The Integration of Primary Health Care Services Within Bophirima District, North-West Province: Towards A Change Management Approach

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Abstract: South African post-apartheid health policy drove the transformation of the national health system to address the systemic challenges of inefficiency, fragmentation and inequity through the establishment of District Health System (DHS) in 1995. In 2002, the Ministerial-Member of Executive Council for Health (MinMEC) designed the policy of integration to ensure full implementation of DHS through the creation of a single authority for health services, particularly personal primary health care services. The article describes senior health care leaders’ approach to managing integration of primary health care services in Bophirima Health District, a rural district of the North-West province between 2008 and 2010. The objective of this study was to describe the senior health care leaders’ change management of Primary Health Care PHC services integration in the Bophirima District, North-West. Qualitative interviews were conducted with five participants, purposively selected and a modified Giorgi’s data analysis was used. Permission was obtained from the University of South Africa and individual participants. The study found a visionary district leadership structure constituted a change management platform to drive the integration process. Integration is a global occurrence to improve organisational effectiveness, yet the management of an integration process demands a certain degree of change management approach.

Keywords: South Africa, health policy, integration, Primary Health Care, change management, leadership.

I. Introduction

The dynamic nature of policy change and implementation has been a characteristic of protracted contestation between the different organisations and spheres of governments in South Africa and elsewhere [1], [2],[3]. The contestation was more evident in the integration of services [4]. South Africa has also considered integration as an important step in the establishment of District Health System (DHS) and perceived it as the need for a structured operation and collaboration between provincial and local government health authorities. The purpose of such a structure was to reduce fragmentation and duplication, enhance integrated service provision and increase efficiency and quality of primary health care [5]. [6] further emphasised that the integration would take place in the absence of legal, financial and administrative integrated governance and management structures. This means that both the local and provincial spheres of government would need to create informal structures to manage the integration process. The essence of integration is that it creates a deliberate need for different spheres of government to work together to resolve common challenges that confront the delivery of a unified system of healthcare. In the context of South Africa, integration entails cooperation between the spheres of both the provincial and local governments. Integration also meant that the management and organisation of health services in a district would fall under a competent local authority or provincial authority.

Limited studies have been conducted on the integration of PHC services in South Africa. The investigation into the change management for integration of PHC was important because it underlined the degree of access to services at a local level and dynamic nature of cooperative governance in South Africa [7]. The delivery of PHC services was defined to be comprehensive and integrated in orientation and practice to allow effectiveness and efficiency. This article aims to describe the change management of integration of PHC services at Bophirima District, a rural district of the North-West province.
II. Literature Review

The concept of integration of services, organisations, programmes and practices transcend global divides. It is a phenomenon that has attracted attention in both the developed and developing worlds. It is a phenomenon of concern in the United States, the United Kingdom, France, Germany and South Africa in the early 1990s, as an aspect of health sector transformation [3],[9]. Integration is widely viewed as desirable mechanism to harness cooperation among different organisations to improve efficiency and effectiveness that requires careful thought and planning as it implicates change and uncertainty. The practice of integration and its effectiveness has been utilised in different sectors such as health and social services, involving mental health, services for older people, general medical practice and the delivery of primary care [3].

As a concept, integration holds different meanings for different people. According to [7], integration is understood as the bringing together of different functions and activities within and between organisations to address common problems and to meet shared objectives. [8] further regards integration as the provision of all the components of comprehensive health care: preventive, promotive, curative, rehabilitative and palliative. Integration is understood from two perspectives, structural and functional integration. Structural integration brings authority over service components and resources, whereas functional integration concerns the actual delivery of services). According to [8] integration concerns getting people from different authorities to work together to achieve rationalisation, sharing resources, eliminating duplication and improving efficiency. Integration brings into being a paradigm shift from an emphasis on one’s own health authority to all the collective authorities.

Gofin and Gofin, [7] indicate that where fragmentation and unco-ordination of services and effort occur, the quality of health care is affected and is manifested by duplication of services, waste of resources, lack of communication amongst various professionals and increase health status gaps among groups within the community. [9] further show that duplication of services, such as laboratory test, may pose additional burdens for the individual patient, family and health system in the form of transaction costs.

III. Methods

A research design is the researcher’s plan of how to proceed in the research [10], and is employed to guide the undertaking of a research study [11]. The study followed a qualitative and descriptive approach.

