Article

Facilitating Compliance with Quality Standards at Primary Health Care Clinics through Adequate Health Care Resources

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Abstract

Compliance with quality standards in the Republic of South Africa (RSA) is key in the realisation of the National Health Insurance (NHI), through which the country's citizens could benefit from universal health coverage and a unified health system. However, contrary to the imperative stated above, the researcher, as the manager for compliance with quality standards at primary health care (PHC) clinics in Ekurhuleni, has over a period of two years observed a pattern of non-compliance with quality standards. This prompted an exploration on how compliance with quality standards at these health establishments could be facilitated. A qualitative, exploratory, descriptive, and contextual research design was used. In-depth semi-structured individual interviews were conducted with 12 managers at PHC clinics in Ekurhuleni. Data were analysed using Tesch's protocol. The findings of this study revealed that PHC clinic managers in Ekurhuleni were faced with challenges in terms of management practices and the required health care resources, implying these as reasons for non-compliance with quality standards. Recommendations include allocating sufficient and appropriate human resources, providing adequate medical supplies and equipment, and increasing the budgets for PHC clinics in

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Ekurhuleni. These recommendations pertaining to the provision of adequate health care resources ought to be embraced by senior managers in Ekurhuleni as a strategy to facilitate compliance with quality standards at PHC clinics.

Keywords: adequate health care resources; compliance; quality standards; primary health care (PHC) clinics; Ekurhuleni

Introduction and Background

Compliance with quality standards as stipulated in the *National Core Standards for Health Establishments* (*NCS for HEs*) in the Republic of South Africa (RSA) is essential in ensuring that patients are protected from life-threatening circumstances (South Africa 2011b, 15). This compliance with quality health care standards has been described by the *Framework for Quality Assurance for Health Care Institutions* of the Gauteng Department of Health (GDoH) (South Africa 2013a, 2–3) as a licit expectation in a democratic society. Within the framework, the department's vision clearly states its commitment to delivering quality health services. Non-compliance with these quality standards would not only undermine the department's vision, but also bring about disregard for human dignity, poor client satisfaction, and questionable quality of clinical diagnosis and treatment within primary health care (PHC) clinics.

It is therefore imperative that, for PHC clinics that are complying with quality standards, a process of ongoing enhancement is encouraged to further improve outcomes for patients in the country (South Africa 2011b, 6). For those that do not comply with quality standards, the South African National Department of Health (NDoH) has stipulated that rapid enhancements in service delivery must be implemented to attain compliance, or the clinics will face gradual punitive measures (South Africa 2011b, 6).

Franco et al. (2009, iii), Oosthuizen and Van Deventer (2010, 1), the South African NDoH's *PHC Supervision Manual* (South Africa 2009, 4–5), Flodgren et al. (2011, 6), and Nicklin (2014, 1) contribute an additional perspective on why HEs should comply with quality standards. They indicate that compliance with quality standards is a distinctive characteristic of a strong health system or the cornerstone in improving health care. If achieved, it will minimise morbidity and mortality; reduce errors in the care of patients; avert costly legal actions; improve the quality, effectiveness, and efficiency of health care services and provision; and improve patient outcomes and satisfaction.

The signed *Negotiated Service Delivery Agreement* also emphasises the importance of compliance with quality standards (South Africa 2012, 4). Further, in the South African NDoH's *Quality Improvement Guide* (South Africa 2013c, 1), compliance with quality standards in health care is seen as a step towards a strengthened, effective health system that aims to improve health outcomes and ensure a better life for all South Africans. Former South African President Jacob Zuma, in his State of the Nation Address (SONA)

(South Africa 2014b), emphasised that compliance with quality standards would facilitate effective implementation of the NHI and subsequently reduce child and maternal mortality rates.

The above stated imperatives and milestones undertaken to encourage compliance with quality standards at HEs highlight the relevance of this study. The study aimed to explore how compliance with quality standards at PHC clinics in Ekurhuleni could be facilitated.

