"*Where are we going to get all those nurses to cover for those charges"? If you extend working hours you need to hire more staff…"This thing will add on the burden we are already carrying on our shoulders".*

While Respondent 8 (interview 2014) said:

"No, The NHI will be ensured by putting the quality systems in place thereby making sure that the quality service is rendered irrespective of the social circumstances….". "The daily normal working routine will remain the same".

(d) In your views, do you feel more health care professionals are needed for the successful implementation of NHI?

All of the respondents agreed that more health care professional will be needed for the successful implementation of NHI, and more especially, more nurses to drive this project.

One respondent verbalized that:

"There is no enough health care professionals especial nurses and that there is no reform without proper workforce and proper management of staff"… "In some situation, doctors are doing nurses work or vice-versa and again the referral system need to be very clear. Responded 8 supported this by saying that:

"…theNHI will use more of the CHCW which is aimed at task shifting."

Respondent 7 (Interview 2014) stated that:

"We will need a balance of the nurse-patient ratio in order to render quality care".

(e) In your view, do you think will there be enough financial budget allocated for this project? If yes, please explain.

When asked if they think there will be enough financial budgets allocated for this project. Six of the respondents agreed that there will be enough budget allocated for NHI project, two of the respondents stated that the budget will remain the same. Respondent 8 supported this by saying:

> *"Yes, budget will be allocated to renovate the health sector to meet with the standard of the national compliance"…. More Community Health Care Workers (CHCW) to do the field work".*

Respondent 9 (interview, 2014) stated that:

> *"We are still waiting for a White Paper from National Department of Health and treasury then after I can be in a position to say whether there will be enough budget allocation or not. We need a plan on how to generate those resources. The Growth Domestic Product (GDP) is not growing enough. Government must show us the plan. , Right now I can safety say I don't know".*

Respondent 7 (interview 2014) raised concerns that:

> "*in South Africa there is a high rate of corruption. Government can allocate enough budget but you find that it end up in the wrong pockets…".*

(f) Do you think this project will receive sufficient support from health care professionals?

Respondents were asked if they think this project will receive sufficient support from health care professionals. Respondent 2 stated that:

> *"NHI will receive sufficient support it deserves as long it will come with progress especially equipment availability, there will be a lot of accountability".*

In addition to that, Respondent 9 stated that:

"*General views are positive from both the users and service providers. I think people are looking forward to change".*

Respondent 5 (interview, 2014) said:

"there will be a lot of resistance because people were not properly consulted."

While respondents7 and 8 felt that:

"they will be a positive response on the side of health care professionals also raised concerns that some will not support the project"...

Respondent 7 supported this statement by saying:"*You see, people are very diverse in thinking …people are not the same".* Responded 8 also said:

"only when the project is stabilized. Generally employees are resistant to change hence it will be challenging in the first phase".

(g) In your opinion, do you think National Health Insurance will improve the delivery of health care service? Explain.

The respondents were asked if they think NHI will improve the delivery of health care service. Nine of the respondents were certain that NHI will improve the delivery of health care service

Respondent 1 (Interview 2014) said:

"Yes it will enhance the delivery of health care services since there will be no shortage of sources be it: Finance, personal, and material. Since they will be properly managed in a controlling manner".

Respondent 3 said that:

"That is a big hope and a main reason, NHI will improve quality of health care, access to health care because currently quality of health care is a problem. Former Homelands were under services, it goes to all sectors. That problem is

not fully addressed. People study in urban areas and settle there not going back to their villages to serve their communities."

Six of the respondents said 'yes', NHI will improve the delivery of health care services. Respondents 3, 4, and 5 said 'yes', it will in the sense that all essential requirements will be available for an example medical equipments**.**

However, 3 respondents have some reservations that if NHI project is not effectively implementation and receive proper buy-ins it might end up having some unintended consequences.

(h) In your opinion, do you think is there anything that is going to change with the introduction of National Health Insurance with regards to scope of practice?

Respondents were asked if they think there is anything that is going to change in their scope of practice. Respondent 3 (interview 2014) said:

"Yes, new guidelines and policies will be introduced that widen the scope of practice".

Respondent 9 (interview 2014) stated that:"

"*They will be reshuffling of the scope. Community Health Centers will take a wider scope in terms of staffing and service provision as oppose to PHC clinics".*

Six of respondents were certain that the scope of practice will change. There was agreement that the scope of practice will somehow be widened in line with South African Nursing Council's rules and regulations.

Respondent 2 and 4 had a different view and said:

"*I don't think so… The scope of practice is perfect; people should do what they are supposed to do…." (Respondent 2)*

"I think health care professionals will need to acquire more skill to give quality service delivery." (Respondent 4)

One respondent said:

> *"I don't know if the scope of practice will change or remains the same".*

(i) Do you feel were you consulted about the formulation of National Health Insurance?

Respondent were asked if there were consulted about the formulation of the policy. All of the nine respondents expressed negative views about consultation in NHI policy formulation.

All the respondents said they were not consulted about the formulation of NHI.

Respondent 5 stated:

> *"things are enforced to us without any proper consultation... Consultation in Batho Pele principle only exists when it comes to the users and not to the service providers; it is bad what is happening here in public service".*

Respondent 4, 5 and 6 (Interview, 2014) said that:"*they only heard about National Health Insurance in the media".* Respondent 7 argued:

> *"No, there was never information sharing or any workshop attended on the matter, we heard from media and people still do not know what is going to happen when the system is implemented".*

One respondent said:

> *"Consultation is non-existence in South Africa, it only happens in board room".*

Respondent 9 (Interview, 2014) stated that:

> *"Government is not going to community to ask what services they want. No engagement on white paper. They do not ask community what need to be done. Policy should be informed by what people need".*

(j) What are your concluding comments about the NHI system and what do you think will be the challenge in implementing National Health Insurance?

Respondent 2 and 4 (interview, 2014) said:

> *"Change of political power will cause some problems. A new political party within a 5-year political term comes with a lot of new things. There is no consistency in our government because of that and the sustainability will be a problem. Lack of human capital and skill administrators will be a challenge."*

Responded 2 also said:

> *"Corruption will be very rife. In big project like this it is very likely that official and politician steal the money that is provide to render service for the poor people. Look at what happened in 2010 when those stadiums were built, look at what happened in arms deal. The problem of corruption is this country is beyond control."*

Respondent 7 (interview, 2014) said that:

> *"NHI is a good system to implement to improve the health service in SA but the attitude of the health care professionals and clients may threaten not for it to succeed. The financial implication also may cause it to fail if there are no enough budget to cater for it."*

Respondent 8 (interview, 2014) stated that:

> *"NHI will be the best health system in SA. People will be able to access quality health care without being able to financially afford it."*

Respondent 9 (interview, 2014) said:

> *"Human Resource for an example Doctors and nurses, management and finance personnel it is a big question mark. As long as there is no white paper no one can put it how it is going to work out. Systemic problem in health system are overwhelming. Government need to identify these problems. NHI is political there is no synchronisis they say these are problem and NHI will fix it. If you look at the system on how it has been planned, you find out that doctors had not been*

trained and managers on how to order drugs. You first identify the problem and then look at the solutions."

Respondent 6 and 7 both said:

"NHI will only benefit the less advantaged which are the poor and thus taking away the privileges for the rich because there will only be one health care system."

