Exploring health workers' perceptions of accountability within a North West Province public hospital

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ABSTRACT

Title: Exploring health workers' perceptions of accountability within a North West Province public hospital.

KEYWORDS: Accountability; health workers, healthcare, public hospital, North West province.

A recent study by Van Geems, Bester, Middelberg, Du Preez, and Kotzé (2014) explored the supply chain of an antibiotic prescribed to the majority of patients admitted to medical units in South African public hospitals. Through a case study, they concluded that the lack of accountability served as a factor for poor inventory management.

Accountability is a complex term. There is ambivalence in literature regarding the meaning of accountability. Accountability within the South African public health sector has also not been extensively explored. When one considers the complexity and multi-dimensionality of the concept accountability, one also should question whether health workers comprehend the meaning of accountability as well as the impact of insufficient accountability within the healthcare sector. This study aims to explore health workers' perceptions of accountability. This is done by exploring health workers' perceptions in their own words as well as the unique meanings that they attach to this concept.

Although accountability is an abstract concept, the lack of accountability has also been linked to poor patient outcomes. The significance of exploring accountability in public healthcare aligns with current concerns about the poor patient and healthcare outcomes in South African hospitals.

The population for the study was health workers employed at a level two public hospital in the Dr Kenneth Kaunda District in the North West province. Through a qualitative, explorative, descriptive and contextual design, health workers' perceptions of accountability were investigated by means of eight interviews. Health workers refer to sub-categories for instance enrolled nurse auxiliaries, enrolled nurses and healthcare workers.

The results obtained in this study, indicated that health workers perceived accountability as one's responsibilities and tasks while performing one's job. This refers to responsibilities as set

out in the health workers' scope of practice. In simple terms, to do everything one should as it should be done. However, in practice this is not always the case.

As all of the health workers were to an extent able to explain what the results of a lack of accountability is and why accountability is important, especially within their field of employment, there is still a large percentage of health workers who are aware of and knowingly partake in unaccountable practices within the hospital. It is evident that there is a definite contradiction between theory and practice. The perception exists with some of the health workers that once a task is delegated to them, the person who delegated the task should take accountability. Another perception is that if a task is beyond their scope of practice they cannot be held accountable. Regardless of the way in which they performed the delegated task or tasks that are beyond their scope of practice.

Very little evidence surfaced from the study to confirm that health workers fully comprehend what the relationship between accountability, patient care and wellbeing is. This leads the study to conclude that there is a definite lack of understanding under health workers about the meaning of and the role that accountability plays within the healthcare sector.

Limitations to the study were identified and discussed. The study also provides recommendations to the management of the hospital as well as for future research.

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CHAPTER 1

INTRODUCTION AND PROBLEM STATEMENT

1.1 INTRODUCTION

National and international literature confirms the need to delve into the subject of accountability of health workers within hospitals, and more specifically South African Public hospitals. In the presentation of the post-apartheid democracy with the aim to strengthen accountability in all public services, it seems that a gap has been identified. With the current public healthcare context reporting poor services and poor patient outcomes, the question arises whether these outcomes could be associated with a lack of taking accountability.

Accountability entails the procedures and processes by which one party justifies and takes responsibility for his or her activities (Emanuel & Emanuel, 1996:229). It contains at least three essential components. The first refers to the loci of accountability. Within health care this implies that there are several parties that can be held accountable or that can hold others accountable for certain actions. The second component, refers to the domain of accountability. In healthcare, parties can be held accountable for as many as six activities namely, professional competence, legal and ethical conduct, financial performance, adequacy of access, public health promotion, and community benefit. The third component refers to the procedures of accountability, including formal and informal procedures for evaluating compliance with domains and for disseminating the evaluation and responses by the accountable parties.

In their research, Emanuel and Emanuel (1996:229) argued that to fully comprehend accountability within health care, a stratified model of accountability should be incorporated. Within such a model, guidance is provided in terms of the physician-patient relationship, the integration of health delivery networks is optimised and the relations between managed care plans and other groups such as employers, government, and professional associations, are sustained.

The level where accountability should occur within public healthcare, may, also differ depending on the context of the activities and/or behaviours executed. McGlynn (1997:12) opined that the easy answer to the level of accountability related specifically to quality, is to hold all levels of the system accountable, including individual physicians, medical groups, hospitals, and health

plans. However, patients view individual physicians or the medical group as the accountable entity (McGlynn, 1997:12). The extent or limits of responsibility that an individual physician has for the health of the patient, may be difficult to define. It is more probable that the health care experience of a patient, whether satisfying or not, is more holistic in terms of the facilities and equipment available, the admission exposure right through to the care received from health workers. Health workers refer to sub-category health workers such as enrolled nurse auxiliaries, enrolled nurses and healthcare workers. They are typically the 'face' of the care received in a hospital.

In most situations, being the first contact in terms of health care received, the need was identified to comprehend the perception and understanding of health workers of the term accountability and how it relates to the execution of their daily tasks.

The problem statement and research aim and objectives of the current study is set out in the next section, together with a description of the proposed research methodology. The Chapter concludes with an outline of the chapter content division.

1.1.1 Background and actuality to the research area

South Africa has come a long way since the dawn of a new democracy to equalise living standards to all South Africans. With a world-renowned Constitution, the South African government committed itself to expand public services to all South African citizens. This Constitution remains exemplary within the international arena where a country strives towards equality, accountability, openness and transparency (Parliament of the Republic of South Africa, s.a). In addition to the Constitution, the Batho Pele White Paper (Department of Public Service and Administration, 1997) was launched to align public services towards the democratic ideal. As to healthcare, the National Department of Health (2007) initiated the Patient Rights Charter to firstly position patients as part of a health team and secondly to empower them in their healthcare. Furthermore, the Patient Rights Charter reinforces the Batho Pele principles. In reviewing the South African Constitution, the Batho Pele principles and the Patient Rights Charter, accountability surfaces as a criterion to be present across all services in a democracy (Health Systems Trust, 2005:3; 2010:20).

Still, accountability is a concept not fully demystified yet. According to Brinkerhoff (2003:5), accountability is often ill-defined. Mulgan (2000:555) defines accountability as a complex and

chameleon-like term. Schedler (1999:13) states that accountability represents an underexplored concept and its meaning remains evasive, its boundaries are fuzzy, and its internal structure is confusing. Emanuel and Emanuel (1996:229) opined that accountability entails the procedures and processes by which one party justifies and takes responsibility for his / her activities. Brinkerhoff (2003:5) depicted accountability as the obligation of individuals to provide information about, and/or justification, for their actions to others. Brinkerhoff (2003:5) further describes the essence of accountability as answerability. To be accountable means to answer questions regarding decisions or actions. Two types of accountability questions exist. The first type of questions covers a one-way transmission of information from the accountable party for the action/transmission to the overseeing party. The second type of questions refers to justification and explanation for one's actions, not only in terms of what was done but why it was done (Brinkerhoff, 2003:5).

Brinkerhoff (2003:6) identifies three categories of accountability. The first category deals with financial accountability. This refers to compliance with laws, rules and regulations concerning financial control and management. The second category deals with performance. The focus within this category is measurement and evaluation of performance to improve service delivery. The third category comprises of political/democratic accountability. This category deals with issues from the relationship between the state and the citizen to discussions of governance, increased citizen participation, equity issues, transparency and openness, responsiveness and trust building (Brinkenhoff, 2003:6).

As healthcare is integral to public services, accountability can also be positioned within the South African health systems. According to the World Health Organisation (WHO) (2010:vi), health systems comprises of all organisations, institutions, resources and people with the primary purpose to improve health. Nonetheless, healthcare is at an unacceptable low level across the largest part of the developing world (WHO, 2007:1). In order for a health system to function efficiently, it requires staff, funds, information, supplies, transport, communication and overall guidance and direction (WHO, 2010:vi).

In this day and age, diseases can be cured, treated or prevented with known and affordable technologies. On the other hand, there are difficulties in supplying medicines, vaccines, information and other forms of prevention, care or treatment timeously to those in need thereof, at a reasonable cost as well as in sufficient quantity (WHO, 2007:1). In most countries, the systems to operate these functions, are to collapse or only available to certain groups of the

population (WHO, 2007:1). In order to strengthen these health systems, the key constraints within the systems need to be addressed (WHO, 2010:vi).