The sampling process involves the selection of a portion of the population to represent the entire population [12]. A non-probability sampling technique was used and five participants were purposively selected on the grounds of existing knowledge and their lived experiences of integration of PHC services. As [11] noted, purposive sampling is concerned with the “hand-picking” of individuals by the researcher, based on certain predefined criteria. The research participants were relevant to the topic and possess specific information about which the researcher has sufficient knowledge in on the integration of Primary Health Care services in their district municipality. These participants had attended several fora where integration of PHC services were discussed and managed.

Face to-face interviews were the main data collection method with five participants and to uncover the participants’ understanding and perspectives of integration of PHC services. It is particularly useful in exploring social phenomena, or as a tool to “gather descriptive data in the subject’s own words so that the researcher can develop insights into how subjects interpret some piece of the world” [12].

The study followed the modified six-step Giorgi method of analysis [12] These are the transcribing process; reading the entire transcription; the determination of meaning unit; the articulation and transformation of meaning units into psychological expression; and the synthesis of all transformed meaning units. Another important aspect of qualitative data analysis that was added to the Giorgi method was data reduction [13].

The study applied the work of Guba and Lincoln in 1985 to address the requirements for trustworthiness, namely, credibility, transferability, dependability and conformability to ensure confidence in the results, and these were employed to enhance the trustworthiness of this study [14].

The research was approved by the Departmental Research Committee of the Department of Health in Northwest Province to conduct this study and by the Department of Health Studies at the University of South Africa and approved by the Ethics Research Committee. The criteria of confidentiality, informed consent, privacy and anonymity of the participants were discussed and agreed with participants and no participants was harmed during the data collection process[10], [15], [11].

IV. Results

The following themes emerged from the study, namely: visionary and responsible leadership, institutional arrangements such as memorandum of understanding (MoU), securing and assuring partnership, understanding change, and communication.

Visionary and responsible leadership

This research found that the integration of PHC services was a significant step towards the full implementation of the DHS in South Africa and the district municipality of Bophirima and further showed how responsible
and responsive was leadership at district towards the provision of adequate health services. The leadership at district municipality level, represented by the Executive Mayor and his mayoral council, showed responsible leadership to the extent that integration of PHCs would be managed in a manner that does not negatively affect the character of health services and the livelihood of employees, particularly professional nurses from the district municipality. The participants described the circumstances that warranted an engagement the leadership of the provincial department of health as follows:

“We appreciated because we had been to the MEC to say: “Look, the services given to our people especially in the rural areas are not adequate. There are infrequent visits of nurses, of doctors and even of ambulances”.

“...provided for in the local authority or local government, because they were providing some sort of a mini type of primary health care that were personal health services and non-personal health services, not a comprehensive...

“Ok, firstly I think people feared they thought that they will lose some benefit. People feared ...their years of service they are going to disappear and so on. Pension is not affected and it was transferred. There are people who actually resigned and said “I take my pension” and invest it somewhere else.

The above scenario showed that the district leadership acknowledged that there were concerns about the nature of integration of PHC services and the consequences of integration for municipal employees, who were to be transferred to the provincial department of health at health district level. The leadership was concerned about the quality and comprehensive nature of PHC services offered at municipal level and engaged the MEC for Health to open discussions about the manner in which the situation could be improved. It is evident that conditions of services were also central to the district leadership as these were the livelihood of employees. The problems included the remuneration structure, hours of operation, pensions, and work during public holidays, as people move from the employment of the district municipality to that of the provincial department of health.

Institutional Mechanisms
This study found that, in order to facilitate the process of integration, political leadership at provincial and district levels developed an institutional mechanism, called a Memorandum of Understanding (MoU), to manage the integration process.

“I think that was the process where for the ...how can I put it....according to this process we need to work together, working together. The municipality and the Department, it means, for example, may be, if I put it the way I want to explain it. There was an issue where we have to deal with duplication of appointing managers, for instance, there are processes in section 57 in the municipality, but were on the side of municipality in health, we had an arrangement not to hire managers from the municipality,...

It is evident from the above narrative that common understanding was crucial to ensure that the integration process is well managed. The amalgamation of different organisations, with different organisational structures, systems and value orientations has the propensity to affect individuals in those organisations. The process can also impact on the manner in which health services are rendered and on how quality standards of health care are maintained. The institutional mechanisms such as the MOU require that these differences between organisations are explained and managed.

Securing and Assuring Partnership
The study revealed that participants strongly emphasised the importance of a partnership between the provincial department of health and the district municipality as an approach to managing the integration process. This partnership was strengthened by the appointment of one regional director in the Dr Ruth Mompatri/Bophirima District. The regional director was responsible for all health services in the district, which meant that there was one single management structure for health services for PHC services, district hospitals services and municipal health services. The following narrative captures the feelings of the participants with regard to securing and assuring partnership:

...As I’ve indicated secondly it also became clear at least in my mind about the recipient institution – in this case the Bophirima district municipality - in the person of the mayor and other health managers they were willing to accept partnership with our health district to accept the services.