Respondent 6 felt that:

"NHI will also cripple the private sector as they have invested so much on their health care system."

Responded 5 said:

"*All these years I have been saying the one and the same thing. "We are excluded in decision making. We need to have a say in decision making. What is happening is really not right, things are imposed on us without consultations. We must own this project otherwise there will be a lot of resistances from our side as nurses". "This thing of looking down upon us must stop and it must stop now…".*

Responded 3 stated that:

"The challenge will lack of funds to train health care professionals. ..look now the is an Ebola outbreak in West Africa. We should have been trained on how to deal with Ebola patient should emerge in South Africa. South Africa is a many different countries in this continent so we have lot of people coming and leaving our country that put us a risk of this deadly disease.

4.4 Conclusion

The data presented is the reflection of how participants responded to the questionnaires during research study. There were five themes that are emerged and very common among the respondents. These themes are; resources, scope of practice, human

capital, service delivery and consultation. The analysis of these responses and themes will be discussed in more details in the following chapter.

CHAPTER FIVE

DATA ANALYSIS

5.1 Introduction

The purpose of the research was to investigate the views of Primary Health Care nurses towards National Health Insurance in Johannesburg Metro District D2, in answering the following research questions:

Primary question

What are the views of PHC nurses towards NHI in the Johannesburg Metro District D2?

Secondary questions

How are the nurses feeling about the proposed National Health Insurance system with regards to human resource issues?

What are the perceived challenges that nurses feel will affect the implementation of National Health Insurance?

What are the expected changes in the health care system that might be introduced in the implementation of NHI?

What are the perceived skills required for the effective NHI?

Themes that were emerged from respondents were; ‘availability of resources’, ‘scope of practice’, ‘human capital’, ‘service delivery’ and ‘consultation’ with regards to the implementation of NHI. The aim of this chapter is to analyse the findings that were presented in chapter Four and provide answers to the research questions of this study. The results will be grouped together with literature in the previous chapter to ensure validity of the study.

5.2 Themes identified

5.2.1 Resources

For the purpose of this study, resources are divided into to three; 'material resources', 'financial resources' and 'human resources'.

5.2.1.1 Material resources

One of the respondent indicated that poor influx control measures hence the abuse of resources and health care system by foreigners therefore it will be invain to let the people's health insurance funds be exploited by people who do not contribute to the funds. Measures should be in place to protect the country's resources by ensuring that people who come to the country have means of providing for their health care needs…". Four of the respondents felt that "NHI will bring a lot of changes in delivery of health services"… "New facilities will be refurbished. There will be more training of nurses to render comprehensive health care services." Some of the respondents agree that NHI will bring about resources in the sense that all essential requirements will be available for example medical equipment**.**

Literature revealed that Ghana passed National Health Insurance (NHIS) in 2003 to ensure equitable and universal access to health care services for all Ghanaians. Mr Alban Bagbin, the Minister of Health in Ghana, who was speaking to health personnel at the Wa Government Hospital 2012, admitted that more than five years after the implementation of NHIS there are still lots of challenges, including: poor security, office and residential accommodation, lecture halls for students and lack of human resources in other areas of the country. The country is faced with high inequality rates in health provisions that are largely associated with poverty, and availability and access to health care facilities.

(Patricio et al, 2010) stated that Russia invested in infrastructure, medical equipment, information system and training before the implementation of National Health Insurance. Their emphasis was on increasing the capacity at the Primary Health Care level while phasing out hospital care with outpatient and PHC services. The new PHC facilities were built and the refurbishment of the already existing health care centers The

researcher argues that if services are provided for free it very likely that the high workload and eventual shortage of resources will happen because of the high demand of health care provision. In a country like South Africa where there is an excessive influx of people for free services, this service is likely to be abused by foreign nationals whose countries has a collapsed health care system and they will…. WHO stated that Canada has faced an increasing pressure to reform hospital structures to accommodate the changing pattern of care from an institutional to a community-based model focusing to health promotion and disease control.

5.2.1.2 Financial resources

When asked if nurses think there will be enough financial budgets allocated for NHI project. Six of the respondents agreed that there will be enough budget allocated for NHI project, two of the respondents stated that the budget will remain the same. The other respondent stated: "Yes budget will be allocated to renovate the health sector to meet with the standard of the national compliance"…. More Community Health Care Workers (CHCW) to do the field work".

However, there is a concern about the funding formula. One respondent stated that "We are still waiting for white paper from National Department of health and treasury paper then after I can be in a position to say whether there will be enough budget allocation or not. We need a plan on how to generate those resources. The Growth Domestic Product (GDP) is not growing enough. Government must show us the plan; right now I can safety say I don't know"…Look this is a big question mark as long as there is no white paper no one can put it how is it going to work out. This is a very expensive project they have to do it right. Imagine they spent and nothing changes. NHI is not grounded on evidence that it will work but a political position. The main funding system for health insurance is through generated tax".

The research data indicates that in order to achieve the Millennium Development Goals (MDG), it is a necessity to implement the National Health Insurance system. It is also a good and proper way of ensuring that the health care needs of the country are qualitatively and quantitatively managed. For a country with a high unemployment rate,

like South Africa, generating enough tax to fund the system will be a huge challenge. Unemployment rate is too high, poverty and its related illnesses are also high and overburdening our health care system..In addition, teenage pregnancy is adding more dependents to the tax payer's money.

The health care in Ghana still have challenges even though the NHIS was established in the early 2000 but private health care still one of the best in the country because not every citizens have access to financial means. Like Ghana, most countries in Africa, in the 1980s and 1990s were compelled by financial constraints to remove government subsidies on health care and are now trying to use social insurance to alleviate financial burden and improve access in health care delivery (Frempong, 2009).

In contrast, in Canada there are no financial barriers to health care (Bernard, 2010) Canadians spend 8.7 percent of their GNP on health care, or equivalent of $ 1,483 per person. They do not offer comprehensive health care for all of its residence however the costs are far lower than the US (Bernard, 2010). Canadian has the universal health care system the rich and the poor, regardless of the state of their health, age, or employment status, are covered by the same comprehensive system. They have a free for service. There is sufficient supply of health care providers. There are strong regulations to private insurances to ensure that they do not duplicate the comprehensive services covered by the provincial plans.

The literature indicates that health care itself is privately provided, with the vast majority of doctors in private practice changing for care on a fee-for-service basis. The overwhelming majority of hospitals in Canada are private, non-profit. They receive funds from the provincial government. A patient has a choice of which doctor they want to go to and received free services. Meaning the majority of health care providers are predominantly private but funded through provincial government budget.

5.2.1.3 Human resources

Respondents were asked if they feel more health care professionals are needed for the successful implementation of NHI. Findings from the study confirm that there is a certainty from the respondents that human resources for an example doctors, nurses,

and management are not enough. For the project like NHI, sufficient workforce is needed. All of the respondents agreed that more health care professional will be needed for the successful implementation of NHI and in particular for nurses to drive this project.

One of the respondents verbalized that “there is no enough health care professionals especially nurses and that there is no reform without proper workforce and proper management of staff”… “In some situation, Doctors are doing Nurses work or vice versa and again the referral system need to be very clear. The other respondent supported this by saying that “NHI will use more of the Community Health Care Workers (CHCW) which is aimed at task shifting.” The balance of the nurse-patient ratio is vital in order to render quality care”.