South African health systems are complex. A broad division is between the public and private sectors in the healthcare industry (Ruff, Mzimba, Hendrie, & Broomberg, 2011:184). The public healthcare sector operates from a primary healthcare approach and it is nurse-driven, free of charge to all. It also serves the majority of the South African public domain (African National Congress [ANC], 1994). The private healthcare sector operates from a business model, it is curative in nature and services are rendered at a fee-for-service (Cullinan, 2006:1-9). The South African public healthcare sector bears the challenge to provide quality, affordable, accessible services through already overburdened hospitals and clinics. Public healthcare is also under pressure due to the HIV/Aids pandemic in Sub-Sahara Africa. After 1994, the African National Congress launched the National Health Plan. The plan indicated that primary healthcare services will be a patient's first point of entry from where referrals will be steered to district and provincial services. Figure 1.1 (next page) is a basic graphic illustration of the South African public health services (ANC, 1994, Cullinan, 2006:1-9).
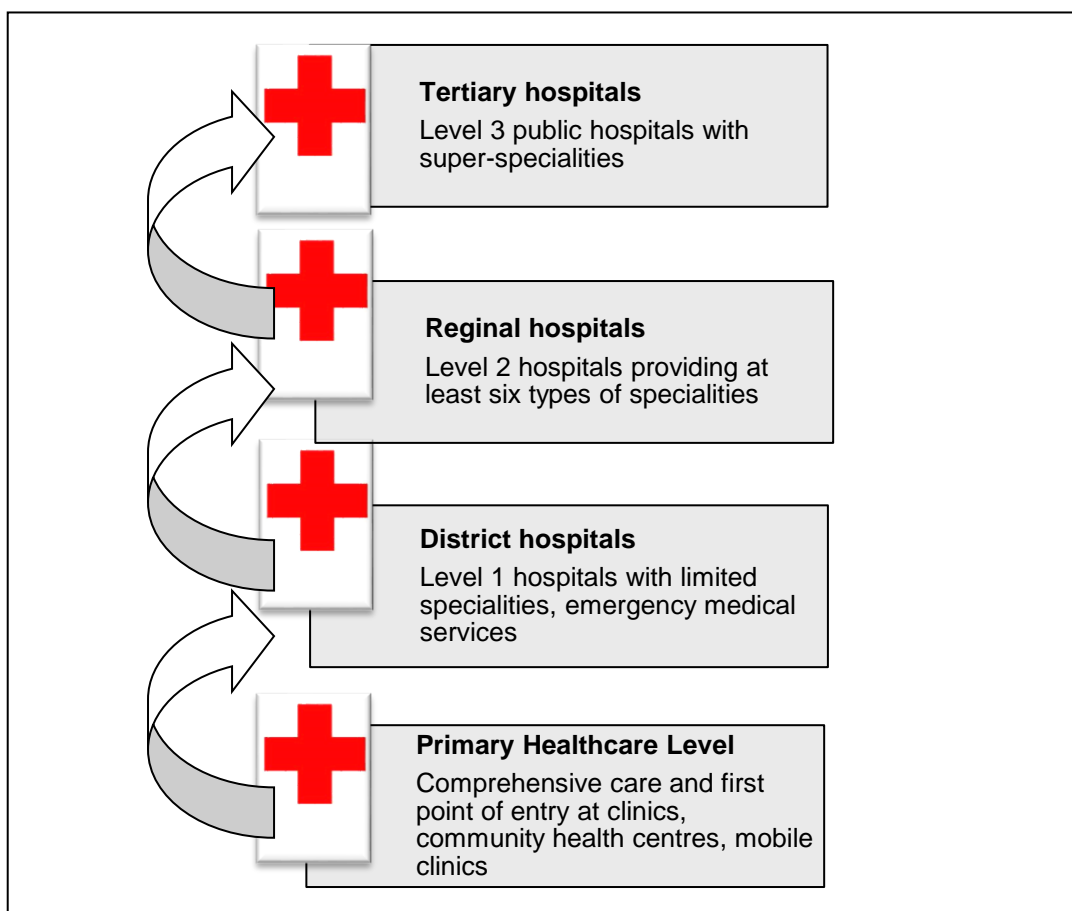

Figure 1.1: Graphic illustration of the public healthcare in South Africa

Providing healthcare to the majority of South African citizens free of charge in already overburdened and understaffed hospitals is a reality (Cullinan, 2006:2). Van Geems, Bester, Middelberg, Du Preez, and Kotzé (2014) explored the supply chain of an antibiotic prescribed to the majority of patients admitted to medical units in South African public hospitals. Through a case study, they concluded that the lack of accountability served as a factor for poor inventory management. Surrounded by the complexities of public health systems and the multiple departments and role players associated with the supply of medication, a lack of accountability was identified as an organisational behaviour factor that has impacted the insufficient supply-chain of specific medication (Van Geems *et al.*, 2014).

It is evident that although accountability is an abstract concept, the lack of accountability could be linked to poor patient outcomes (Cullinan, 2006:9), prolonged hospital stay and increased healthcare costs. It is argued that despite the acknowledgement given to accountability in the guiding documents of the South African government, low levels of accountability are still being reported in research and literature. The significance of exploring accountability in public healthcare aligns with current concerns about the poor patient and healthcare outcomes in South African hospitals. Although this research focuses on healthcare, it is applicable to all public health services in South Africa.

1.2 PROBLEM STATEMENT

Accountability is a concept referred to in critical South African governmental publications such as the Constitution (Parliament of the Republic of South Africa, s.a), the Batho Pele principles (Department of Public Service and Administration, 1997) and the Patients' Rights Charter (National Department of Health, 2007). Yet, accountability is critiqued in literature as being abstract. Despite major efforts from the post-apartheid South African government to improve the quality of life of South African citizens; and to redress past iniquities, literature declares examples of poor healthcare to patients in need, despite available tangible aspects to render quality care. Van Geems, *et al.* (2014) identify one possible reason for insufficient care to patients in their study and concluded that a lack of accountability was listed as a critical reason, amongst other reasons, for patients not receiving prescribed antibiotics within the medical wards of a level two public hospital in the North-West province. When considering the complexity and multidimensionality of the concept accountability, the researcher questions whether health workers neither comprehend the meaning of accountability nor the impact of insufficient accountability on the organisational behaviour and health care outcomes. This led the

researcher to ask what health workers' perceptions of accountability are; and consider formulating recommendations to facilitate accountability amongst health workers.

The following research questions guided the study:

a) How is accountability conceptualised in the literature?
b) What role does accountability play within health services?
c) What are health workers' perceptions of accountability?

1.3 RESEARCH OBJECTIVES

The research objectives are divided into a general objective and specific objectives.

1.3.1 General Objective

The general objective of this research is to gain insight into health workers' perceptions of taking accountability within a public hospital and to make recommendations on how to facilitate accountability in public health services.

1.3.2 Specific Objectives

The specific objectives of this research are:

- To determine how accountability is conceptualised in literature.
- To identify the role accountability plays within the health services.
- To determine health workers' perceptions regarding accountability in a North West public hospital.
- To formulate recommendations to facilitate accountability amongst health workers, directed to the executive management of a public hospital within the North-West province.
- To make recommendations for future research.

1.3.3. Central theoretical statement

Insight into how health workers perceive accountability can assist the researcher to formulate recommendations to facilitate accountability amongst public hospital-based health workers and healthcare rendered.

1.4 RESEARCH METHODOLOGY

This research, pertaining to the general and specific objectives, consists of two phases, namely a literature review and an empirical study.

1.4.1 Phase one: Literature review

Phase one provides a review of the literature pertaining to the specific topic. The purpose of the literature review is to explore all the available information about accountability in general, as well as in the healthcare and specifically in the public healthcare sector in South Africa. A comprehensive literature review informed the researcher of the most recent research and identified the gaps within the body of knowledge about accountability which emphasises the significance of this research. The literature review also enabled the researcher to understand the concept *accountability* and how to distinguish it from different perspectives as it is a complex concept with much ambivalence in literature regarding its definition. The literature to be reviewed was determined through a search strategy. The following types of literature were included: peer-reviewed research articles (of both qualitative and quantitative research), textbooks, newspaper articles, policies and procedures, government publications and publications from national and international authoritative organisations in healthcare.

The following keywords were applied through a Boolean search strategy: accountability/account*, "accountability in health", public hospitals, healthcare workers, sub-category healthcare workers.

Searches were conducted by the following search engines to ensure a high response to various databases: EbscoHost, Sabinet, ScienceDirect, Emerald, ISI Web of Knowledge, Google Scholar and JSTOR. Literature searches were distributed from broad to narrow and the process of elimination of data sources were out-dated literature, non-English publications and publications not applicable to the research problem. The literature review was then formalised

into a condensed and organised synthesis for the reader about accountability; firstly as concept in general and then it was positioned within South Africa's healthcare sector.

1.4.2 Phase two: Empirical Study

The empirical study includes the research design, participants, ethics, data gathering, research procedures, and data analysis.

1.4.2.1 Research Design

The purpose of the research design was to ensure that all criteria of a scientific study were met.

Exploration of perceptions expounds from a qualitative research design that is explorative-descriptive (Burns & Grove, 2009:359), contextual in nature. A qualitative research approach (Creswell, 2007:36-37) is appropriate for the current research study, as the researcher wants to comprehend health workers' perceptions as well as the unique meanings that health workers attach to the concept of accountability.

As mentioned earlier, there is ambivalence in literature regarding the meaning of accountability. Also, accountability within the South African public health sector has not been extensively explored, yet. Therefore, the best point of departure, for a relative unknown phenomenon, is to do an in-depth exploration and description with a recording of all findings. The current research follows an explorative approach (Creswell, 2007:57) as the researcher wants to explore and describe health workers' perceptions of accountability from their real-life and lived experiences and the meanings attached to these experiences. Finally, the current research was contextual in nature as the researcher only focused on health workers who were employed in medical units of a level two public hospital in the North West province.

1.4.2.2 Participants

The population targeted to be included in the research were health workers employed at a level two public hospital in the Dr Kenneth Kaunda District of the North West province. Health workers refer to the sub-category health workers namely enrolled nurse auxiliaries, enrolled nurses and healthcare workers as the researcher is interested in these specific health workers' perceptions of accountability. The identified hospital has approximately 300 health workers. The Chief

Executive Officer (CEO) of the hospital served as gatekeeper to link the researcher to a mediator, namely the Deputy Director for Nursing. The mediator identified the prospective participants for the researcher and the selection was then done according to inclusion criteria. These criteria entail a willingness to participate voluntarily with fluency in business English or Afrikaans, and being employed at the hospital for at least six (6) months. An all-inclusive *sampling* method was applied. The sample size was established when no more new information surfaced and only repetitive patterns in responses were reported.