Problem Statement

Non-compliance with quality standards is deemed unacceptable by the South African National Health Amendment Act (No. 12 of 2013) (South Africa 2013b, 4). The researcher, as a manager for compliance with quality standards at PHC clinics in Ekurhuleni, had observed that these HEs were not complying with the quality standards, including the NCS. This pattern of non-compliance was evident in the outcomes of the monthly supervisory audits and the quarterly clinical programme in-depth reviews, as well as during NCS inspections. To respond to this non-compliance with quality standards, measures have been implemented at PHC clinics in Ekurhuleni to facilitate compliance. These include the distribution of policies, strategies, and guidelines such as the NDoH's *PHC Supervision Manual* (South Africa 2009), the *NCS for HEs in South Africa* (South Africa 2011b), the *Policy on Quality in Health Care for South Africa* (South Africa 2007a), and supporting policies and guidelines on clinical programmes.

Along with the distribution of the needed and relevant reference materials as mentioned above, management development training and quality improvement workshops and meetings were conducted, and continuous guidance, support, and mentoring were provided. Furthermore, the reports by district supervisors, clinical programme coordinators, and managers indicated that support visits were undertaken to these clinics and remediation measures were discussed to facilitate compliance with quality standards.

Despite the implementation of all the aforementioned interventions, the PHC clinics in Ekurhuleni continued to show non-compliance with quality standards. The persisting non-compliance with quality standards prompted an exploration on how compliance with quality standards at PHC clinics in Ekurhuleni could be facilitated, since it is a legislative imperative.

Methods

Design and Setting

A qualitative, exploratory, descriptive, and contextual research design was used to explore how compliance with quality standards at PHC clinics in Ekurhuleni could be facilitated.

Study Population

All the managers of the 82 PHC clinics in Ekurhuleni were invited to participate in the study. Purposive sampling was used to select suitable participants to yield optimal information regarding compliance with quality standards at PHC clinics in Ekurhuleni. The participants were required to have five or more years' experience working as a PHC clinic manager in Ekurhuleni; to have undergone quality standards audits, including the NCS; and to be willing to participate in the study. Eighteen suitable PHC clinic managers indicated willingness to participate in the study.

Ethical Considerations

The ethical principles of respect for persons/autonomy, beneficence, and justice were adhered to (Dhai and McQuoid-Mason 2011, 14–15). The study was approved by the research ethics committee of the University of Johannesburg (REC-01-151-2015). Permission to conduct the study with PHC clinic managers was sought from the Ekurhuleni Health District Research Committee (15/05/2015-3).

Post the approval of the study and prior to data collection, voluntary written informed consent was sought from the participants. The participants were informed that they had the right to withdraw from the study at any time without any consequences. The participants were duly informed that there were no envisaged risks associated with taking part in the study. Rather, the benefit of the study to the participants would be the description of recommendations to facilitate compliance with quality standards at PHC clinics in Ekurhuleni. The participants were treated fairly in that the same time period was allocate for each to express their views, so as to uphold the principle of justice.

Data Collection

The data were collected by means of in-depth semi-structured individual interviews. An experienced interviewer well versed in qualitative research conducted the interviews. The researcher, as the quality standards compliance officer, did not participate in the research, as this might have resulted in bias and the Hawthorne effect. The date and time for interviews were fixed (allowing 30–45 minutes per individual interview). However, the interviewer had to be flexible to ensure that participants were given adequate time to express their viewpoints on how compliance with quality standards at PHC clinics in Ekurhuleni could be facilitated. The venue for the interviews was prepared and communicated to the participants beforehand, and was agreed upon by all parties. The

participants were briefed by the interviewer prior to the actual interviews to build rapport. The in-depth semi-structured individual interviews were conducted until data saturation was reached with the 12th participant, at which point repetitive themes emerged and no new information was forthcoming from the participants.

The participants were asked the following question: "What can be done to facilitate compliance with quality standards at your clinic?" After consent was sought from the participants, their responses were recorded by using an audiotape recorder, and their data were transcribed verbatim.

Data Analysis

The data obtained from the 12 in-depth semi-structured individual interviews with PHC clinic managers in Ekurhuleni were analysed using Tesch's protocol of analysis of qualitative data (Tesch 1992, 117, cited by Creswell 2013, 198). This procedure for qualitative data analysis involves reading and rereading through the data to acquire a broad sense of the information and its overall meaning and then coding the data according to themes and sub-themes. The researcher and the independent coder met to agree upon the themes and sub-themes that emerged from the data analysis.