There are many factors that contribute to the shortage of nursing in South Africa. Nursing shortages are widely spoken of, (Woodward, 2004) cites the: hierarchical nature of public sector nursing, low salaries, stresses in the system, lack of influence and control. She also lists ‘unsociable working hours’ as a reason but this does not apply to PHC level where services usually function during office hours. Whether these shortages are real or are due to poor utilization of resources is a moot point. An assessment by the WHO in 2003 found that more than 60% of health care institutions in South Africa struggled to fill existing posts, with more than 4 000vacancies for general practitioners and upwards of 32 000 vacancies for nurses throughout all provinces.

The South African Nursing Council has identified the shortage of nurses in South Africa, but simultaneously tries to present a positive picture by noting past gains. Thus, it asserts, “although there may still be a shortage of qualified nurses in the country, the positive side to this overall picture is that the growth in nursing figures is now approaching that of the population of South Africa” (SANC, 30 October 2007).

(Patricio et al, 2010) stated that in Russian NHI model that the units which are staffed with general practice physicians, nurses, and auxiliary personnel, are now responsible for the care of patients within defined geographical catchment areas for an example Voronezh, with each unit being responsible for 2500 persons in rural areas and 1700

persons in cities. The shortage of staff is an international issue. South Africa has the similar challenge not only in the department of health but across all sectors.

The researcher argues that there should sufficient staff available to render the quality service and to ensure that NHI project is a success and its bears the desired fruits.

5.2.2 Scope of practice

Respondents were asked if they think there is there anything that is going to change in their scope of practice. The results indicate mixed feelings about the scope of practice. One respondent said “Yes new guidelines and policies will be introduce that widen the scope of practice”.

While other respondent agree that the scope of practice will change and stated that “they will be reshuffling of the scope. Community Health Centers will take a wider scope in terms of staffing and service provision as oppose to PHC clinics”. The majority of respondents feel that the scope of practice will change. Agreeing that the scope of practice will somehow be widen in line with South African Nursing Council’s rules and regulations”.

On the other hand two respondents had a different view and said “I don’t think so… The scope of practice is perfect; people should do what they are supposed to do….” I think health care professionals will need to acquire more skill to give quality service delivery.

The literature review according to (Patricio et al, 2010) indicated that the scope of practice and the scale of Primary Health care Services were modified and expanded. They introduce one stop shop or multiple of services under one roof. As opposed to the previous vertical of services which provided services separately for adult people, women and children was successfully replaced by service provision for the whole population.

In contrast according to report of the study done in United Kingdom by (Mackenzie, 1993) as quoted by (McPHAIL, 1997) reveals that nurses felt that their management responsibility had increased since the implementation of National Health Service.Nurses

feel that National Health Service brought some added duties and responsibilities in their scope of practice.

The researcher argues that the scope will be expanded. There are services that are not currently available at PHC level that will need to be introduced with the NHI project such as re-engineering, outreach programmes such as school health and home visits. Nurses are the pillars of PHC services excluding them in the policy formulation is not a good idea. Although they might be challenges with the implementation of NHI, nurses from Johannesburg District D2 are ready and willing to take up an additional work from their current scope of practice. As there would be changes regarding NHI the policy makers should invest in workforce, such as training and skills development, encouragement of innovation and creative thinking, scientific research, and ensure effective co-ordination between top management and ground level nurses to achieve optimal performance.

5.2.3 Human capital

The research found that there is a feeling about the training of staff in preparation of the NHI implementation in Johannesburg Metro District D2. One of the respondent said that in concluding remarks “the challenge will lack of funds to train health care professionals. ..look now there is an Ebola outbreak in West Africa. We should have been trained on how to deal with Ebola patient should emerge in South Africa”. South Africa is a home to many different countries in this continent so we have lot of people coming and leaving our country that put us a risk of this deadly disease.”

Russia invested in in training of health care workers before the implementation of National Health Insurance. If there is a new system that is going to be implemented training should be in a forefront of the management agenda.

Although NHI might be seen as a threat, in actual fact, the aim is to improve the quality of lives and access to health care services. The literature revealed that the NHI implementation comes with its own challenges. In Nigeria, there are a lot of bottlenecks which impact the proper implementation of NHIS. Some of these include poverty, poor supply of drugs or vaccines, inadequately trained health personnel and inadequate

human resources (Metiboba, 2011). The sad truth is that most Nigerians still have unequal access to proper health care services.

The researcher states that South Africa is intending to introduce NHI in 2015 yet there is still no training of health care professionals regarding the re-engineering of PHC and the mechanisms for patient referrals from PHC level up to the tertiary level of health care. The researcher is of the view that empowering of nurses with skills and training to enable them to cope with the dynamic health system is vital.

5.2.4 Service delivery

The respondents were asked if they think NHI will improve the delivery of health care service. Nine of the respondents were certain that NHI will improve the delivery of health care service. The research results indicate that there is positive feeling that NHI will improve service delivery. However, it has to be implemented properly and all the required resources have to be in place before the actual implementation and that the planners have to consider the psychological aspects of the nurses. One respondent agreed that NHI will improve the delivery of health care service. The respondent said "Yes it will enhance the delivery of health care services since there will be no shortage of sources be it: Finance, personal, and material. Since they will be properly managed in a controlling manner."

The research also established that there is the hope that NHI will improve service delivery. The other respondent was also positive about the proposed NHI and alluded that "That is a big hope and a main reason, NHI will improve quality of health care, access to health care because currently quality of health care is a problem. Former Homelands were under services, it goes to all sectors. That problem is not fully addressed. People study in urban areas and settle there not going back to their villages to serve their communities."

The literature reveal that in the Russian health care services provisions shifted focus from curative orientation to disease prevention, health and management of chronic illness these are some of the positive results that came with the universal system. The emphasis was on the use of PHC physicians as gatekeepers to specialist and other

medical resources, and continuity of care. (Patricio et al, (2010) noted that the population covered by general practice units has increased significantly in both pilot regions. In 2010 alone, the Chuvash Republic and Voronezh were ranked among the top three regions in the Russian Federation, as measured by the Number of general Practitioners per 100,000 populations. (Patricio et al, 2010) stated that the NHI introduction had already bearing fruits with reduced cases referred to specialists. He further stated that in the Chuvash Republic, referral to specialist declined from 8.7% in 2003 to 2.3% in 2008.

In contrast, NHI pilot study in its preliminary reports from the piloting sites reveal that there are challenges with regards to NHI implementation; hospitals and clinics performed badly in standard compliance during inspection, lack of sufficient funding for the project, lack of work force more especially in the specialized professional categories. In some districts, there are no district project managers to oversee the project. Lack of skills, some facility managers does not possess the specialist training.

The researcher indicates that studies conducted in other countries reveal that NHI is a good model for the delivery of health care system because of its universality but caution should be made that it needs to be implemented effectively in order for it to bear fruit and avoid the unintended consequences.

5.2.5 Consultation

Respondents were asked if there were consulted about the formulation of the policy. All of the nine respondents expressed negative views about consultation in NHI policy formulation. All the respondents said they were not consulted about the formulation of NHI and they were not happy to get the information from the unreliable sources.

One respondent said “things are enforced to us without any proper consultation... Consultation in Batho Pele principle only exists when it comes to the users and not to the service providers; it is bad what is happening here in public service”.