1.4.2.3 Ethics

The consent of the participants is deemed a very important prerequisite for the conduction of the research study. Thus, voluntary participation was emphasised and only participants that were willing to partake out of free will, were interviewed.

Information gained from the research was continuously being dealt with confidentially. All information that was obtained is kept anonymous. Data that originally was collected from the research was and will not be altered.

The sample was unbiased in terms of age, gender, race, and level.

1.4.2.4 Data gathering

Interviews allow the researcher the opportunity to achieve knowledge from participants (Doody & Noonan, 2013:31). The method that was applied to collect data was individual, *semi-structured interviews* which were conducted, within an office at the hospital. These interviews were recorded on audio-tape. The participants had the opportunity to withdraw from the interview at any stage. Welman Kruger, and Mitchell (2005:166) indicate that semi-structured interviews are slotted between the two extremities of unstructured and structured interviews.

The responses of the interviewees determine the flow and direction of the interviews. Thus, the interview was opened with a main question, namely *"Tell me, what are your perceptions about accountability as a health worker, in your place of work"*. After that, the participants were probed on the answers they provided. Probing was used to gather more information and clarity on the participant's point of view. This, in some cases, resulted in further questions asked apart from the main question, varying from one interview to another. As the semi-structured interview allows

the researcher and participants more flexibility to explain complex or personal topics, participants were allowed to explain open ended and close ended questions through questions like: "Please explain what you mean by..." and "Why do you think..." (De Vos, Strydom, Fouché, & Delport, 2005:296; Doody & Noonan, 2013:30; McDaniel & Gates, 2005:133).

1.4.2.5 Research procedures

Firstly, the necessary permission to conduct the study at a public hospital was obtained from the Director of Research and Policy Planning at the North-West Department of Health. Thereafter permission was granted from the CEO of the public hospital in the North-West province to continue with the current research amongst the identified sample group.

The CEO of the hospital provided the contact details of the Senior Nursing Manager and the interviews were scheduled. The purpose of the research was explained and the Senior Nursing Manager identified suitable candidates to participate. The purpose of the study was also explained to all the participants beforehand, and they were informed that participation is entirely voluntary as well as anonymous.

The interviews were conducted in an office at the hospital. After consulting with a senior researcher in health systems it was advised that an interviewer with a nursing background be employed to conduct the interviews as there was the possibility that health workers would find it difficult to understand an abstract concept such as accountability. The interviewer that was used, had experience in healthcare, was comfortable in understanding healthcare jargon and was fluent in a variety of African languages, as well as English and Afrikaans, which gave the participants a variety of language options in which to express themselves in, during the interviews. The interviewer was familiar with the hospital's set-up which was an advantage when probing the participants. All interviews were recorded and field notes were taken. The interviews were later transcribed and after which a content analysis was done on each transcript.

1.4.2.6 Data analysis

Data that is relevant and accurate forms the basis of quality research (Watkins, 2006:108). Content analysis was carried out on the transcribed interviews according to the eight steps of Tesch (*in* Creswell, 2008). These eight steps are summarised Table 1.1 below.

Table 1.1

Tesch's eight steps of data analysis (in Creswell, 2008)

Step	Description
Step 1	Read through all the transcripts and get a sense of the whole.
Step 2	Select first transcript, highlight meanings and write thoughts in the margin.
Step 3	List all the topics, cluster together, arrange in groups as major and unique topics.
Step 4	Abbreviate and code the topics, return to remainder transcripts and repeat, indicate if new topics emerge.
Step 5	Use descriptive words to categorise the topics and group related topics together.
Step 6	Unclutter codes and abbreviations, all can now be alphabetised.
Step 7	Gather the research of each category and do a preliminary analysis.
Step 8	Complete a consensus discussion with an independent co-coder.

The research results were discussed with a co-coder and consensus was reached before the research results were assembled to be declared in the research report. In the current research, the researcher discusses the research results by integrating it with established literature on the same topic.

1.5 LIMITATIONS OR ANTICIPATED PROBLEMS

It was expected that the process of obtaining the necessary permission and that the scheduling of interviews could be a long and difficult process. This was due to the general perception that public hospitals and government departments are inefficient.

It was anticipated that the fact that English or Afrikaans was most of the employees', within public hospitals, third or fourth language rather than first language; to provide difficulties during the interviews.

1.6 CHAPTER DIVISION

The mini-dissertation will be divided in the following chapters:

Chapter One was already discussed and provided an introduction to the research as well as an outline of the research methodology. In this Chapter the researcher positioned the research problem and argued the appropriate research design. The research methods were described followed by strategies to enhance trustworthiness and the ethical considerations to adhere to.

In **Chapter Two** a literature review is conducted to provide a critical and analytical synthesis of all the available literature, nationally and internationally regarding accountability. Accountability as concept is described and then positioned within the realities of South African public healthcare.

Chapter Three addresses the objectives of the study. It further details the research methodology that was utilised, the participant characteristics and the data analysis process that was applied.

Chapter Four is a description of the realisation of the data collection and analysis, report of the research results and literature integration. In Chapter Four, the researcher concludes with health workers' perceptions of accountability and confirms the research results either within the literature or reporting results as new and not found in literature.

Chapter Five concludes the research and is divided in two parts, namely a retrospective evaluation of the completed research and then the recommendations. The research is evaluated in terms of the central theoretical statement, the research aim and objectives and the realisation of the research methods. Limitations are singled out. After that, final conclusion statements are formulated, recommendations are provided and will also be directed to the executive management of the North West public hospital.

1.7 CHAPTER SUMMARY

Exploring health workers' perception of accountability is important as accountability has a direct influence on the quality of patient care. By understanding how health workers perceive accountability, it is possible to make recommendations to the management of the public hospitals to promote the quality of patient care.

This chapter provided an introduction and background for the research. This Chapter described the problem statement, objectives of the research and the research method that were applied in the current research. The Chapter concluded with a layout of the chapter further chapter divisions for the research that was conducted.

Chapter 2 provides a literature study with regard to accountability and healthcare as perceived in the public healthcare domain.

CHAPTER 2

LITERATURE REVIEW
2.1 INTRODUCTION

The purpose of the literature review is to explore all the available information regarding accountability in general as well as within the healthcare sector. Through a comprehensive literature review, the researcher attempts to uncover the most recent research and identify the gaps within the body of knowledge about accountability that will fortify the significance of this research. The literature review enables the researcher to understand the concept accountability from different perspectives as this concept is complex and there is ambivalence in literature regarding the definition thereof. The focus of this research will be specific on the public healthcare sector in South Africa.

Improving the quality of patient experience has become imperative for healthcare organisations. McGlynn (1997:8) indicated that one of the challenges in measuring the quality of health care, is defining accountability properly. She noted that it is important to (1) determine the entity that is responsible for each individual; (2) decide the conditions under which accountability applies; and (3) consider the trade-off between individual and professional responsibility (McGlynn, 1997:11-12). Kennedy, Didehban, and Fasolini (2014:46) opined that improvement of the quality of health care is possible through the creation of a culture of accountability. Denise (2014:8) also noted that the improvement of safety and quality of care, as well as controlling costs and the health of populations starts with accountability.

The World Development Report in 1993 considered the strengthening of accountability as one of the essential aspects to reform the health sector (Hoffmann, 2014:1). Accountability is also a prominent theme in the United Nation's "Every Woman Every Child" campaign (Hoffmann, 2014:4). Increasing accountability is a key element in a wide variety of reforms (Brinkerhoff, 2003:25).

From this it can therefore be argued that accountability is an important aspect of healthcare. A lack of accountability, especially within the public healthcare sector can have the added effect of poor service delivery, shortage of supplies and medicine, as well as higher costs and increased mortality rate. This literature review aims to provide some insight between accountability and quality of care within the public healthcare system of South Africa.

This chapter takes a closer look at the South African healthcare system, with a specific focus on the public healthcare system. The term *accountability* is thus studied in detail, as well as the role that accountability plays within the healthcare system.

2.2 THE SOUTH AFRICAN HEALTHCARE SYSTEM

As stated previously, healthcare is integral to public services and accountability is an important aspect of healthcare. For this reason, accountability plays an important part within the South African health system. A health systems comprise of all organisations, institutions, resources and people with the primary purpose to improve health (WHO, 2010:vi). The Constitution of the WHO (2006:1) defines health as the complete physical, mental as well as social well-being of a person and not only the absence of disease or sickness. It further describes the enjoyment of the highest standard of healthcare as a fundamental right for every person, regardless of race, religion, political believe or social and economic condition (WHO, 2006:1).

The reality however is that healthcare is at an unacceptable low level across most of the developing world (WHO, 2007:1), which includes South Africa. In the world we live in there is no reason for diseases not to be cured, treated or prevented, as known and affordable technologies are available. However, difficulties exist in the supply of medicine, vaccines, information and other forms of prevention, as well as care or treatment on time to those who need it, at a reasonable cost and in sufficient quantity (WHO, 2007:1). Staff, funds, information, supplies, transport, communication and overall guidance and direction are required in order for a health system to function effectively (WHO, 2010:vi). The reality is that in most countries, which includes South Africa, the systems needed for this are at the point of collapse and only available to certain groups within the population. (WHO, 2007:1). In order to strengthen these health systems one needs to address the key constraints (WHO, 2010:vi).

Hoffmann (2014:3) uses the term "health equity" to address the issue of healthcare being only available to certain groups within the population. This term refers to the improvement of the healthcare of the disadvantaged group, while simultaneously narrowing the difference between the advantaged and disadvantaged groups. However, this needs to be done without losing any gains made with the advantaged group. Health equity is especially important within the context of the South African healthcare system.