...I will be really be referring to the district municipality and our own health district, because it was a partnership.

...I think of all our health districts, partnerships between the department and the municipality was stronger in Bophirima...

...I think that was the process where for the ....how can I put it....according to this process we need to work together, working together....the municipality and the Department...

The above quotes suggest that working together, as a form of partnership, the district municipality and the department of health could alleviate unnecessary delays and interruptions in the provision of health services. Although participants expressed the integration process was a challenge, both organisations chose the path of partnership to ensure that health service provision was harmonised through a single leadership structure. This singleness of leadership structure was important to drive a single and unifying agenda for change and health service delivery during that change process.

Understanding Change
Understanding the dynamics and the nature of change, and its potential effects, was noted as being the most important aspect in the integration of PHC services. Change is endemic and unavoidable in organisations, so it
is important to understand how it affects organisations and individuals. The importance of understanding change through interaction with appropriate structures is described in the narratives:

“The manager who is the manager at the department will come to our municipality and maybe on the portfolio committee meeting which is held on a monthly basis, discuss and then the issues around portfolio committee discuss matters dealing with health and advise us accordingly so that is why there was a memorandum of understanding between department of health and district municipality.’

The above comment emphasises that the management of change needs to be sensitive to the dynamics of change and it requires the flexing of the senior manager’s muscles at times, and acquiescence at others, in order to navigate around the collusion of power. Consistent interaction between the two organisations was imperative and institutional arrangements such the portfolio committee, where managers and politicians met to discuss the transition and movement of people from district municipality to provincial department of health were important part of the management of change.

Communicating Change

The research further revealed that communication during change is as critical as understanding the need for change. The ability to communicate effectively is a requirement for any change process. One participant described how the provincial health managers would attend monthly meetings the district municipality:

“The manager who is the manager at the department will come to our municipality and maybe on the portfolio committee which is held on monthly basis, discuss and then the issues around portfolio committee discuss matters dealing with health and advise us on matters dealing with health so that is why, example that I gave, it means that there was a memorandum of understanding between department and us…”

The above comment indicates that communication is regarded by participants as a vehicle to transport change processes. When changes are communicated, it becomes easier for people to understand and accept rationale for such change, thus identifying with it. The emphasis on the participation of district participants further strengthens the need for communication during change. The portfolio committee also served as important communication mechanism for both organisations at the highest level of governance within the district.

V. Discussion

The integration of health services in South Africa is an important step towards bringing services under one sphere of government, be a local or provincial sphere. The over-arching intention was improve efficiency, equity, comprehensiveness and access. Integration is considered a viable option in harnessing resources mobilization by reducing fragmentation, duplication and waste. Although it is a critical process of change, the management of integration also needs understand the implications of a change process on organisations and individuals. Studies in the UK found that multi-disciplinary teams scored highly than single discipline teams and appeared to offer a ‘better’ quality of care to people with dementia [15]. This finding demonstrated the desirability of the integrated health service provision and its potential claim to improve quality of care.

Although it is considered important, as a process of change, the management of integration also needs to be perceived as such. There is recognition the change is an ongoing natural process and leaders are required to be role models and change agents for organisations to meet their intended objectives. According to [16] responsible leaders are accountable for their action and commitment and that they are able to earn the trust of their followers in the articulation of the objectives of change. The sense of immediacy and concern shown by the leadership of the Bophirima District Municipality to engage the provincial leadership of North-West province to consider integration of municipal-led health services to address access and coverage was an indication of a responsible leadership for change.

Communication, amongst different stakeholders, was cited as an important indicator. To ensure success of the integration of PHC services, different models and institutional mechanisms were constituted to improve communication and engender trust. This included memorandum of understanding [17] and meetings at portfolio committees. [18] had also observed that the absence of effective communication generates rumours and resistance. The development and implementation of an institutional framework to drive integration of PHC services intensified the communication process. [1], [19] explain the role of institution in building confidence into the change process and emphasise the sharing of information on the individual and institutional rewards and expectations.

VI. Conclusion

The design of new policy innovations implicates the changing nature of organisations and their effectiveness. To ensure organisational effectiveness, the management of change requires deliberate action and leadership to engender ownership for the change process across stakeholders. The success of the change process depends in part the need to communicate the change within evolving institutional arrangements.

References