Four respondents expressed negative views about consultation for the proposed NHI and said that “they only heard about National Health Insurance in the media”. The other

respondent alluded that “No, there was never information sharing or any workshop attended on the matter, we heard from media and people still do not know what is going to happen when the system is implemented”. Respondent 9 (Interview, 2014) stated that “Government is not going to community to ask what services they want. No engagement on white paper. They do not ask community what need to be done. Policy should be informed by what people need”. They are of the view that consultation only exist in paper but not practical.According to the literature (Kotter, 1996) believed that change management was possible in health care. He said rapid change was occurring as health care organisations strove to adopt new technologies such as the electronic health record, implement quality improvement initiatives, and institute pay-for-performance plans. According to (Kotter, 1996) change has both an emotional and situational component, and methods for managing.

For National Health Insurance in South Africa to be successful, change agents need to be able to address the above elements before the actual implementation. The NHI will be implemented using the change management methods and processes which encapsulate extensive marketing to enable proper consultation with the stakeholders and the frontline workforce of the nurses; it also requires a good leadership using the top-down approach.

Drivers of change include the following; social, economic, technological, legal, environmental or political. These forces provide the context with more details in terms of planning in order to take full advantage of the opportunities that present themselves. However, for the research the change was driven by political force since it had an impact in terms of health services. In this case, the health care system is driven by both the social and political factors to change to NHI in order to accommodate everyone regardless of their social status.

The researcher urges that if the nurses are not properly consulted about the National Health insurance they more likely to resist the change that will come with the implementation of the project. Resistance to change is human nature. People tend to resist change simply because they fear new changes, enjoy being in their comfort zones or perhaps the change was not properly communicated, for change agents it is

important that they bear in mind that resistance to change is a perfectly normal reaction for the human being.

The researcher is of the view that nurses lack information about National Health Insurance since they were not consulted and the project was never communicated to them.

5.3 Conclusion

This chapter analysed the data that was presented in previous chapter and literature review that was used to find the answer to the problem statement and the research question. The findings looked at different themes that were formed in terms of the views of the PHC nurses towards the NHI. The next and last chapter will conclude and give the recommendation of the research as a whole.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The purpose of this research was to investigate the views of Primary Health Care Nurses (PHC) towards the National Health Insurance (NHI) in Johannesburg Metro District D2. The intention was to establish how nurses from the district D two view NH.

Views in this study refer to the feeling and behaviors of PHC nurses towards NHI. The study intended to examine how the implementation of NHI would affect the PHC nurses in Johannesburg metro district D two. The study used interview questionnaire and document analysis as a methodology tool to gather the data from the nine participants.

The background of the study emanated from the NHI green paper. The intention was to address the imbalances of the past health care system where the government will use a re-engineered NHI policy document as a tool to introduce National Health Insurance that will ensure equal access to health care. NHI policy paper serves as a good foundation as to how the project will be implemented. However, there is still no NHI white paper that will give a clear indication as to how the project will be funded and where the revenue will be coming from.

International experience on NHI and PHC in South Africa were discussed. These countries have a national health care system for similar reasons as South Africa. At the core of NHI is the focus on delivering an equity health care system that is not characterised on racial and socio-economic lines.

The following research questions were formulated:

Primary question

What are the views of PHC nurses towards NHI in the Johannesburg Metro district D two?

Secondary questions

How are the nurses feeling about the proposed National Health Insurance system with regards to human resource issues?

What are the perceived challenges that nurses feel will affect the implementation of National Health Insurance?

What are the expected changes in the health care system that might be introduced in the implementation of NHI?

What are the perceived skills required for the effective NHI?

The research study provided much insight into understanding the views of PHC nurses towards NHI in Johannesburg metro District D2 and identified the challenges that might emerge with its implementation.

This chapter provides research conclusions and the recommendations for the entire research project. The recommendations for future researchers are based on the findings that can be used in implementing the NHI project. The study gives the recommendations on how the NHI project may be implemented.

6.2 Conclusion

6.2.1 Resources

The common resource that was a concern was the human resource. There major feelings that the NHI project will require more work force. If the objective of the project is to improve access to the health system it means there would more patients expected than before. Therefore there should more staff employed to deal with the increase number of patients. There should be a sufficient workforce for the effective implementation for the NHI. Currently there thousands of unfilled posts in the Department of Health and there is no funds available to hire new staff. The NHI intends to improve the access to health care meaning there will be an increase in patients head count therefore more nurses are needed to maintain the nurse-patient ration and to

ensure that quality health care is not compromised. Primary health care service is a nurse-orientated environment and hospitals and clinics should be adequately staffed with qualified nurses.

6.2.2 Scope of practice

The widening of scope is an advantage to the health care system because areas that were neglected before will now get more attention such school health and early detection of disease through community outreached programs. The study revealed that there will be new programs that will be introduced in NHI such as re-engineering of primary health care. The widening of scope requires resource, the financial budgets to train nurses for the new program, the hiring of new staff to strike the balance in nurse-patient ratio so that the quality is not compromised.

6.2.3 Human capital

The study discovered that there was no clear line of communication between the policy-makers, the bureaucracy and the employee at the ground level. While the national Department of Health has started the piloting the project in different districts but there is still no training to the front line work force the nurses. The project is expected to kick start in 2015 but some of the facilities had yet refurbished and no training has been conducted. Proper planning is required for the implementation of a project like NHI. The researcher is of the view that the White Paper should have been release as to clarify on how is the NHI going to be funded and where the revenue is going to come from and how much is the budget allocated to develop PHC nurses. The general views of NHI are positive from both the users and service providers. People are optimistic that NHI will bring hope in our health care system however if there is no proper training it might bring unintended consequences.

6.2.4 Service delivery

There was a strong feeling that NHI will bring the improve service provision to the people. However in health care setting the improve service delivery goes together with

skills and health care professional-patient ration. There if means there should sufficient work force as well. The he objective of the NHI is to improve access to health care. The improved health care means the better health for maternal and child care and the improved mobility and mortality rate in maternal and child.

6.2.5 Consultation

The research showed that the politicians, bureaucracy and organised labour do not consult with all the stakeholders involved in the project before policy formulation. Although nurses formed the backbone of the South African health care system but they are not consulted on the issues that will bring about changes in their normal working routines. Top down consultations is essential in ensuring that communications reaches ground route level.

The researcher argues that proper and stakeholder engagements should have been the first step before the piloting of the project. The research revealed that all of the nurses felt that with the introduction of NHI there are going to be some changes in their normal working routine. There is a clear indication that there should have been some form of consultation before that formulation of NHI policy. Without such communication and support nurses are likely to resist changes. The research shows that all of the respondents were certain that there will be additional workload which will affect the quality of health care services. Some nurses also stated that there will be expected to go to the community for PHC re-engineering which might take long hours because they are not familiar with.

6.3 Recommendations

Based on the research findings, the proposed recommendations are as follows:

Policy makers and implementers need to obtain a proper buy-in for project of this scale, and give clear explanation to the stakeholders. The consultation with nurses is a priority and should not be done for the sake of formalisation. There is only an NHI green paper no white paper yet but the project is already piloted and earmarks to kick start in few

months to come. There is still no white paper and no communication as to how the project will be funded but the government is going ahead with its implementation.