The South African healthcare system is complex and can be broadly divided into public and private healthcare (Ruff, *et al.*, 2011:184). The healthcare in South Africa can be described as a blend between First and Third Worlds. Healthcare facilities in most of the rural areas of the country are very basic. While most of the private facilities and medical research facilities are cutting edge, which places South Africa on the forefront of medical advances. The private healthcare sector could compete with most First World countries, while the majority of the public hospitals are trailing far behind (Just Landed, 2015).

The state offers free basic healthcare, but the highly specialised, hi-tech health services are available in both the public and private healthcare sector. It is estimated that the private healthcare sector spends about R66-billion to deliver service to approximately 7 million people. The rest of the population is dependent on the R59-billion spent through the public healthcare sector (Alexander, 2015). Expatica (2015) estimates that 80% of South Africans make use of public healthcare, while the rest of the population makes use of medical aid schemes to either cover full medical expenses or hospital and emergency costs. The private healthcare sector caters for the middle- and high-income earners which can afford to make use of medical aid schemes, while lower income patients are reliant on the public healthcare sector (Alexander, 2015).

The two-tiered system, public and private healthcare, can be described as inequitable and inaccessible to the majority of South Africans. The public healthcare has suffered from poor management, underfunding and deteriorating infrastructure. Over the years, accessibility has improved, but the quality of care has declined (SouthAfrica.info, 2012). Most of the public facilities are underfunded, bureaucratic, inefficient and over-subscribed. Private facilities are well run and as good as any medical facilities found in Europe and the United States (Just Landed, 2015). No other African country comes close to providing the quality of care that the South African private healthcare offers (Expatica, 2015).

Healthcare, and especially the public healthcare sector, in South Africa falls under the responsibility of the Department of Health (DOH). Owing to high levels of poverty and unemployment, healthcare has become a burden for the state. To combat this burden a funding increase has been made for public hospitals, which consumes two-thirds of the health budget. Furthermore, a Health Charter has been developed with the aim to create a

platform for engagement between the private and public healthcare sectors as to address the issues of access, equity and quality of healthcare in South Africa (Alexander, 2015).

Within the South African public healthcare context, the challenge remains to provide quality, affordable, accessible services by already overburdened hospitals and clinics. Public healthcare is also under pressure due to the HIV/Aids pandemic in Sub-Sahara Africa (ANC, 1994, Cullinan, 2006:1-9) and as a consequence of the shortage of key medical personnel (SouthAfrica.info, 2012). Furthermore, the high levels of poverty and unemployment results in healthcare remains a burden to the government (SoutAfrica.info, 2012). The African National Congress launched the National Health Plan after 1994 whereby patients' first point of entry is primary healthcare services from where referrals will be conducted to district and provincial services (ANC, 1994, Cullinan, 2006:1-9).

The South African government has implemented a reform plan to improve the South African healthcare system. The National Health Insurance scheme's implementation has been fast tracked. This will allow medical cover for all South Africans. The fight against HIV and TB has been strengthened, which should relieve the burden on public healthcare. Human resource management have been improved at public hospitals, as well as the co-ordination between the public and private healthcare sector. Costs are further being regulated to make healthcare affordable to all South Africans (SouthAfrica.info, 2012).

2.2.1 Public healthcare

Public healthcare functions from a primary healthcare approach, is nurse-driven, free of charge to all and serve the majority of the South African public (ANC, 1994). The primary, nurse-driven, healthcare system includes district hospitals and community care centres (Centre for Development and Enterprise [CDE], 2011:34). South Africa has a largely nurse-based health system (Harrison, 2009:27). Nurses play a vital role in healthcare, especially in rural areas where there is a shortage of doctors. Between 2003 and 2012 the total number of nurses in all categories, as set out in the Nursing Register, has increased by more than 40% (Mayosi & Benetar, 2014:1348). However, a five-year review of the public health sector indicated that morale among health workers is low. The review concluded that overwork, a sense of neglect and a lack of support contributed to the low morale (Harrison, 2009: 32).

The nine provincial departments are responsible for the development of provincial policies within the framework of national policy and public health service delivery (CDE, 2011:34). The Provincial Health Departments use a district based public healthcare model to manage and provide comprehensive health services. The management of local hospitals deals with operational issues to enable faster responses to local needs (SouthAfrica.info, 2012). Public Hospitals and clinics in South Africa are usually well equipped and staffed, but due to high volumes of patients, overcrowding is often a problem. This leads to situations where patients must wait a long time to be seen by staff and receive treatment. The overcrowding leads to staff which is usually overworked and at times described as uncaring (Just Landed, 2015).

According to the CDE (2011:28) the public healthcare sector spent 4.2% of South Africa's gross domestic product in 2009/10, which comprised of 14% of total government spending. The state contributes to approximately 40% of all healthcare expenditure. In spite of this, the public healthcare system must serve over 80% of the population (Just Landed, 2015). The public healthcare sector consumes around 11% of the government's budget, which is allocated to the nine provinces. The amount that each province receives and the effectiveness of the application of funds vary from province to province. This leads to provinces like the Eastern Cape offering lower standards of healthcare compared to provinces such as Gauteng and the Western Cape (Alexander, 2015; Just Landed, 2015).

After the first democratic election in 1994, the undoing of the country's race-based health system began. Pre-1994 hospitals were assigned to specific race groups and most were established in the white areas. With 14 different health departments, the health system was nothing more than fragmented and duplication (Alexander, 2015). To improve service delivery within the public healthcare sector, the system has been split into 42 health regions and a further 162 health districts. A new administrative structure is also in the process of being developed, which will see primary healthcare clinics fall under the umbrella of district authorities while hospitals remain under the control of provincial authorities. Since 1994 over 700 clinics have been built or upgraded, 2 300 clinics received new equipment and a further 125 mobile clinics have been launched. The public sector comprises of over 3 500 clinics which provides free healthcare to children under the age of six, and to pregnant and breastfeeding woman (Just Landed, 2015).The public healthcare sectors' 406 hospitals have 88 920 beds compared to the 29 980 beds in private hospitals. The public healthcare sector also employs 268 000 people (CDE, 2011:31-32). Table 2.1 indicates the public healthcare facilities as of 2009 (CDE, 2011:31).

There are three tiers of hospitals in the public sector, tertiary, regional and district (CDE, 2011:34).

Table 2.1

The distribution of public healthcare facilities in 2009

Type of Facility	Number of facilities
Clinic	3 595
Community Health Centre	332
District Hospital	264
National Central Hospital	9
Provincial Tertiary Hospital	14
Regional Hospital	53
Specialised Psychiatric Hospital	25
Specialised TB Hospital	41
Grand Total	4 333

The population-to-clinic ratio is estimated at 13 718, which exceeds the WHO guidelines of 10 000 people per clinic. The doctor-to-population ratio is estimated to be 0.77 per 1000. The majority of General Practitioners (GPs) are employed in the private healthcare sector, which results in just one doctor for every 4219 people who are dependent on the public healthcare sector (SouthAfrica.info, 2012). The public provision of doctors and nurses are well below the threshold of 230 per 100 000 as set out in the guidelines of the WHO to achieve health related Millennium Development Goals (Harrison, 2009:27).

These ratios emphasises the importance of the role of health workers, as being in most instances the 'first contact' of healthcare provision and they have a crucial part in forming the perceptions of patients regarding the quality of care received. Still, the question remains, whether health workers actually fully comprehend the consequences of their care provision to patients.

2.2.2 Health workers

The nursing workforce is made up of Registered Nurses and non-registered health care assistants and assistant practitioners (Royal College of Nursing, 2015). Health workers refer to the sub-category health workers namely enrolled nurse auxiliaries, enrolled nurses and healthcare workers. Health workers are a valued and pertinent member of the healthcare workforce. Health workers are responsible for their own scope of practice and needs to ensure their own competence and should adhere to principles of delegation and supervision (Abbot, 2015).

Enrolled Nurses works alongside the Registered Nurse and is required to work under direct or indirect supervision of the Registered Nurse. The Enrolled Nurse is responsible for her own actions and remains accountable in providing care that has been delegated (Abbot, 2015). The South African Nursing Council (1978a) states that "an enrolled nurse shall carry out such nursing care as his enrolment permits under the direct or indirect supervision or direction of a registered nurse."

The scope of practice of an enrolled nurse (South African Nursing Council, 1991) entails:
- The carrying out of nursing care to fulfil the health needs of a patient or a group of patients;
- Caring for a patient, and executing a nursing care plan for a patient, including the monitoring of vital signs and the observation of reactions to medication and treatment;
- The prevention of disease and the promotion of health and family planning by means of information to individuals and groups;
- The promotion and maintenance of the hygiene, physical comfort and reassurance of a patient;
- The promotion and maintenance of exercise, rest and sleep with a view to the healing and rehabilitation of a patient;
- The prevention of physical deformity and other complications in a patient;
- The supervision over and maintenance of a supply of oxygen to a patient;
- The supervision over and maintenance of the fluid balance of a patient;
- The promotion of the healing of wounds and fractures, the protection of the skin and the maintenance of sensory functions in a patient;
- The promotion and maintenance of the body regulatory mechanisms and functions in a patient;
- The feeding of a patient;

- The promotion and maintenance of elimination in a patient;
- The promotion of communication by and with a patient in the execution of nursing care;
- The promotion of the attainment of optimal health in the individual, the family, groups and the community;
- The promotion and maintenance of an environment in which the physical and mental health of a patient are promoted;
- Preparation for and assistance with diagnostic and therapeutic acts by a registered person;
- Preparation for and assistance with surgical procedures and anaesthetic; and
- Care of a dying patient and a recently deceased patient.