Results

In order for the participants to make suggestions with regard to facilitating compliance with quality standards, the interviews were commenced by participants sharing their views on the reasons for non-compliance with quality standards at PHC clinics in Ekurhuleni. These challenges were divided into two themes and their sub-themes, as listed below.

Theme 1: Challenges with Management Practices

1.1 Non-involvement of PHC clinic managers in decision-making by senior management

1.2 A lack of support from senior management

1.3 Poor internal communication practices.

Theme 2: Challenges with Required Resources

2.1 Human resource constraints:

2.1.1 A shortage of health workers and its effects

2.1.2 Poor knowledge and skills among health workers

2.2 Material resource constraints

2.3 Financial resource constraints.

Discussion of Findings

Based on the above themes and sub-themes, the participants made suggestions regarding what could be done to address the abovementioned challenges in order to facilitate compliance with quality standards at PHC clinics in Ekurhuleni. The participants' ideas were integrated with relevant literature to add richness and meaning (Creswell 2013, 29). However, for the purposes of this article, only the suggestions pertaining to Theme 2 (challenges with required resources as reasons for non-compliance with quality standards) and its sub-themes will be discussed.

Allocation of Adequate Human Resources to Address the Shortage of Health Workers and Its Effects

The ideas discussed here are the proposals that were made by the participants in relation to human resources constraints to facilitate compliance with quality standards at PHC clinics in Ekurhuleni. With regard to the shortage of health workers and its effects, the participants articulated a need for more staff in order to meet the required nurse–patient ratio at PHC clinics in Ekurhuleni through the creation of additional posts, the urgent filling of vacant posts, or the employment of part-time nurses. Participants said:

> I will appreciate it if I can be given more or enough staff in the clinical setting. (P12)

> Our managers know the staffing at our clinic, so they should employ more staff and increase our staff establishment, especially the PHC nurses, to enable an ideal nurse–patient ratio in order for us to comply with the quality standards. (P3)

> More funded posts with market-related and competitive salaries must be created to attract more PHC-trained nurses. (P6)

> The vacant nursing posts should be filled immediately and [we should] be given part-time nurses to close the gap while awaiting the filling of the vacant posts. (P4)

The World Health Organisation (WHO) (2010, 34) supports the provision of adequate staffing, as it is beneficial in increasing the quality of health services. This can be done by using the Workload Indicators of Staffing Need (WISN) method, as it is an ideal systematic method to determine how many health workers are required to cope with the workload of a given health facility (WHO 2010, 1). In South Africa, the NDoH's *Strategic Plan for Nurse Education, Training and Practice 2012/13–2016/17* (South Africa 2013d, 29) proposes that a combination of the population-based norms and the WISN approach be adopted to determine safe staffing norms and to promote effectiveness of care.

The need for adequate staffing at PHC clinics is further supported by the South African *Implementation Guideline of Health Workforce Normative Guides and Standards for Fixed PHC Facilities* (South Africa 2015, 19) and the *Human Resources for Health South Africa: HRH Strategy for the Health Sector: 2012/13–2016/17* (South Africa 2011a, 39). Staffing posts must be increased and vacant posts filled in order to attract more health professionals into the public health sector, based on productivity and workload (Matamane 2014, 17; South Africa 2011a, 39, 74; South Africa 2013d, 29). The human resources for health (HRH) normative guides for PHC clinics indicate that professional nurses working in fixed PHC clinics operating eight hours for five days a week should ideally have a 1:40 nurse–patient ratio. This evidence-based and rational approach to providing HRH is necessary for the efficient and equitable delivery of quality essential health services (South Africa 2015, 20). The researcher believes that senior management should employ more staff and increase the staff establishment to enable an ideal nurse–patient ratio to facilitate compliance with quality standards.

The provision of other categories of staff, such as cleaners (general workers), pharmacy staff, and nursing sub-categories to the PHC clinics was also suggested by the participants. This is evident in the following statement:

> We must be given an adequate number of general workers, because with enough general workers, compliance with the quality standards, such as cleanliness of the PHC clinics, is more likely to happen. (P3)

The National Health Services (NHS) in the United Kingdom (NHS 2010, 12) believes that cleanliness of any health care environment is important to support infection prevention and control and ensure patient confidence. A sufficient number of cleaners, who are essential in delivering and maintaining standards, must be provided and should always be available to improve the quality of the care environment (NHS 2010, 14). The researcher supports this proposal, since it is imperative that PHC clinics have the required staff to ensure cleanliness. Cleanliness of PHC clinics is addressed by Domain 7: Facilities and Infrastructure of the *NCS for HEs in South Africa* (South Africa 2011b, 43) and the Ideal Clinic (IC) Component 6: Support Services (South Africa 2016, 118), which stipulate the requirement of sufficient cleaners to ensure the cleanliness of buildings and grounds in order to maximise patient safety and deliver decent, safe, and quality care. Another participant said:

> I should be given more staff, including support personnel like the pharmacists or pharmacist assistants, in order to comply with quality standards. (P8)

The need for pharmacy personnel, as articulated by the participants, is supported by Oqua et al. (2013, 9), who report that in order to improve pharmacy practice throughout public health programmes, the employment of skilled and competent pharmacy personnel who can provide the required quality services is mandatory. The introduction of pharmacy assistants to clinics where the workload warrants it is imperative to

improve the quality of health care services (McQuide, Kolehmainen-Aitken, and Forster 2013, 9). Domain 3: Clinical Support Services in the *NCS for HEs in South Africa* (South Africa 2011b, 26) also provides an imperative for the provision of pharmacy personnel to enable PHC clinics to meet the pharmaceutical standards. Another participant said:

> If we can have more staff, especially the nursing sub-categories, i.e. enrolled nursing assistants, [they] will be able to assist with vital signs and minor procedures, leav[ing] difficult tasks to the professional nurses. (P4)

Mophosho (2015, 49) states that in order to reduce the effects of the shortage of health workers on professional nurses, increasing the number of enrolled nurses and/or nursing auxiliaries should be considered as a cost-effective way of reducing workloads in order to implement quality health care services at PHC clinics. The use of mid-level health workers, such as enrolled nurses and enrolled nursing assistants, plays an important role in PHC standards implementation, as it widens access and coverage and ensures service delivery in areas which are otherwise severely underserved and have high workloads.

It is evident from the discussions above that the participants are of the view that in order to facilitate compliance with quality standards at PHC clinics in Ekurhuleni, the challenge of staff shortages and its effects—which include high workloads, long patient waiting times, poor general cleanliness, and poor pharmacy practices—need to be addressed.

Provision of Skilled and Appropriately Trained Health Workers to Close Knowledge and Skills Gaps among Health Workers

Poor knowledge and skills among health workers as a human resource constraint were viewed by the participants as a reason for non-compliance with quality standards at PHC clinics in Ekurhuleni. The participants proposed various measures, such as training and development as well as skills assessments, to address any identified knowledge and skills gaps. This is evident in the following statements:

> I think the knowledge of staff should be assessed and staff should be trained to close any gaps identified with regard to understanding of the quality standards. (P1)

> Nurses should be empowered through skills training and development if it is expected of them to comply with the quality standards and in order [for them] to feel confident in whatever they are doing. (P5)

> Workshops and training on quality assurance must be conducted frequently for all the staff members and not only the clinic manager, so that everybody is on par with compliance with quality standards. (P5)

In support of the above, South Africa's NDoH (South Africa 2007a, 6; South Africa 2011b, 7), Adindu (2010, 33), and Islam et al. (2015, 2) suggest the implementation of human resources development and systems programmes for all types of health care workers at PHC clinic level. The aim is to improve health workers' knowledge and skills and to enable them to implement quality facility-based care and improve performance and productivity—that is, improved effectiveness, patient safety, and impact of services rendered (Adindu 2010, 33; Islam et al. 2015, 2, 6). Policy-makers and managers intending to improve the quality of health care services should operationalise staff development as a quality management construct (Mosadeghrad 2014, 85). Almalki, Fitzgerald, and Clark (2012, 10) and Esan and Fatusi (2014, 112) assert that the training and re-training of health workers through seminars and workshops should be conducted, and health workers must be enabled to attend such training.

The researcher believes that providing an enabling environment would ensure that health workers are afforded the opportunity to attend staff development programmes; that their knowledge and skills are developed, strengthened, and kept up to standard; and that quality care and compliance with quality standards are guaranteed.

Participants further suggested providing incentives to health workers as motivation in order to retain their knowledge and skills. This is evident in the following statements:

> Giving better or increased salaries to staff will facilitate compliance because the staff will remain in the service and therefore [we will] be able to retain their skills and experience. (P11)

> [The] introduction [of a] PHC specialty allowance, like in the other institutions, will motivate and retain staff. (P5)

> Giving health workers incentives or rewards, such as performance bonuses, will help us to retain them and their knowledge and skills. (P5)

> I think minor incentives can help to retain staff and their knowledge and skills. These include bringing back all the minor benefits that staff used to enjoy, like being able to sell leave days, having access to the pension money, and granting staff Christmas days. (P3)

The South African *HRH Strategy for the Health Sector 2012/13–2016/17* (South Africa 2011a, 39) recommends a financial incentive structure through Occupation Specific Dispensation (OSD) as a strategy to retain skilled and knowledgeable health professionals, especially in PHCs, to strengthen the re-engineered health system. The salary of nurses should increase commensurate with tasks performed (Almalki, Fitzgerald, and Clark 2012, 10). Mohale and Mulaudzi (2008, 64) and Islam et al. (2015, 6) support this study's findings and state that the promotion of professional practice incentives are strategies that should be implemented in PHC facilities to build

the morale of staff and retain their knowledge and skills, ensuring a higher standard of patient care.

The researcher believes that compliance with quality standards is dependent on health workers' knowledge and skills. Thus, appropriate measures should be implemented, such as a staff retention strategy inclusive of adequate benefits and incentives, in order to retain the knowledge and skills of health workers and to ensure quality patient care.

Provision of Adequate and Suitable Medical Supplies and Equipment

The other challenge which the participants alluded to were material resource constraints (sub-theme 2.2), which include inadequate medical supplies, equipment, and infrastructure.

The participants stated that adequate medical supplies and good quality equipment should be supplied and be maintained in order to facilitate compliance with quality standards at PHC clinics in Ekurhuleni. This is evident in the following statements:

> I think that management should supply us with adequate medical supplies that we request. (P5)
>
> I want to think that whenever the equipment reaches its maintenance period, this process should automatically be initiated by the management [that] provided us with it. (P12)
>
> Management should look at the equipment they are providing us with. Some of the equipment that we get is really not of good quality. (P12)

In the 2014/15 health budget speech, the Member of the Executive Council (MEC) for the GDoH stated that in order to ensure quality of health care services, maintenance of medical equipment is essential (South Africa 2014c). The supply of good quality medical equipment at PHC clinics should be ensured (South Africa 2014a, 13). The Ministry of Health of the Republic of South Sudan (South Sudan 2012, 21) stipulated that in order to improve the quality of health services, an enabling environment that ensures the availability of quality supplies, in the form of increased accessibility of safe medical supplies at PHC level, should be created. The researcher's view is that PHC clinic managers should be provided with adequate medical supplies and medical equipment that is maintained on a regular basis, in order to facilitate compliance with quality standards at PHC clinics in Ekurhuleni.

Another material resource constraint that needs to be addressed, according to the participants, is infrastructure. They said that the physical space and conditions of PHC clinics in Ekurhuleni must be improved and that maintenance of infrastructure must be executed to facilitate compliance with quality standards. This is evident in the following statements:

> Infrastructure must be improved in order to address all the problems and gaps thereof. (P12)
>
> I would like top management to motivate for a new, bigger clinic that will change the situation and be suitable for us to comply with the quality standards. (P1)
>
> Our facility must be maintained, because if one is in a good facility that is well maintained, with hot water being available and rooms that are nice and clean, compliance with the quality standards is likely to happen. (P3)

Lutge and Mbatha (2007, 4) and Kiguli et al. (2009, 84) assert that where infrastructure is poor and inadequate for the needs of the PHC clinic's catchment populations, it is important to plan infrastructure development and improvements to better meet the needs of populations served. Initiatives such as integrated infrastructure delivery, resulting in well-functioning and well-maintained facilities, would make the most substantial difference and must be implemented (Awases, Bezuidenhout, and Roos 2013, 5; Fryatt and Hunter 2015, 32).

The researcher believes that infrastructural challenges as a reason for non-compliance with quality standards are obstacles to the delivery of quality PHC services. Therefore, the necessary measures must be implemented to ensure adequate and well-maintained infrastructure, in order to facilitate compliance with quality standards at PHC clinics in Ekurhuleni.

Allocation of Sufficient Budgets for PHC Services

Financial resource constraints (sub-theme 2.3) was another challenge that the participants encountered and which they viewed as a reason for non-compliance with quality standards at PHC clinics in Ekurhuleni. The participants indicated that in order to comply with quality standards, they should be allocated an adequate budget with which to operate, obtain medical supplies and equipment, and maintain medical equipment and infrastructure. This is evident in the following quotations:

> Allocation of budget must be looked into to ensure that we are given sufficient budget to help us comply with the quality standards. (P5)
>
> I must be allocated enough operational budget to ensure that it accommodates all our needs and it is sufficient enough to obtain all the medical supplies. (P5)
>
> The allocated budget must be increased in order for us to be able to procure enough equipment and medical supplies, such as stationery, i.e. toner for printing; this would assist us to work better. (P4)
>
> I should be allocated additional budget to enable me to execute maintenance of clinic buildings and grounds and maintenance of the equipment. (P4)

Shikabi (2013, 122) and Madubula et al. (2014, 300) believe that the level of PHC clinic funding should be sufficient to enable the execution of daily operations. The delivery of quality health services in public health establishments can be improved through the effective allocation of financial resources for purchasing medical supplies and equipment (Wanjau, Muiruri, and Ayodo 2012, 119).

The South African *National Infrastructure Maintenance Strategy* (South Africa 2007b, 8) and Kiguli et al. (2009, 83) assert that health care facilities must be granted adequate funding for infrastructure maintenance in order to prevent further deterioration and improve the condition of infrastructure and equipment. This will enable sustainable health care service delivery (South Africa 2007b, 5). Senior health care managers must ensure that a budget needs assessment is carried out and that budget anomalies are investigated in order to ensure sufficient budgetary allocations for PHC clinics (South Africa 2016, 17).

The researcher supports what was articulated by the participants, namely that they should be allocated a sufficient budget to operate with, to obtain the necessary medical supplies, and to maintain medical equipment and infrastructure. This will facilitate compliance with quality standards at PHC clinics in Ekurhuleni.

Limitations

The results of this study are not transferable, as the study was contextual in nature. Furthermore, Ekurhuleni has 82 PHC clinics and the GDoH manages only two of them, while the local government oversees the rest. The managers of the GDoH clinics could not make themselves available for data collection, and these clinics are subject to different resource challenges. Therefore, the results of the study cannot be generalised to the entire district.

This study offers important findings; however, the study employed a qualitative research approach, using only managers and no other health care workers in a PHC clinic. Therefore, only qualitative data that are not multifaceted and that represent only the managers' views regarding non-compliance with quality standards could be obtained.

Recommendations

The findings of the study informed the following recommendations, which can be applied in nursing practice, nursing education, and future research.

Recommendations for Nursing Practice

The existing human resources policies should be reviewed and strengthened to inform better staffing norms for PHC clinics in Ekurhuleni and to provide strategies for the retention of qualified and skilled personnel. Quality-related aspects should be incorporated as a fixed agenda point for top management meetings, including budget meetings, in order to identify strategies which can be implemented to facilitate compliance with quality standards.

Recommendations for Nursing Education

The described recommendations aimed at facilitating compliance with quality standards should be integrated into the curriculum for the training of nurse managers, to ensure the implementation of effective resource allocation.

Recommendations for Future Nursing Research

Further studies should elicit the perspectives of other health care workers—cleaners, nursing sub-categories, and others—on how compliance with quality standards at PHC clinics, which is a team effort, can be facilitated.

Conclusion

The proposed recommendations to facilitate compliance with quality standards at PHC clinics in Ekurhuleni were presented as the findings of this study. These results should be embraced by senior management teams in Ekurhuleni to facilitate compliance with quality standards at PHC clinics.

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