It is recommended that proper consultation process takes place with all the affected parties to ensure that smooth relations takes place and to avoid problems like resistance and this would help to speed up the process of implementation without hassle.

To implement NHI effectively, all of the issues that emerged from this study should be addressed, such as: resources, staffing, budgeting and funding and expanding of infrastructure to create a conducive environment for delivery of quality health care.

Also, PHC nurses should be trained in order to improve their skills and every PHC nurses should be able to work independently.

It is recommended that there should be clear NHI guidelines as to how the project should be implemented, this will assist in the uniformity and thus facilitate the speedy delivery of health care services.

6.4 Summary

Primary Health Care is an essential to redress the apartheid system that the country witness before 1994. However additional skills and expertise are required in order for PHC to be successfully re-engineered for the implementation of National Health Insurance. Primary Health Care is a nurse orientated environment. Nurses work as an independent entity without the assistance of a doctor. National Health insurance is a very good tool to improve the access to health care but its doe's not equal access for all. For the successful implementation of the NHI with the equal access in mind South Africa needs to address challenges that are that have a potential in hindering the project.

Primary data was collected from primary health care nurses working at department of Health Gauteng province Johannesburg district D2. The study used small sample size which is not the representative of the nurses working in Johannesburg district D2.

Purposive sampling was used to identify participants who are knowledgeable about the NHI. Nine participants were selected and interviewed. Data was collected using interviews question tool.

Themes that emerged in data collection are; resources, scope of practice, human capital, service delivery and consultation. These themes were than discussed in-depth, independently to get further information. These themes were formed in terms of the views of the PHC nurses towards the NHI.

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APPENDICES

Appendix A: University letter seeking permission

Appendix B: Application forms for permission

Appendix C: Letter requesting permission

Appendix D: Permission letter

Appendix E: Questionnaire

Appendix F: Informed consent

Appendix G: Information sheet

Appendix H: Ethics application forms

Appendix I: Ethics clearance letter

APPENDICES

APPENDIX A: UNIVERSITY LETTER SEEKING PERMISSION

WITS SCHOOL OF GOVERNANCE
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

24 July 2014

To whom it may concern

This confirms that Mr. Phindaphiwe Brian Khuzwayo , student number 567898 is registered for the Masters of Management at the Wits School of Governace, and is currently conducting a research for the fulfillment of the degree requirements.

It will be greatly appreciated if your organisation could be of assistance while he will be collecting data as part of the degree requirements. The project is purely for academic purposes.

Thank you for your cooperation

Yours faithfully

Dr Manamela Matshabaphala
Academic Director
Wits School of Governance

www.wits.ac.za/wsg

2 St David's Place, Johannesburg 2050, Parktown, South Africa
admissions.wsg@wits.co.za (Email 1), shortcourses.wsg@wits.ac.za (Email 2)
+27 11 717 3520 (Telephone)

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Joburg
a world class African city

JOHANNESBURG HEALTH DISTRICT

RESEARCH APPLICATION FORM [i]

The Johannesburg Health District Research committee meets on a monthly basis to review research proposals. If the research committee needs clarification from the researcher on the research proposal, the researcher will be contacted by the DRC research coordinator.

Once the research committee has received and reviewed all the documents and clarifications have been explained, the relevant managers (district/clinics/facilities) is then informed about the research. Only after the managers have given permission for the research to be conducted in their clinics/facilities, can the research committee present the researcher with a research clearance certificate, which the researcher will then use to present to facilities as proof of clearance to proceed with the research.

1. GENERAL INFORMATION

- This form is to be completed in duplicate
- This form is to be attached to an Approved Research Proposal
- All particulars must be **PRINTED** legibly.
- After each signature the name must appear in block capital letters

1.1 APPLICANT

Name of Applicant (Principal Investigator) **(Please Print)**		**P. B. Khuzwayo**		
Address of Applicant	**Postal:** **Same as residential**		**Residential:** **76 President Place, unit 404, President ST, 1401**	
Contact Details	**Tel. No.**	**Fax No.**	**Cell No.**	**E-Mail**
	non	non	0824788580	pbkhuzwayo@yahoo.com
Written approval to conduct research obtained from immediate supervisor			**YES** **X**	**NO**

1.2 INTERNAL APPLICANT (Personnel working at the Johannesburg Health District)[1]

Written approval to conduct research obtained from immediate supervisor		**YES** **X**	**NO**	
Sub-district (Region)	**JHB Metro district D2**	**Facility/Dept.**	**Lenasia clinic**	
Contact Details	**Tel. No.**	**Fax No.**	**Cell No.**	**E-Mail**
	0118520216	non	0824788580	pbkhuzwayo@yahoo.com

[1] For staff employed by City of Johannesburg and GDoH

Research Project component of Course/Diploma/Degree	YES **X**	No	**Research Project Self-initiated**	Yes	No **X**
Briefly indicate how you will allocate your time when conducting this research (one day per week/two (2) hours every Friday, etc.)				Two hours every Fridays	

2. EDUCATIONAL INSTITUTION/ORGANISATION

Name of Educational Institution/Organisation **(Please Print)**		Wits, JHB, Parktown 2 Saint David's Place, Parktown		
Name of Diploma/Degree		Master's degree Public and Development Management		
Address of Institution/Organisation		Wits University		
	Tel. No.	**Fax No.**	**Cell No.**	**E-Mail**
Contact Details	**0118520216**	**non**	**0824788580**	pbkhuzwayo@yahoo.com
Name of Contact Person/Supervisor/Mentor		**T. Motswaledi**		
	Tel. No.	**Fax No.**	**Cell No.**	**E-Mail**
Contact Details	**0117173697**	**non**		**Thlotse.motswaledi@wits.ac.za**

3. **PURPOSE OF THE RESEARCH** (Tick appropriate block(s) with an 'x')

a. Academic/Degree purposes: [X] d. Independent research: [ ]

b. Continuation of project: [ ] e. Contract research: [ ]

c. Work related: [ ] f Clinical trial: [ ]

4. **TITLE OF RESEARCH:** The views of PHC nurse's towards National Health Insurance

5. **RESEARCH INFORMATION**

Kindly complete the following list. This provides a guide to what is required by the District for your application to be considered. This checklist, together with the applicable documentation mentioned below, must be submitted.

Documentation	1. Have you submitted your protocol?	YES **X**/ NO / NA
	2. Have you submitted your Ethics Clearance certificate?	YES **X**/ NO / NA
	3. Have you submitted your questionnaire and / or other data collection tools?	YES **X**/ NO / NA
Regarding ethics	4. Is participation in this study voluntary?	YES **X**/ NO / NA
	5. Will confidentiality be maintained?	YES**X** / NO / NA
	a. Will identifiable data be coded and the 'links' kept separate?	YES**X** / NO / NA
	b. Will you obtain informed, written consent?	YES**X** / NO / NA
Logistics	6. Have you specified the time frame of your study?	YES**X** / NO / NA
	7. Have you specified the facility /facilities you wish to visit?	YES**X** / NO / NA
	8. Will the conduct of your study affect the normal running of the facility /facilities?	YES / NO**X** / NA