Nursing auxiliaries occupy the lowest position in the nursing hierarchy, but they provide an indispensable service to health care. Due to a shortage in funds, there is an increase in the utilisation of Nursing Auxiliaries (Mabunda & Booyens, 2001:79). According to the South African Nursing Council (1978b) "an Enrolled Nursing assistant shall carry out such nursing care as his or her enrolment permits, under the direct or indirect supervision or direction of a registered nurse or an enrolled nurse".

The scope of practice of an enrolled nursing assistant (South African Nursing Council, 1991) entails the:
- Promotion and maintenance of the health of a patient, a family and a community;
- Provision of health and family planning information to individuals and groups;
- Care of a patient and the execution of a nursing care plan for a patient;
- Promotion and maintenance of the hygiene of a patient, a family and a community;
- Promotion and maintenance of the physical comfort, rest, sleep, exercise and reassurance of a patient;
- Prevention of physical deformity and other complications in a patient;
- Supervision over and maintenance of a supply of oxygen to a patient;
- Taking of the blood pressure, temperature, pulse and respiration of a patient;
- Promotion and maintenance of the body regulatory functions of a patient;
- Promotion of the nutrition of a patient, a family and a community;
- Maintenance of intake and elimination in a patient;
- Promotion of communication with a patient during his care;

- Preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person;

- Preparation for and assistance during surgical procedures under anaesthetic; and

- Care of a dying patient and a recently deceased patient.

In the execution of their daily tasks, health workers have a direct impact on the quality of care received. Whilst executing their tasks they also have to adhere to the rules and regulations as set out by the various regulatory authorities such as the South African Nursing Council. Formal and informal procedures for evaluating compliance, was noted by Emanuel and Emanuel (1996:229) as a component of accountability. They further indicated that accountability entails the procedures and processes by which one party justifies and takes responsibility for his or her activities. To fully comprehend being accountable within the health sector and more specifically in the execution of their daily tasks as health workers, the next section is aimed to explore the term accountability in more depth and also in terms of how it relates to health care in general.

2.3 ACCOUNTABILITY

The Business Dictionary (2016) defines accountability as "The obligation of an individual or organization to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner." This definition seems straightforward and easy to understand, which does not make accountability seem like a difficult concept, but Brinkerhoff (2003:5) opines that accountability is often ill-defined. He also indicated that accountability is a concept that has not been fully demystified yet. Kennedy, *et al.* (2014:46) simplifies accountability as the manners and methods by which a person justifies and accepts responsibility for their activities. In everyday language, accountability may simply mean responsibility to someone or for some activity (Mutsatsa, 2011:39).

Mulgan (2000:555) defines accountability as a complex and chameleon-like term. While Schedler (1999:13) states that accountability represents an underexplored concept of which the meaning remains evasive, the boundaries are fuzzy, and of which its internal structure, confuses. Brinkerhoff (2003:5) indicated that accountability is the obligation of individuals to provide information about, and/or justification, for their actions to others. Brinkerhoff (2003:5) describes the essence of accountability as answerability. To be accountable means to answer questions regarding decisions or actions.

Batey and Lewis (1982, in Griffith & Tengnah, 2013:94) provides the following definition for accountability: "the fulfilment of a formal obligation to disclose to reverent others the purposes, principles, procedures, relationships, results, income and expenditures for which one has authority." From this definition, Griffith and Tengnah (2013:94) deduce that accountability has its basis in law with a formal or legal relationship between health workers and higher authorities that hold them to account. Swansburg and Swansburg (2002:364, in Matsatsa, 2011:39) further adds to this by highlighting that the inclusion of the terms 'the purpose, principles, procedures, relationships, results, income and expenditure for which one has authority' in the definition, indicates the extent of what one should account for. Simply put to be accountable is to be answerable for the acts and omissions within your practice. Murray and Zentner (1975, in Bergman, 1982:8) define accountability as being responsible for one's acts, being able to explain, and to define or measure the results of one's decision making.

From the above, it can be deduced that accountability is more than just a buzz word to make job descriptions sound impressive (Shirley, 2007:20). Simply put, accountability means calling someone to account individually and personally for his or her actions. By making people account for their performance provides a strong incentive to perform. It is important that there is a shared understanding and legitimate process which defines a person's accountabilities. In other words, one cannot call a person to account for something they did not understand or were not explained to them. Therefore, anybody should be able to explain what their accountabilities and standards are, how they link to what the team is doing and how this links to the organisation (Shirley, 2007:20).

Two types of accountability questions exist. The first type covers a one-way transmission of information from the party that needs to give answer to the overseeing party. The second type refers to justification and explanation for one's actions, not only in terms of what was done but why it was done (Brinkerhoff, 2003:6). Three categories of accountability are also identified. The first deals with financial accountability. This is the compliance with laws, rules, and regulations with regards to financial control and management. The second category deals with performance. The focus within this category is measurement and evaluation of performance to improve service delivery. The third category comprises of political/democratic accountability. This deals with the relationship between the state and the citizen, "to discussions of governance, increased citizen participation, equity issues, transparency and openness, responsiveness and trust building" (Brinkerhoff, 2003:6).

2.3.1 Accountability in healthcare

South Africa has come a long way since the dawn of a new democracy to equalise living standards to all South Africans. With a world-renowned Constitution, the South African government committed itself to expand public services to all South African citizens. This Constitution remains exemplary within the international arena where a country strives towards equality, accountability, openness and transparency (Parliament of the Republic of South Africa, s.a). In addition to the Constitution, the Batho Pele White Paper (Department of Public Service and Administration, 1997) was launched to align public services towards the democratic ideal. Within healthcare, the Batho Pele principles were strengthened and emphasised with the Patient Rights Charter, an initiative by the National Department of Health (2007) to position patients as part of a health team and empower them in their healthcare. Throughout the South African Constitution, the Batho Pele principles and the Patient Rights Charter, accountability surfaces as a criterion within a democracy (Health Systems Trust, 2005:3; 2010:20) to be present through all services.

Accountability features strongly within healthcare. Accountability within the healthcare sector, with the high stakes of caring for patients, becomes more complex. There are numerous legislative and regulatory bodies with the main purpose to assure professional competency, quality care and safety. Kennedy, *et al.* (2014:46) states that the healthcare sector associations play an important role with regard to accountability. The medical profession has a history of self-accountability through standard setting, peer review and accreditation. Professional associations have an indirect contract with society to hold their members accountable (Brinkerhoff, 2003:16). The South African Nursing Council's code of ethics states that: "As professionals, Nursing Practitioners will be personally accountable for all actions and omissions while carrying out their responsibilities in their profession and must always be able to justify all decisions taken and carried out" (South African Nursing Council, 2013:4). The Nursing and Midwifery Council (2008:2) states that one is personally accountable for actions and omissions in your practice, and must always be able to justify your decisions. Logistical challenges with regard to monitoring service delivery have resulted in professional associations promoting self-policing. This refers to placing trust in the professional codes, training and accreditation standards (Brinkerhoff, 2003:16).

Health care requires nurses to be accountable for their practice. According to Boni (2001 *in* Roberts, 2010:264), the accountable nurse must take responsibility and should be able to

answer for his or her actions. Accountability should be reinforced with nurses throughout all levels of practice, including students and new graduates to seasoned nurses. This quality is more than just a belief that "the buck stops here." (Roberts, 2010:264). In order to promote accountability, the role of the nurse must however, be clearly defined (Essays, UK, 2013).

For one to be accountable there are, however, various requirements that must be satisfied. They can be visualised as a pyramid, each forming a base for the higher levels (Bergman, 1982:8). Firstly, one must have the ability, which is described as knowledge, skill and values, to make decisions and to act on a specific issue. Secondly one must be given, or one should be able to take, the responsibility to carry out an action. Lastly one needs the authority, which is formal backing and the legal right, to carry the responsibility for one's actions. Only when these requirements are all satisfied then one can be held accountable for the actions taken (Bergman, 1982:8).

According to Brinkerhoff (2003:11) there are two questions that emerge regarding the healthcare role players with regards to accountability. Firstly, who is accountable? Which role players in the health system are answerable for their actions and behaviours, and are subject to accountability sanctions? Secondly, to whom are the role players accountable? Which other role players have power, authority and the right to ask for answers and explanations. This refers to role players who are allowed to engage with the parties that need to show accountability in order to discuss the answers and explanations, and are authorised to impose the sanctions.

Accountability within the healthcare sector has one goal in mind, namely the promotion of patient care. Accountability assures that the patient is not harmed by actions or omissions and provides reparation to those who are harmed (Mutsatsa, 2011:40). Health workers can be called to account for conduct or competence should it fall below required standards. Accountability discourages health workers to act in a way that would be considered as misconduct or unlawful. Health workers' behaviour is further also regulated by law, which makes them accountable to a range of higher authorities. Regulatory frameworks depict the standards of conduct and competency, health workers are required to adhere to (Mutsatsa, 2011:40).

Accountability forms an important aspect of healthcare. From this it is clear that if one wants to improve healthcare, a key element to consider is accountability (Brinkerhoff, 2003:25). Health workers in turn should be aware of the role that accountability plays within healthcare. It is also

important that health workers be aware of what they can be held accountable for, as well as the cause and effect of a lack of accountability within their field.

2.4 CHAPTER SUMMARY

Although accountability is an abstract concept, the lack of accountability has also been linked to poor patient outcomes (Cullinan, 2006:9), referring to prolonged hospital stay and increased healthcare costs. It is argued that despite the acknowledgement given to accountability in the guiding documents of the South African government, low levels of accountability have been reported in research and literature. The significance of exploring accountability in public healthcare aligns with current concerns about the poor patient and healthcare outcomes in South African hospitals. Although this research focuses on healthcare, it is applicable to all public health services in South Africa.

Chapter 3 follows with details and explanation of the empirical study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this Chapter, the research methodology is thoroughly described. As explained in Chapter 1, the study focuses on the public healthcare sector in the North-West province to explore a provincial hospital's health workers' perception on accountability. In addition, the current Chapter clarifies the research approach, the sample type and method utilised, the technique used for data collection and the process applied for data analysis.

3.2 RESEARCH APPROACH

The current research called for the need to explore health workers' perceptions of accountability within public hospitals, as well as to address the main and secondary objectives as stated in Chapter 1 of this study. The data was collected by interviewing health workers at a level two public hospital in the Dr Kenneth Kaunda District of the North-West province.

3.2.1 Research design

The purpose of the research design was to ensure that all criteria of a scientific study were met.

Exploration of perceptions expounds from a qualitative research design that is explorative-descriptive (Burns & Grove, 2009:359), contextual in nature. A qualitative research (Creswell, 2007:36-37) was appropriate as the researcher wanted to comprehend health workers' perceptions in their own words as well as the unique meanings that health workers attach to this concept. As was mentioned in Chapter 1 (see 1.1) there is ambivalence in literature regarding the meaning of accountability. Accountability, as in the context of the South African public health sector, has not been extensively explored. Therefore, the best point of departure for a relative unknown phenomenon; would be an in-depth exploration and description of that phenomenon and the recording of all findings during the exploration. This research followed an explorative approach (Creswell, 2007:57), as the researcher explored and described health workers' perceptions of accountability from their real-life and lived experiences as well as the meanings attached to these experiences. Finally, this research was contextual in nature as the researcher

only focused on health workers employed in medical units of a level two public hospital in the North-West province.

3.2.2 Participants

A research population may be described as a group from which the researcher would like to draw certain conclusions and then formulate generalisations. The sample as a group within the population, are the ones selected to participate in the research study.

The population in this research was health workers employed at a level two public hospital in the Dr Kenneth Kaunda District of the North West province. In this research, health workers refer to the sub-category health workers namely enrolled nurse auxiliaries, enrolled nurses and healthcare workers as the researcher is especially interested in these specific health workers' perceptions of accountability. The identified hospital has approximately 300 health workers (N=300). The Chief Executive Officer (CEO) of the hospital served as gatekeeper and linked the researcher to a mediator, the Deputy Director for Nursing. The mediator identified prospective participants for the researcher. The researcher then selected participants as per inclusion criteria. These criteria entailed a willingness to participate voluntarily with fluency in business English or Afrikaans, and being employed at the hospital for at least six (6) months. An all-inclusive *sampling* was conducted. The sample size was established when no more information surfaces and repetitive patterns in responses were reported. It was anticipated that approximately 12 interviews would need to be conducted before data saturation will occur.

3.3 DATA GATHERING

3.3.1 Interviews

Interviews allow the researcher the opportunity to achieve knowledge from participants (Doody & Noonan, 2013:31). The data collection method applied was individual, *semi-structured interviews* that was conducted within different offices at the participating hospital. The interviews were recorded on audio-tape. The participants had the opportunity to, at any stage, withdraw from the interview. Welman, Kruger and Mitchell (2005:166) indicate that semi-structured interviews are slotted between the two extremities of unstructured and structured interviews.

The responses of the participants determined the flow and direction of the interviews. The interviews were all started with one main question, namely: *"Tell me, what are your perceptions about accountability as a health worker, in your place of work".* After that, the participants were probed on the answers they have provided. Probing was used to gather more information and clarity on the participant's point of view on the topic. This, in some instances, resulted in further questions asked apart from the main question varying from one interview to another. As the semi-structured interview allowed the researcher and participants more flexibility to explain complex or personal topics, participants were allowed to explain open and closed ended questions through questions like: "Please explain what you mean by..." and "Why do you think..." (De Vos, *et al.*, 2005:296; Doody & Noonan, 2013:30; McDaniel & Gates, 2005:133).

3.4 DATA ANALYSIS

Data that is relevant and accurate forms the basis of quality research (Watkins, 2006:108).

After interviews were transcribed, content analysis was executed to explore each transcript for new and/or established outcomes. Tesch's (*in* Creswell, 2008) eight steps of content analysis was followed for this process. This process is summarised in Table 1.1 below.

Table 3.1

Tesch's eight steps of data analysis (in Creswell, 2008)

Step	Description
Step 1	Read through all the transcripts and get a sense of the whole.
Step 2	Select first transcript, highlight meanings and write thoughts in the margin.
Step 3	List all the topics, cluster together, arrange in groups as major and unique topics.
Step 4	Abbreviate and code the topics, return to remainder transcripts and repeat, indicate if new topics emerge.
Step 5	Use descriptive words to categorise the topics and group related topics together.
Step 6	Unclutter codes and abbreviations, all can now be alphabetised.
Step 7	Gather the research of each category and do a preliminary analysis.
Step 8	Complete a consensus discussion with an independent co-coder.

The research results were discussed with a co-coder to reach consensus before the research results was reported. The reported results were discussed together with already established and integrated literature.

3.5 RESEARCH OBJECTIVES

The general objective of this research was to gain insight into health workers' perceptions of accountability within a public hospital and to make recommendations on how to facilitate accountability in public health services.

The specific objectives of this research were:

- To determine how accountability is conceptualised in literature. This objective's methods were explained in chapter 1 and a literature review was conducted in chapter 2.
- To identify the role that accountability plays within health services. Objective 2 was obtained during the literature review in chapter 2.
- To determine health workers' perceptions regarding accountability in a North-West public hospital.
- To formulate recommendations to facilitate accountability amongst health workers, directed to the executive management of a public hospital in the North-West province.
- To make recommendations for future research in this field and topic.

3.6 CHAPTER SUMMARY

This chapter explained the research methodology as it was utilised in the current research. The Chapter also emphasised the relevance of the methodology to the specific research design. The selection of the participants was explored. The chosen methods for data analysis were presented with clarification of the process that was followed.

In Chapter 4 the results of the empirical research are reported and discussed in terms of the qualitative results.

CHAPTER 4

EMPIRICAL STUDY

4.1 INTRODUCTION

In this chapter the results of the empirical research are reported and discussed in terms of the qualitative results. Results are presented based on the proposed research question as set out in Chapter 1.

4.2 PARTICIPANTS

A purposeful sample of health workers employed at a level two public hospital in the Dr Kenneth Kaunda District of the North West province was used. Interviews were conducted until saturation point was reached. A total of eight (N=8) interviews were conducted. Descriptive information of the sample is given in Table 4.1

Table 4.1

Characteristics of the participants

Item	Category	Frequency	Percentage
Gender	Male	1	12,50
	Female	7	87,50
Experience as health worker	Less than 01 year	0	0,00
	01 year – 03 years	3	37,50
	04 years – 05 years	5	62,50
	More than 05 years	0	0,00
Tenure at Current Employer	Less than 01 year	0	0,00
	01 year – 03 years	5	62,50
	04 years – 05 years	3	37,50
	More than 05 years	0	0,00
Position	Assistant Nurse	5	62,50
	Enrolled Nurse Assistant	3	37,50

The study population consisted mainly of Black (100%), Female (87,5%) participants. The average experience as a health worker was 3,5 years, while the average employment at the

current hospital was 2,5 years. The participants consisted of 5 Assistant Nurses and 3 Enrolled Nurse Assistants.

4.3 RESEARCH RESULTS

The results of the interviews can be divided into three themes. Each theme has subsequent sub-themes providing an insight into health workers' perceptions of accountability.

Theme 1: Conceptual understanding of accountability
Sub-themes: Inability to define accountability, what is accountability for, ability to explain accountability.

Theme 2: Accountability within a health workers' career
Sub-themes: Training and accountability, importance of accountability within the field of employment, promotion of accountability within the hospital.

Theme 3: Realities of accountability in clinical practice
Sub-themes: Results of accountable practices and the lack thereof, awareness of unaccountable practices, who is accountable, means to promote accountability.

4.3.1 THEME 1: CONCEPTUAL UNDERSTANDING OF ACCOUNTABILITY

The first theme refers to health workers' understanding and ability to explain and define accountability.

Participants presented with an **inability to define the concept 'accountability'**. None of the participants were able to provide a definition or an explanation of what the term accountability means. The most general response, that more than half of the participants have provided, was that accountability could be equally placed to responsibility. These participants were able to provide a list of tasks or duties for which they were responsible for during a normal day of work within the ward. One of the participants reacted to the question as if it was the first time that the word 'accountability' was heard. After the term was explained to her, she was able to provide examples of what she was responsible for at the hospital.

Although none of the participants were able to explain the meaning of accountability, three of the participants were at least able to make a connection between accountability and patient care.

This gave the impression that they were aware that accountability directly influences the care of the patient. Participants perceived accountability as one's responsibilities and tasks while performing one's job.

Closely related to participants' inability to define accountability, participants also struggled to explain **what were their accountability**. Most of the participants gave examples or a list of duties and task for which they are accountable for and information could be repeated. Two participants did not give examples of what they are accountable for.

Two participants presented their list of duties or tasks for which they were responsible as their accountabilities. One of the participants said they were accountable for everything that is within their scope of practice.

It is however worrying that patient care and wellbeing were not prominent in the participants' response as only three of the participants were, to a limited extent, able to explain that accountability influences patient care.

To further explore health workers' understanding of accountability their **ability to explain accountability** to co-workers or students were also examined. This was done to determine if participants could link in link accountability and care for patients in one or another way when talking to someone about accountability.

Two of the participants were unable to clarify how they would explain this term to somebody else. Once the interviewer explained the term accountability to them, they were able to describe the meaning of accountability and provide some examples of what they are accountable for.

Three of the respondents repeated the list of duties or tasks that they mentioned earlier as they felt that this was the best way to explain what they are accountable for in the ward.

In their answers, three of the participants were able to link accountability with patient care. One of the participants made the remark that they will be held responsible for "everything that they do to and for the patient". Another participant used the example of first year students. It was said that they are eager and want to do things that they are only supposed to do in their third or fourth year. This participant then explained to them that you will be held accountable for these actions and they must be careful as they are dealing with patients' lives.

From this it can be concluded that at least some of the participants were aware that their actions were directly linked to the wellbeing of their patients.

4.3.2 THEME 2: ACCOUNTABILITY WITHIN A HEALTH WORKERS' CAREER

The second theme refers to health workers' training with regards to accountability and importance of accountability within their field of employment. It also refers to means of promoting accountability within the hospital.

The participants were asked what they can recall from their **training about accountability**. This was done to determine if accountability forms an important part of the training of health workers.

None of the participants were able to recall anything about accountability from their training as students. One of the participants indicated that she had never heard the word accountability during her training.

A participant explained that she learnt that every action has consequences. This was done through an example of what she experienced while busy with her practical training. She explained that they were taught to be aware of the consequences of your action.

A worrying detail emerged from some of the responses to this particular question. Three of the participants admitted to performing functions which is beyond their scope of practice. They are aware that from their training they should only perform functions which are part of their scope of practice. However, in practice, with the shortage of qualified staff it seems like a regular occurrence that health workers will need to perform functions for which they are not fully trained.

One participant shared an experience where her actions lead to the loss of a patient's life. She performed a task for which she was not properly trained and as a result was not able to see the warning signs which should have been followed up. At the end of the day she was held accountable for the loss of life as she signed the documentation.

As health workers in a hospital, the participants deal with the lives of patients on a daily basis, it was there for important to examine **the importance of accountability in the field of employment**. The question was asked to see if the participants were aware that they are responsible for the patients' wellbeing and that their actions could lead to a loss of life.

One of the participants had first-hand experience of the loss of life as the result of unaccountable practices. She learnt it the hard way that you should be accountable for every action you perform while on duty as your actions have a direct influence on the wellbeing of the patient. She is clearly aware that if you are not accountable for what you are doing, it can result in a loss of life.

The rest of the participants also shared the same view as the previous participant. One other participant stated that their actions have a direct influence on the patient and they must be aware that they are dealing with the lives of patients. Another frequent theme was that rules and regulations are in place for the protection of patients and staff. If one accounts for your actions, in other words if you perform your duties according to the set rules and regulations, no patient should suffer or lose their life as a result of negligence. Also, the health workers will be protected against claims for negligence. Accountability to one participant means to do everything correctly as it should be done.

The conclusion that can be drawn from the responses given to this question is that the participants are aware that a lack of accountability, especially in dealing with patients, can lead to a loss of life. In this context the participants understood accountability as doing everything as it should be done.

The purpose of this question was to determine if the hospital employs any actions in order to **promote accountability** among staff or to educate the staff about accountability while they are employed at the hospital.

Two participants were not aware of any ways in which the hospital was promoting accountability among staff members or of any means in which the hospital was educating them about accountability.

The rest of the participants referred to the in-service training which they receive at the beginning of each shift. Each day a different topic is covered. The purpose of this is to keep staff up to date with current procedures or changes in procedures. It also ensures that the health workers are doing every procedure as they should be doing it. Furthermore, it serves as a refresher course, to enable staff to stay up to date with things they do not encounter every day and thus still be able to remember how it should be done if they have such an encounter. Thus, it seems as if the topic of accountability, features directly and sometimes indirectly, in the in-service training sessions.

Some of the participants also referred to the acts and policies under which they function in the hospital. These acts and policies are put in place to promote practices that one can be held accountable for. It is clear that in some cases disciplinary action is taken should a person be guilty of not adhering to these acts or policies. At some of the in-service training sessions, these acts and policies are also reviewed and discussed.

4.3.3 THEME 3: REALITIES OF ACCOUNTABILITY IN CLINICAL PRACTICE

This theme refers to the cause and effect of accountable practices and the lack thereof within the hospital. It also explores health worker's understanding of who is accountable and to what degree each person is accountable for their actions.

Firstly, the participants understanding regarding the **results of accountable practices and the lack thereof** were examined. The participants were questioned on the difference between what it would be like in the hospital should everybody be accountable for what they were doing. Then, it was stated what it would be like if no one took any accountability for what they were doing.

All the participants were able to make a clear differentiation between what the state of the hospital would be like under practices that one should be accountable for and a lack thereof. It was clear to the participants that should everybody be accountable for their actions, the functioning of the hospital would be good. There will be less problems and complications. Everybody will be fully focused on their work and there will be a significant increase of the patients care and wellbeing. Accountability is directly linked to the standard of care that a hospital provides. The more accountable the staff, the higher standard of care patients will receive.

The opposite is also true. The participants were all aware that once accountability decreases, so will the standard of care in the hospital. The quality of patient care will decline and patients will be neglected. One participant went as far as saying that if no one is accountable for their actions, the hospital should rather close down.

A general feeling that emerged from these answers was that the community has a lack of trust in the public hospital system. For many people the public healthcare system is their only means of healthcare. One participant said that should health workers, and all staff at the hospital for that matter, be more accountable, it will restore the trust in the public healthcare system. The

participant gave an example that they would not want to take themselves, or their loved ones to a place where they know they will be put at risk.

In theory, the participants all understood that accountability is important within their field.

From the previous question, it was clear that all the participants were aware of the effect of practicing unaccountability in their workplace. Some of the participants mentioned unaccountable practices earlier on in the interviews. The participants were asked if they are **aware of unaccountable practices** and how they currently deal with such an encounter.

From the answers that were given it is clear that all the participants are aware of unaccountable practices within the hospital of their employment, some as much as on a daily basis. All of them are asked to do things which do not fall within their scope of practice. Examples that were mentioned include taking blood glucose, cleaning dressings, injecting insulin, administering medicine, inserting catheters, and doing rounds with the doctors. All of these practices are beyond the scope of practice for the health workers involved in this research. They did not receive any formal training to perform these tasks, yet they are doing it on a daily basis.

The main reason given to why these tasks are assigned to people who should not be doing these tasks are related to the shortage of qualified staff. It seems that staff shortages in public hospitals are a common occurrence. There simply are not enough personnel to perform the tasks which need to be performed at the hospital. The only alternative at the moment is to ask the available personnel to perform these tasks as patients need the treatments.

One participant said that these practices are reported to the nursing council, but it seems like it does not have an effect as these practices are commonplace. One participant said she refuses to perform any tasks which is beyond her scope of practice as she is not qualified to perform them and feels she will be held accountable should anything happens to the patient.

In contrast to this, two participants admitted that they perform tasks that are beyond their scope of practice and they did not perceive it as a problem. They feel that any experience they can gain will benefit them and they like to learn new things. One of these participants stated that it is still important that a qualified person supervises and provide guidance while performing these tasks and that it should be done in a manner that will not cause harm to the patient.

The participants are all aware of the dangers of unaccountable practices. Yet it seems as if it is a risk that most are willing to take, even with the knowledge that they could be endangering the life of a patient.

The participants were questioned with regard to **with whom accountability lies** in performing daily tasks or if tasks were delegated to them.

Two of the participants were adamant that the accountability is with the sister who is in charge of the ward. She is the one that assigns the duties and delegates tasks throughout the shift. The participants felt that the sister in charge will have to ensure that all these tasks are performed and performed correctly and to the benefit of the patient. The participants gave the impression that they cannot be held accountable for their actions as it remains the sister in charge's responsibility to supervise.

The rest of the participants explained that accountability is for both the sister in charge and themselves. The sister in charge has to be accountable for everything that happens in the ward and for all the duties she has assigned and for tasks delegated. She acts as the supervisor or manager in the ward. The accountability also lies with each individual in the ward. They have to be accountable for the tasks that have been delegated to them. This translates to a shared accountability within the ward between the sister in charge and the health workers.

At the end of the interviews the participants were asked what indicate what they think the best way is, in which **accountability can be promoted** amongst health workers.

The response received from all the participants was that the current in-service training at the beginning of each shift will be the most effective way to promote accountability amongst health workers. The in-service training is a session at the beginning of each shift where procedures and policies are reviewed; new and current procedures are discussed, recapped and refreshed. This provides an opportunity where on a regular basis accountability can be discussed and promoted.

Another suggestion was that senior and junior staff should be mixed in the wards. This will allow senior staff to provide training and a positive influence on new inexperienced staff, while the junior staff will be able to question the status quo, should there be practices that are not accountable, as they are still fresh from training.

There was also a suggestion that communication is the key to promoting accountability. Communication will promote teamwork and support for one another within the unit. In turn, it should promote accountability as the unit will function as a team which will hold each other accountable for actions within this team.

4.4 CHAPTER SUMMARY

As discussed earlier within the literature review the term accountability is very complex. Possible definitions are provided and it is clear that the application of only one definition will not be sufficient to describe every aspect of the term. In this Chapter health workers' perceptions of accountability were explored. From the findings that were declared in the research results it is clear that health workers' perception of accountability is also a complex matter. Different participants had different ideas of what the term accountability entails and what they can be held accountable for. There is a definite contradiction between practice and theory, as in theory health workers know how to act or what is expected from them, but in practice a different picture evolve.

In the next Chapter the conclusions, recommendations and limitations of the study are discussed.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This Chapter's aim is to provide conclusions, with regard to the results obtained in the empirical study of this research. Conclusions are drawn in terms of the research objectives. Limitations that have been identified throughout the course of the study are discussed. Lastly, recommendations for the executive management of public hospitals are made and research opportunities that originated from this study are presented for future research.

5.2 CONCLUSIONS

The general objective of this research was to gain insight into health workers' perceptions of taking accountability within a public hospital and to make recommendations on how to facilitate

accountability in public health services. From the questions that were asked by this research, the following conclusions can be drawn.

The first specific objective was to determine how accountability is conceptualised in literature. From the literature review numerous definitions and explanations for accountability was discussed. A simplistic definition for accountability is "the obligation of an individual or organization to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner" (The Business Dictionary, 2016). Kennedy, *et al.*, 2014:46 describe it as the manner and methods by which a person justifies and accepts responsibility for their activities. Accountability can be thought of as a means to answer questions regarding decisions or actions that one has taken within the fulfilment of one's duties (Brinkerhoff, 2003:5).

The second specific objective was to identify the role that accountability plays within the health services. Within the healthcare sector accountability becomes more complex due to the high stakes of caring for patients. Legislative and regulations assure professional competency, quality care and safety of patients (Kennedy, *et al.* 2014:46). The South African Nursing Council's code of ethics states that: "As professionals, nursing practitioners will be personally accountable for all actions and omissions while carrying out their responsibilities in their profession and must always be able to justify all decisions taken and carried out" (South African Nursing Council, 2013:4). The lack of accountability results in a decline in quality of patient care, which results in prolonged hospital stay and increased healthcare costs (Cullinan, 2006:9), A lack of accountability within the healthcare sector has the added effect of poor service delivery, shortage of supplies and medicine, as well as higher costs and increased mortality rate.

The third specific objective was to determine health workers' perceptions regarding accountability in a North West public hospital. The health workers perceived accountability as one's responsibilities and tasks while performing one's job. This refers to responsibilities as set out in the health workers' scope of practice. In simple terms, to do everything one should as it should be done. However, in practice this is not always the case.

As all of the health workers were to an extent able to explain what the results of a lack of accountability is and why accountability is important, especially within their field of employment, there is still a large percentage of health workers who are aware of and knowingly partake in unaccountable practices within the hospital. It is evident that there is a definite contradiction between theory and practice. The perception exists with some of the health workers that once a

task is delegated to them, the person who delegated the task should take accountability. Another perception is that if a task is beyond their scope of practice they cannot be held accountable for it, regardless of the way in which they performed the delegated task or tasks that are beyond their scope of practice.

Very little evidence surfaced from the study that health workers fully comprehend what the relationship between accountability,patient care and wellbeing is. This leads the study to conclude that there is a definite lack of understanding under health workers about the meaning of and the role accountability plays within the healthcare sector.

5.3 LIMITATIONS

One of the mayor challenges during this study was the amount of time it took to obtain permission from the North-West Department of Health to conduct the research. After this lengthy process, another one followed to obtain permission from the public hospital to conduct the research at their facility. Once permission was obtained to conduct the interviews it was another long and difficult process to schedule the interviews.

Due to staff shortage and other unforeseen events, only eight health workers were available for the interview the day that was scheduled for the interviews. This limited the amount of information that could be obtained for the research. Due to the difficult process of scheduling the interviews no further interviews were scheduled.

None of the participants', as well as the interviewers', first langue is English. This posed a challenge as some of the questions and responses were misunderstood or had to be repeatedly clarified. The language barriers also posed difficulty to the participants in understanding some of the concepts and terminology used during the interview.

As the interviews were being recorded most of the participants were hesitant in answering some of the questions and elaborating on details when probed. This lead to some instances where participants answered what they thought they were expected to answer and what they felt safe answering.

The research was limited to one public hospital and one set of health workers and may not be a clear indication of health workers' perceptions on accountability within all public hospitals within the North-West province or South Africa.

In the past, little research has been done on accountability, specifically within the healthcare sector and for this reason limited literature was available on this topic.

5.4 RECOMMENDATIONS

The fourth and fifth objective of this study was to formulate recommendations to facilitate accountability amongst health workers, directed to the executive management of a public hospital within the North-West province and to make recommendations for future research.

5.4.1 Recommendations for the executive management of public hospitals

Throughout the research results a couple of worrying issues surfaced that needs to be addressed as soon as possible within the public hospital, as well as public hospitals in general. The first issue that needs to be addressed is the training that the health workers undergo. From the research results it is worrying to see that the term accountability does not feature more prominently in the training of health workers. The training of the health workers (and any other medical staff) forms the foundation for healthcare in South Africa. Any aspects that is neglected or not properly addressed during training will result in the decreasing of the standard of healthcare in South Africa. This is specifically the case, when an important aspect such as accountability is addressed.

Accountability, the meaning, application and effects thereof should be emphasised during training. When students have completed their training, they should have extensive knowledge of the term accountability and the importance thereof within their field. Accountability plays a vital role in the standard of patient care, and the lack of understanding of what accountability is and the application thereof within a health worker's field can have fatal consequences.

As most of the health workers employed at the hospital where the study was conducted has already completed their training, it is recommended that the management of the hospital addresses the shortcoming in the training of their personnel. The research shows that the best solution would be the use of the in-service training that is already part of the daily routine of the

health workers. The management of the hospital can ensure that during these in-service training sessions more emphasis is placed on accountability and, specifically how it is linked to patient care and outcome. This serves as a perfect opportunity to further educate health workers about accountability and fill the void which seems to have been left by the training received prior to joining the hospital.

The hospital can also put policies and procedures in place that can promote health workers to be accountable. Strict disciplinary action should also be taken against health workers who do not comply with these policies and procedures and in doing so are not accountable for their actions.

Secondly, addressing the issues regarding staff shortages should also be a high priority for the management of the hospital. This research results clearly points out a shortage of staff within the hospital. The direct result of this is that health workers are performing tasks or duties which do not form part of their scope of practice. In effect, untrained and unqualified health workers are treating patients. This put the patients at risk. The shortage of staff is a major factor in unaccountable practices that health workers have executed. It will be senseless to try and promote accountability amongst health workers, while at the same time forcing them to act in an unaccountable manner.

Lastly, a culture of accountability should be cultivated in the hospital. Accountability should become the driving force behind each and every employee in the hospital, from the person sweeping the floors up until the CEO. The health workers who participated in the research were all able to identify that should everyone be accountable for all their actions the standard in the hospital will improve, the patient care will improve and it will be a healthy and safe environment to work in and for patients to be treated in.

Accountability should become a buzz word that each and every employee, and especially the health workers, should know, fully understand and be able to explain when requested do so. The participants were all aware of what the importance of accountability is within their field of employment and therefor it should not be too difficult in promoting this culture of accountability within the hospital. According to Shirley (2007:20) to promote accountability within an organisation a context should be created wherein teams and individuals can work with personal discretion, emotional commitment and understanding. It is important that everyone feels that they are adding value to, and form a vital part of the team and organisation. Once they become

aware of the impact of their work on the organisation, their energy and dedication stimulates an increase in productivity.

5.4.2 Recommendations for future research

Due to the lack of research that has been done on health workers' perception of accountability, it is suggested that this topic be further investigated. It is evident from the current study that health workers lack understanding of the term accountability - a very important topic to be further scrutinised.

There is also the possibility that a study be conducted on how accountability can be promoted under health workers and what can be done to promote accountable practices within the public healthcare system.

Further research is needed on staff shortages within public hospitals and on health workers that execute tasks beyond their scope of practice. The effects of such practices can be examined to determine a way of handling staff shortages in public hospitals that specifically addresses the issue of accountability. This is an important topic to consider, as it frequently appeared as a theme throughout the study.

The study on health workers' perception of accountability can be enlarged to include health workers form different wards within the same hospital to indicate whether different set of health workers share the same perceptions as their co-workers. The study can further be extended to include different public hospitals and compare the results of the health workers from different hospitals across the North West province or even South Africa.

Further research can be conducted by exploring professional nurses' perception of accountability and comparing that to those of the health workers. This will provide insight to the relationship between the level of training and accountability.

The possibility exists to explore other medical staff within public hospitals perceptions on accountability, to examine the understanding of accountability throughout a public hospital.

A comparative study between health workers' perceptions of accountability in public and private hospitals could also be done.

5.5 CHAPTER SUMMARY

Chapter 5 provided conclusions regarding this research study's theoretical and empirical objectives. Research limitations were highlighted and discussed. Recommendations were made for the specific public hospital where the research was conducted as well as for potential future research. The general and specific objectives, as set out in Chapter 1, were therefor met.

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CERTIFICATE OF PROOFREADING AND LANGUAGE EDITING

This certificate serves to confirm that Elmari Snoer has proof read and edited the Mini-dissertation for the degree *Master* of Business Administration at the Potchefstroom Campus of the North-West University:

Author: C L van Niekerk

Exploring health workers' perceptions of accountability within a North West public hospital

The language editing focused on:

- Grammar;
- Spelling;
- Style; and
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