Funding	9. Will the District be a co-applicant in the funding?	YES / NO / NA**X**
	10. Have you disclosed your source of funding?	YES / NO / NA**X**
	11. Does this funding in any way contribute to the running or functioning of the facility /facilities you will visit?	YES / NO / NA**X**
	12. Attached a detailed budget for the project	YES / NO / NA**X**
	13. Attached original grant proposal	YES / NO / NA**X**
Clinical trial	14. Have you received approval from MCC?	YES / NO / NA**X**
	15. Have you received approval from the DoH?	
Feedback	16. Will your data set be available to the District?	YES **X**/ NO / NA
	17. Have you made provision for feedback to the relevant participants of this research?	YES **X**/ NO / NA
	a. Individuals	YES**X** / NO / NA
	b. Facility /facilities management	YES**X** / NO / NA
	c. District	YES **X**/ NO / NA
	18. Has it been specified that the District will be acknowledged in all reports/publications arising from this research? (Please note that a copy of your report / publication must be submitted to the District).	YES**X** / NO / NA
Intellectual	19. Have you read, understood and complied	YES**X** / NO /

Property and Ownership of data	with the following Act: *Intellectual Property Rights from Publicly Financed Research and Development Act (51/2008): Regulations*	NA
	20. Who will be owner of the IP of the project?	
	21. Who will own the data?	
Researchers	22. A list of names of staff that will be involved (including their current professional registrations and qualifications).	
Assistance required	23. Do you need any assistance from the Johannesburg Health District? (if yes specify)	YES **X**/ NO / NA

Please clarify if you responded any of the items 'No' or Not applicable.

This is a non-medical research. No clinical trial and no funding.

Participants will participate during their free time and when the clinic is clear.

---

6. Please list the facilities you would like to conduct your research[2]

LenasiaClinic&ChiaweloCHC

Please list all the investigator(s) and supervisor(s)

Name Capacity Email address / contact numbers

1) ___P.B.Khuzwayo_____Researcher_____pbkuzwayo@yahoo.com_____
_____ _____ _____

2) ____T.Motwaledi _____supervisor__
____tlhotse.motswaledi@wits.ac.za

[2] Please note the District reserves its right to change the sites if necessary.

7. DECLARATION BY APPLICANT

I/We Phindaphiwe Brian Khuzwayo agree to conduct the said research as set out in the approved research proposal attached hereto, and confirm that the information therein is a true reflection of my/our work.

I/We agree to conduct the research at no cost to the Johannesburg Health District and will not hold the City of Johannesburg and/ or GDoH responsible for any damages, legal, financial or otherwise, during the course of the project.

I/We agree to adhere and respect the policies and protocols of the Johannesburg Health District whilst conducting the said research.

I/We agree to submit a final Research Report to the Johannesburg Health District no later than four (4) weeks after the final approval of the report.

I/We agree to allow the Johannesburg Health District to act on any findings/recommendations made in the final report to better and/or improve the delivery of health care within the City.

I/We agree to inform the Johannesburg Health District prior to the publication of any article(s) pertaining to the research conducted in the City.

I/we agree to abide by the serious adverse event policy of the NDoH/ GDoH/ Johannesburg Health District/ COJ (Request a copy of the policy, if you/ your institution do not have a copy)

I/ we understand the Johannesburg District Research Committee reserves it right to change the sites of conducting research if required.

I/We hereby declare that the information supplied by me was correct. I fully understand the Intellectual Property Rights from Publicly Financed Research and Development Act, 2008 No. 51 of 2008) and the subsequent amendments and regulations and agree to abide by them. **(To be signed by Principal Investigator(s)**

Name: _____Phindaphiwe Brian Khuzwayo_____

Position: __Clinical Nurse Practitioner PHC_____

Institution: ____Lenasia clinic_____

Tel: _____0118520216____ Mobile: ____0824788580_____

E-mail:_____pbkhuzwayo@yahoo.com

Signed: _____ At_____JHB

On _____28/08/2014_____

_____

FOR OFFICE USE ONLY

REFERENCE NO

2	0	1		/			/			

CATEGORY

Student initiated research for degree/ diploma		
Self-initiated staff research (non-academic)		
Grant funded research		
Clinical trials		
Other researched		

RECOMMENDED: YES / NO

_____ _____

Sub-District (Regional) Health Manager **Date**

Comments:

_____

_____

_____

RECOMMENDED: YES/NO

_____ _____

Director (Relevant Department) **Date**

Comments:

_____

_____

_____

RECOMMENDED: YES/NO

_____ _____

Chairperson **Date**

District Research Committee

Johannesburg Health District

Comments:

_____

_____

_____

APPROVED / NOT APPROVED

_____ _____

Chief Director Executive Director

Johannesburg Health District City of Johannesburg

Revised: 09/04/2014

APPENDIX C: LETTER REQUESTING PERMISSION

REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY IN YOUR DEPARTMENT DISTRICT D TWO

The research committee (Department of Health)

My name is Phindaphiwe Brian Khuzwayo an employee at Gauteng Department of Health at Lenasia clinic, and I am currently studying for a Master's Degree in Public and Development Management at the University of Witwatersrand, Johannesburg South Africa. The research I wish to conduct for my Master's dissertation involves "The views of PHC nurses towards the National Health Insurance". This project will be conducted under the supervision of Mr. T. Motswaledi (University of Witwatersrand, Johannesburg South Africa).

I am hereby seeking your consent to approach eight employees in your department at Johannesburg Metro district D two to participate in this project.

I have provided you with a copy of myproposal which includes copies of the consent form to be used in the research process, as well as a letter asking for permission to conduct the study from the University of Witwatersrand.

Upon completion of the study, a copy of findings will be made available in the University library. An abstract and/or research findings will also be made available to you if interested. If you require any further information, please do not hesitate to contact me on pbkhuzwayo@yahoo.com.

Thank you for your time and consideration in this matter.

Yours sincerely,

P.B. Khuzwayo

APPENDIX D: PERMISSION LETTER

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Joburg
a world class african city

Enquiries: C Fraser
Tel: +27(0) 11 407 7437
Tel: +27(0) 11 407 6840

PO Box 32144
Braamfontein
South Africa
2017

Date: 28 November 2014

To: Mr P. B. Khuzwayo
76 President Place
Unit 404
President ST, 1401
South Africa

APPROVAL TO CONDUCT RESEACH WITH THE JOHANNESBURG HEALTH DISTRICT

Permission has been granted to you to conduct research within the Johannesburg Health District.

Topic: The views of PHC nurse's towards National Health Insurance.

Should have any queries please do not hesitate to contact the Johannesburg District Research Committee on 076 883 1659.

We look forward to your Final Research Report.

Thank you

pp.
MS. MOGERU MOREWANE
Chief Director
Johannesburg Health District

Date: 29/11/2014

APPENDIX E: QUESTIONNAIRE

Interview questionnaires

The views of the PHC nurses towards NHI

Section A: Demographics [Please mark with X in a space provided]

1. Gender……Female _____ Male_____

2. Age……25-29___30-39___40-49___50-59___60-69

3. Race……..……African_____Coloured_____Asian_____White

Section B: Occupation information [Please mark with X in a space provided]

1. Qualifications

General Nursing	
Midwifery	
Psychiatry	
Community Health	
Administration	
PHC Nursing	
Other (Please write other qualification)	

2. Rank

Deputy Director	Operational Manager	Middle manager	PHC Nurse

3. How long have you work for your current employer?

Year/s_____

Section C

(a) What do you understand about National Health Insurance system?

_____

_____

_____

(b) What are the changes do you think will come with the implementation of the National Health Insurance?

_____

_____

_____

(c) Do you think the NHI will affect your daily normal work routine? Explain.

_____

_____

_____

(d) In your views, do you feel more health care professionals are needed for the successful implementation of NHI?

_____

_____

_____

(e) In your views, do you think will there be enough financial budget allocated for this project? If yes, please explain.

_____

_____

_____

(f) Do you think this project will receive sufficient support from health care professionals?

_____

_____

_____

(g) In your opinion, do you think National Health Insurance will improve the delivery of health care service? Explain.

_____

_____

_____

(h) In your opinion, do you think is there anything that is going to change with the introduction of National Health Insurance with regards to scope of practice?

_____

_____

_____

(i) Do you feel were you consulted about the formulation of National Health Insurance?

_____

_____

_____

(j) What are your concluding comments about the NHI system and what do you think will be the challenge in implementing National Health Insurance?

_____

_____

_____

APPENDIX F: INFORMED CONSENT

Inform consent for the respondents

My name is Phindaphiwe Brian Khuzwayo, working at Lenasia clinic. Currently I am studying for a Master's Degree in Public and Development Management at Wits University. I am conducting a research on "The views of Primary Health Care (PHC) nurses towards the NHI". The study is specifically for the partial fulfillment requirement of Master's Degree in the field of Public and Development Management.

You will be ask to answer a few questions. Your participation will be voluntary. You are assured of the confidentiality and anonymity in this project.

I …… , hereby give permission to the researcher to interview me and document all the information I provide during the interview in a research " The views of PHC nurses towards the NHI" conducted by Phindaphiwe Brian Khuzwayo who is currently studying for a master's degree at the University of Witwatersrand , Johannesburg South Africa.

I understand that my participation in this study is entirely voluntary and I may terminate my participation at any time should I wish to.

For any queries please do not hesitate to contact me pbkhuzwayo@yahoo.com or my supervisor MrTlhotseMotswaleditlhotse.motswaledi@wits.ac.zaon 011 7173 697

Signature …… Date ……..

APPENDIX G: INFORMATION SHEET

Dear colleague

I am conducting research as a partial requirement towards completing a Master's degree in Public and Development Management (MM-PADM) at Witwatersrand School of Government. The research question is "The views of Primary Health Care (PHC) nurses towards the NHI".

The significance of the research the study seeks to have a better understanding of the views of PHC Nurses towards the NHI. The study also attempts to assess the feelings of Nurses about National Health Insurance. The study will address challenges that might emerge in the implementation process of the NHI and which can as a result be addressed early. The findings and recommendations of this study will assist the implementers to be aware of potential challenges that might emerge.

I would kindly like to request your participation by completing the attached questionnaires. This should take you at least twenty minutes of your time. Please note that this is a completely voluntary, confidentiality and anonymous and you may terminate your participation at any time should you wish to. Your name and the name of your facility do not feature anywhere on this questionnaires. The researcher will distribute and collect the questionnaire in a sealed envelope to ensure anonymity.

Upon completion of the study, a copy of findings will be made available in the University library. An abstract and/or research findings will also be made available to you if interested. If you require any further information, please do not hesitate to contact me on pbkhuzwayo@yahoo.com .

I would like to thank you for taking your time and consideration in this matter.

Yours faithfully

P.B. Khuzwayo

APPENDIX H: ETHICS APPLICATION FORMS

PROTOCOL NUMBER (for office use only): _____

University of the Witwatersrand, Johannesburg

Ethics Application Form* for *Human Research Ethics Committee (HREC Non-Medical)

(Revised December 2012)

Use this form in applying for clearance of research involving human participants

Instructions

1. Completed applications must be submitted to the Research Office approximately three weeks before each of the monthly meetings. The deadlines are available on the Wits Research website http://www.wits.ac.za/academic/research/ethics.htm/7075/ethics.html
2. Applications must be submitted as hard copies, one of which must be an original (see checklist below for numbers of copies required). Electronic submissions will not be accepted.
3. All submissions and materials must be typed. Handwritten submissions are **NOT** acceptable.
4. Incomplete applications will **NOT** be considered.
5. Applications will **NOT** be processed if signatures from applicant or supervisor are missing.
6. Photocopying should be done 'back-to-back' to save paper.
7. Glossy and fancy binding is **NOT** necessary.
8. Necessary supporting documents (e.g. *Participant Information Sheet, Consent Form*, copies of instruments), must be stapled to the *Ethics Application Form*.

Complete this checklist to show what documents you have submitted.

☑ **Check list**

		No. of copies required
For all research:		
☑	Completed *Ethics Application Form*	15
☑	Copies of the research proposal	4
☑	Copies of proposed research instruments (e.g. questionnaires/interview schedules)	4
☑	*Participant Information Sheet* (for each different sample group)	4
☑	*Consent Form* [*Assent Form* for under 18s] (for participant's signature) (for each different sample group)	4
Where applicable (Attach to this form):		
☐	Relevant permissions (from, e.g. company's HR department, National authorities such as Education, Correctional Services, etc.) or other legally required consent	4
☐	Any other appropriate consent forms (e.g. consent forms for members of focus groups, consent forms (for video or photography), etc.	4
☐	Guardian *Consent Form* (for participants under the age of 18)	4
☐	Other (please specify)	4

Declaration

I recognise that it is my responsibility to conduct my research in an ethical manner according to Guidelines of the University of the Witwatersrand, according to any laws and/or legal frameworks that may apply, and according to the norms and expectations of my discipline.

In preparing this Application for Ethics Clearance form, I have consulted the ***Guidelines for Human Research Ethics Clearance Application /non-medical*** (available on this web site http://www.wits.ac.za/Academic/Research/Applications.htm) and have familiarised myself with the ethical guidelines specific to my discipline.

Signature _____

Name of researcher/applicant Phindaphiwe Brian Khuzwayo

1. Researcher's personal data

Surname: Khuzwayo	Name: Phindaphiwe Brian
Title: ○ Prof ○ Dr ◉ Mr ○ Ms ○ Mrs ○ Other:	
School: Wits School of Governance	
Staff / Student number: ○ Full time ◉ Part time ○ Staff	
Your telephone(s): 0824788580	
Your Email: pbkhuzwayo@yahoo.com	
Name of Supervisor (if applicable): Mr. Tlhotse Motswaledi	
Supervisor's email address: tlhotse.motswaledi@wits.ac.za	
Supervisor's tel. number(s): 0117173562	

2. Specifics about the research project

Title of research project

The views of PHC nurses towards NHI

Is this research for degree purposes? ◉ Yes ○ No

If so, for what degree? ○ Honours ○ Masters (dissertation) ◉ Masters (research report) ○ PhD ○ Other (specify):

Has it been approved by the relevant higher degrees committee or other relevant unit? ◉ Yes ○ No ○ Submitted & pending

List the names and affiliations of any *additional* researchers who will be covered by this ethics protocol

Not applicable

Where will the research be carried out?

Gauteng Department of Health, Johannesburg Metro district D two

What are the aims and objectives of the research? (Please list; be brief)

The aim is to get information on the views of PHC nurses in NHI.

Do you have any financial or material interest associated with your research participants or with the organisations that you will work with during your research?

○ Yes ◉ No ○ Potential conflicts of interest may exist

Please explain how you will manage any existing or potential conflicts of interest, if applicable.

Not applicable

INFORMATION RELATING TO ETHICAL MATTERS

Protocols submitted to the Committee must have sufficient information to enable the committee to judge the ethical implications of the proposed research. Please be brief and concise but also as specific and informative as possible

3. Formal permission

Has appropriate formal permission been obtained, if required (e.g. employer, government department, land owner, etc.)?

○ Yes (attached) ○ Not required ◉ Pending (must be supplied before permission is granted)

Obtaining permission is necessary when conducting research *within the premises* of a particular site such as an ethnography of the functioning of a supermarket or a school, or the way staff interact with clients in a clinic, or of how the HIV Unit in the City of Johannesburg functions. Please read the detailed guidelines on the Ethics website http://www.wits.ac.za/Academic/Research/Applications.htm

4. How will data on human research participants be collected (instruments, methods, procedures)? (Attach instruments as an appendix)

- ☐ In written format (e.g. questionnaires, diagnostic tests, etc.)
- ☐ Completion of on-line instruments (e.g. questionnaires)
- ☑ Individual interviews (e.g. structured, semi-structured, etc.)
- ☐ Group interviews (e.g. seminar/discussion groups, focus groups, etc.)
- ☐ Ethnographic observation, participant observation, other informal descriptive, and/ or interactive methods
- ☐ Community-based methods or techniques such as drama workshops, community theatre, training workshops, participant rural appraisal (PRA), rapid rural appraisal (RRA), etc.
- ☐ Research on/in therapeutic or counselling contexts
- ☐ Observation of public performance, and/or public behaviour observation
- ☐ Photography, video and/or audio recording (**specific separate consent forms may be required**)
- ☐ Other research methods or techniques (specify in this line).

Brief details of instruments to be used (attach instrument or draft to this application)

The researcher will conduct interviews and documentation. Questionnaires attached.

5. Who will the research participants be?

Brief description of human participants, including age range and sample size, for each sample:

Participants will be the knowledgeable people in Primary Health Care with nursing background. Six PHC nurses, facility manager, deputy director and one specialist. Age range 25 to 65 years.

Does this research expose either the participant or the researcher to any potential risks or harm that they would not otherwise be exposed to?	○ Yes ◉ No

If 'yes', explain:

Not applicable

Will research involve vulnerable categories?	○ Yes	◉ No

If so, state which ones:

Not applicable

How will any existing vulnerabilities among research participants be addressed?

No vulnerable group will be selected

NB: The term 'vulnerable categories' includes, among others, children under 18, orphans, prisoners, persons with cognitive or communication disorders, people who are traumatised or currently in traumatic situations.

Where necessary, include details of steps to be taken to facilitate data collection across language barriers (e.g. interpretation or translation).

6. How will informed consent be obtained?

How will potential participants be identified / selected / recruited?

The researcher will use purposive sampling meaning only the knowledgeable participants will be selected. Nurses with the speciality in Primary Health Care

What will participants be told about the research (including the promises to be made)?

There will be told that confidentiality is ensured and that they can terminate participation in the study should they wish to. Information sheet will be read to them together with inform consent. Inform consent forms and information sheets attached.

How will informed consent be obtained?

◉ Formal (Signed form) ○ Informal (e.g. verbal) ○ Other

Briefly explain your strategy for ensuring informed consent

Before interview can take place information sheet and inform consent will be read to participant in a private environment. Inform consent forms and information sheets attached.

Attach *Participant Information Sheets* and *Consent Forms* for each sample group, and/or other related materials

NB: ***Consent*** in social science and humanities research involving human participants: Where informal ethnographic or participant observation methods are used, or where signed *Consent Forms* are not possible, or for research involving group contexts (focus group, Participant Rapid Assessment, Rapid Rural Appraisal, public performance, workshops) **state how the quality of informed consent will be assured**. It is essential that participants in research be fully informed and agree, on this basis, to participate in the research.

7. Protecting participant identities

Can **confidentiality** be guaranteed? ◉ Yes ○ No

Can **anonymity** be guaranteed in resulting reports, theses and/or publications? ◉ Yes ○ No

Explain how this will be done? (What will participants be told in this regard?)

They will be told that their names and the names of their facilities do not feature anywhere on this questionnaires

NB: While confidentiality may be desirable, it cannot be guaranteed in, for example, focus groups, or ethnographic observation. Similarly anonymity should be preserved in questionnaires, but cannot be offered in workshop methodologies, focus group research, etc. Participants should have the right to remain anonymous in the final report, and this must be respected in handling of all data relating to them. Participants need to be informed about these issues.

8. Protection of data during and after the research

How will the data be protected while the research is in progress? (This includes how the identities of participants will be protected).

No one other than the research who will have an access to data. Codes will be used to ensure identity is protected.

What is to be **done with the research data** after completion of the project:

☐ Stored in archives (specify) ☐ Stored in on-line data base (specify)

☐ Stored in password protected computer ☐ Stored in digital form with all identifying feature removed

☑ Destroyed after two years (insert numbers of years)

Explain how the data will be securely stored during this time

Data will be kept in a lockable cupboard with no identifying features

NB: 'Raw' or unprocessed data, especially **where the identity or personal data of research participants is included, must be safeguarded** and preserved from unauthorised access. Data may be destroyed after use, but **preservation in an archive or personal collection** may also be appropriate, desirable or even essential. For instance, data sets that contain **historically important information** or information that relates to **national heritage** must be preserved and should be placed in a public archive where possible and appropriate.

All data should be preserved in a way that **respects the nature of the original participants' consent**. If you are unsure about the procedure of data management and storage, please contact Nina Lewin (ninalewin@gmail.com)

9. Access to the research results / reports

How will the results be **reported**?

A copy of findings will be made available in the University library. An abstract and/or research findings will also be made available to participants if interested.

Who will have access?

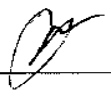
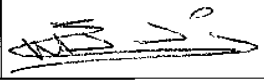
University library is open to anyone who has an authorised access. Participants who are interested may request a copy of an abstract.

Note: All Wits Masters and PhDs are stored in the main library as well being made available on the WWW.

SIGNATURES (REQUIRED)

In signing this form, the researcher and supervisor (if any) of this project undertake to ensure that any amendments to this project that are required by the Human Research Ethics Committee are made before the project commences.

Declaration: We, the signatories, declare that all information on this form is correct and that we will strive to maintain the highest ethical standards in this research at all times, according to disciplinary and university expectations, recognising that ethical practice in research is always a continuing process.

	Date	Name	Signature
Applicant	13/08/2014	Phindaphiwe Brian Khuzwayo	
Supervisor	14/08/2014	Tlhotse Motswaledi	

Appendix I: Ethics clearance letter

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Khuzwayo

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER H14/09/15**
PROJECT TITLE	The views of PHC nurses towards NHI
INVESTIGATOR(S)	Mr PB Khuzwayo
SCHOOL/DEPARTMENT	Wits School of Governance
DATE CONSIDERED	19 September 2014
DECISION OF THE COMMITTEE	Approved, subject to obtain and submit the letter of permission from the Department of Health.
EXPIRY DATE	24/09/2016
DATE 25/09/2014	**CHAIRPERSON** pp (Professor T Milani)

cc: Supervisor : Mr T Motswaledi

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10000, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ **Signature**

_____/_____/_____ **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES