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# Upholding Constitutional Values and Principles for Enhanced Health Services at A Selected Hospital in the Eastern Cape Province, South Africa

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Abstract

*This article assesses the Implementation of constitutional values and principles in one of the most important service sectors (Public Health) in South Africa, which is a basic human and democratic right of all citizens. The government has the mandate to ensure that public healthcare is well-equipped to deliver this imperative human need. The focus will be limited to six selected principles and values: promoting professional ethics; efficient, effective, and economical use of resources; equity and fairness; transparency; response to the people's needs; and good human resources. In 1994, the public service system in South Africa moved from the apartheid system to a democratic system. The democratic system encourages good governance through constitutional values and principles and adherence to service standards. Literature reveals that leadership is one of the fundamental factors that create a conducive environment for implementing the intended values in an institution. Through the social justice and ethical leadership theories selected, the study assesses the extent to which the selected constitutional values and principles are being implemented at the public hospital in the Eastern Cape, South Africa. The study utilises a mixed-methods approach, with a case study design. The findings reveal that implementing constitutional values and principles is partial and unsatisfactory, that there are unethical leadership practices, and that there is a lack of career development programs. This paper recommends workshops on constitutional values and principles, public service code of conduct adherence, social justice promotion, and ethical leadership training. Consequence management and disciplinary action must be implemented against those who are found to have violated constitutional values and principles. The paper further recommends that when the Act of misconduct involves corruption, the perpetrators should be reported to the police as required by the Prevention and Combating of Corrupt Activities Act 12 of 2004.*

**Keywords:** Access, Code of conduct, Constitutional values and principles, public health services, social inclusion.

## I. Background

In 2021, the Public Service Commission (PSC) identified problems at Cecilia Makiwane Hospital (CMH). The findings of the PSC revealed a lack of maintenance to the existing infrastructure; broken windows; walls peeling off; exposed electrical wire; psychiatric patients lying on the floor; shortage of beds and chairs; cameras not working, mainly in the psychiatric ward, and files were found lying around unattended. The Eastern Cape Department of Health Annual Report (2020/2021) further reveals that the province's regional hospitals are understaffed and underfunded. Also, regional hospitals are still challenged with inadequate patient records management due to infrastructural constraints and human resources (ECDoE, Vote 3, 2021).

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The RSA (1996) Constitution (hereinafter, the Constitution) provides that the Department of Health must render quality health services to everyone. To fulfil the abovementioned mandate, the Department has established three categories of hospitals. There are level one (district) hospitals, level two (regional) hospitals, and level three (tertiary) hospitals. Cecilia Makiwane Hospital is at level two and is a regional hospital. It is located in one of the central regions of South Africa in Mdantsane Township. It falls under Buffalo City Metro Municipality within the Eastern Cape (Ncana, 2010). The hospital was named after the first Black nurse in South Africa, "Cecilia Makiwane," and serves a population of 2.8 million people. It has 750 beds and 120 district hospitals that only refer their patients for the special services offered at regional hospitals. Services offered include treatment of psychiatric patients, antiretroviral treatment services, emergency services, gynaecology services, maternity services, medical services, out-patient services, operating theatre services, trauma and counselling services, and X-ray services, among others" (Eastern Cape Department of Health, 2018).

The abovementioned services must be provided according to the constitutional values and principles in Chapter 10 of the Constitution. Despite the aforementioned legal obligations, the annual Report for the Eastern Cape Department of Health for 2019/20 revealed that a lack of leadership commitment in CMH has led to the following administrative challenges: Financial statements show a fruitless and uneconomical expenditure of R 34.7 million; officials who have private business interests did not declare these as required by Treasury Regulations, and consequently, their businesses were awarded business contracts, and this resulted in a conflict of interest; the Department has repetitive audit findings because they do not implement resolutions and recommendations from the PSC; the Department is not complying with legislation and has inadequate financial management and performance management systems. (Eastern Cape Department of Health, 2020).

Against this background, the aim of this paper is to assess the extent to which the constitutional values and principles are being implemented in CMH. Also, it seeks to assess leadership values and verify their alignment with CPVs. It argues that the key to implementing constitutional values starts with leadership values. Therefore, the researcher recommends measures and strategies that the CMH leadership can implement to promote the Implementation of the CPVs in the hospital.

This study was triggered by the problems identified by the PSC (Public Service Commission) in 2021; the PSC determined problems at Cecilia Makiwane Hospital (CMH). The major problem was that the hospital was one of the hospitals that had total disrepair. Oxford Dictionary defines disrepair as a poor, neglected structure condition that must be fixed. They found old infrastructure, lack of maintenance to the existing infrastructure; broken windows; walls peeling off; exposed electrical wire; psychiatric patients lying on the floor; shortage of beds and chairs; cameras not working, mainly in the psychiatric ward, and files were found lying around unattended at CMH. In addition to the above, the literature review revealed that previous studies rarely focus on implementing constitutional values and principles, particularly in public health hospitals. Hence, the paper assesses the implementation of constitutional values and principles in CMH.

In order to achieve the main aim of the study, the following research objectives were formulated and formed its basis:

- To assess the leadership values at Cecilia Makiwane Hospital and determine their alignment with section 195 of the Constitution.
- To determine the extent to which the Constitutional values and principles have been implemented in CMH.
- To recommend measures and strategies that can be implemented to promote the successful implementation of CVPs in Cecilia Makiwane Hospital

## II. Literature Review

This section focuses on the conceptualisation of the selected constitutional values and principles governing public administration in the context of health. An overview of the challenges facing the public healthcare system will also be discussed. The last part of this section discusses the theoretical framework to enhance the Implementation of constitutional values and principles.

*Conceptualisation of the selected constitutional values and principles governing public administration*

*High standard of professional ethics*

Professional ethics demonstrates the ethical values that every leader should have: honesty, integrity, responsibility, Efficiency, transparency and accountability (Buye, 2021). According to Gwanzura (2012), professional ethics means applying moral norms or standards that help individuals and teams distinguish right from wrong. It is a fundamental principle based on what people should do right and avoid wrong. Bouville (2017) states that professionals promote professional ethics that contribute to all employees' general welfare and health and safety. According to Zarani et al. (2020), professional ethics specifies values that must guide everyday work life and be aligned with institutional values. According to Wheeler and Bertram (2019), professional ethics must be linked to the current era and legislation. Moreover, the practical significance of professional ethics can be confirmed by ensuring high-quality service to hospital consumers.

*Efficient, effective and economic (EEE) use of resources*

Frederickson et al. (2018) state that *efficiency* is one of the three public administration perspectives that was found in the theories of public administration by Kafman (1969), Rosenbloom (1983) and Boverns (2007) (in Kettle, 2015). These perspectives are efficient democratic and legal-rational approaches, which form a conceptual performance framework. Their studies clearly explain efficiency as a tool to measure aspects of programme outputs by matching actual output to desired output (benefits) (Ingrams, 2017). According to Heidelberg (2017), Woodrow Wilson introduced the business-minded administration approach which emphasised public administration efficiency. In 2007, Taylor stated that public administration scholars almost universally hold efficiency a vital part of governance performance. However, it is not widely accepted in all areas of public administration. Denhardt and Denhardt (2015) argue that efficiency in equal access and civil rights is compromised in public administration. According to West (2016), efficiency is associated with bureaucracy because bureaucratic systems structure public services and provide rational and efficient structures. Turkel and Turkel (2016) state that efficiency is pursuing multiple values-based goals in a democratic system. Roseman et al. (2016) maintain that using resources should prioritise the hospital's medical urgency.

On the other hand, effectiveness means producing outcomes per expectations (Khajeh, 2018). According to Castelli (2016), an organisation, whether public or private, should continuously improve its products to meet the needs of customers through the following elements: make use of human resources; focus on education and growth; keep customers in mind; work on quality service or product; use of technology; processes, systems and policies; removing bureaucracy and lowering the regulatory burden through client focus and regulatory burden decrease. Therefore, support technology for public administration is needed as well as analysis of processes; improving public administration services; improving the accessibility of public services; building and strengthening institutional capabilities; implementation of quality management systems and education of employees.

In addition to the above, Ngobeni et al. (2020) assert that economics is concerned with minimising the cost of resources such as employees, materials and equipment used for any activity

to pursue objectives. Public hospitals are faced with a scarcity of resources. Venn and Strazdins (2017) define scarcity of resources as the gap between what is at hand and the need. Schmidthuber et al. (2019) state that public hospitals aim to satisfy the citizens' needs, and they employ skilled experts to manage scarce and limited resources to accomplish the goals set by public policy. The South African government departments are obliged to promote the prudent and responsible use of public resources because of the lack of improvement in many government departments. The audit reports show that a lot of work remains to be done to improve the performance of public financial management in government institutions to maximise the use of resources. The Corruption Perception Index shows a setback in perceptions of public finance (South Africa, 2021). From district to tertiary hospitals, the Department of Health must account for and align with the effective, efficient and economical use of resources (Republic of South Africa, 2017).

*Equitable, impartial, and fair distribution of services*

Sparling (2018) maintains that implementing constitutional values and principles requires institutions that depend on impartial administration. Public institutions' challenges towards impartiality are ongoing self-interest, ignoring corruption and perpetuating injustice. When the hospital ignores impartiality rules, it opens doors to nepotism and related practices. Impartiality relates to human decision-making across various domains such as choices about actions, associations, or living conditions and becomes especially critical within the health sector. In this context, humanity entails ensuring that health-related decisions prioritise the preservation of life and alleviation of human suffering. The right to health, as a fundamental human right, obligates that every individual be granted access to the highest attainable standard of health (Quack, 2018). The Life Esidimeni tragedy exemplifies a profound violation of this right, where systemic failures in public healthcare delivery resulted in the suffering and death of vulnerable psychiatric patients, highlighting a blatant disregard for the dignity and rights of service users (Makgoba, 2017).

A hospital is a service that affects all segments of the society irrespective of sex, race, language, religion, class, or group (Usyal and Metin 2018). An organisation needs to determine what is fair and proper for the employees. The structural and procedural arrangements should be made to meet the expectations of contemporary impartiality in terms of organisational perspectives to discuss the impartiality expectations of employees in the utility sector. Chapter 10, section 195 (1)(d) of the RSA Constitution (1996) states that services must be provided with equity (Grube and Howard, 2016) and concur that public servants have lost sight of the importance of maintaining a boundary line between political and public service values. The authors further state that institutions are faced with environmental conditions and individual actors who are mainly driven by conceptions of self-interest. Public servants behave to protect their careers, individually exploring the new political conditions for their gain at the expense of impartiality. The next aspect is the fairness of service provision. According to the Merriam–Webster dictionary, *fair* means being free from interest and favouritism. It means being honest and impartial (Merriam-Webster, 2019).

Equity is closely related to fairness and means justice in how people are treated. Braveman et al. (2016) define equity as the absence of remedial differences within the treatment of a particular group of people. It is when the treatment of people is based on social, economic and justice principles. The government has a responsibility to ensure equity for its citizens. Equity can be achieved through accountability, transparency and ethical leadership. Unfortunately, inequality in this democratic era still exists, especially between urban and rural areas. Service delivery is not equal. The public resources are allocated as per the population and geographical distribution.

In contrast, according to Manzer (2021), public resources are meant to be distributed as per the needs of each community, whether rural or urban. In in-hospital services, equity means social justice, meaning no one should be denied the possibility of being healthy. Whether the person belongs to a particular group historically disadvantaged, economically or socially, he should receive services equally. Braveman et al. (2016) claim that pursuing health equity is striving for the highest possible standard of health for all people and giving special attention to the needs of those

in poor health based on social conditions. It is stated by Strong et al. (2018) that the concept of equity is an ethical principle closely related to human rights. It emphasises the rights of all humans to experience good service and the government's responsibility to provide equal opportunities to all the people. Zhang et al. (2016) argue that the world faces consistent inequalities in service delivery. There is evidence of disparities, even though equity is one of service provision's most valued aspects.

*Accountability*

The concept of accountability originates from the Latin root meaning "to account" and has evolved into a key measure of leadership performance, encompassing both successes and failures (Loozekoot & Dijkstra, 2017). In the public sector, accountability serves as a systematic mechanism through which citizens can evaluate and hold service providers answerable for actions that either uphold or violate public trust (Dekker, 2016). Effective leaders are thus characterised by accountability, transparency and responsiveness to societal needs which, in turn, fosters public respect. Conversely, the absence of accountability within institutions often leads to the abuse of power, corruption and authoritarian governance. While accountability is essential, Dekker (2016) notes that it can present significant challenges for managers who may perceive it as burdensome. From an operational perspective, accountability can be understood as a formalised system that compels hospital managers and directors to justify and take responsibility for their decisions and conduct (Rossouw, 2019).

According to Schillemans and Bovens (2019), managers and directors avoid punishment through presentational, policy, or agency strategies to avoid the 'blame game' and lack of accountability. In public hospitals, responsibility is critical for effective performance. Elected and appointed leaders must show that they perform to their best. The main objective is to ensure public money is spent wisely and effectively. The money spent should show minimum wastage or theft, but a maximum benefit. Behaviour of the managers and directors within the Department affect the delivery of public service; hence, they have to differentiate between good and bad behaviour. They must behave ethically which builds trust with the hospital consumers. Managers' accountability allows them to ensure that the needs of the consumers are well recognised, acknowledged and understood by employees.

However, some factors inhibit accountability: citizens' ignorance, corruption and under-productivity. A hospital should appreciate the value of responsibility by promoting trustworthiness, dutifulness, orientation to be, clarity of expression, and commitment to improvement. There are four mechanisms of accountability: annual reports, performance management, developing systems and the Public Service Commission. Annual reports are important for building confidence with stakeholders, consumers and employees. It means that information about everything in an organisation is available to everyone. It contains historical overviews, financial information, performance overviews, prospects of leaders and managers, working conditions, new developments and interventions. For example, an annual report is important in communicating and publishing information that helps consumers (Zhang, Yang and Zheng 2018). According to Aij and Teunisses (2017), accountability is one of the principles that measures the success and failures of leaders. The lack of accountability in an institution could result in abuse of power, corruption, under productivity and ignorance of citizens.

*Transparency and accessibility*

According to Misra (2016), transparency is public access to timely, accurate and reliable information. It is a process whereby an institution reveals information about its operations, procedures and decision-making processes. The transparency principle could be implemented easily by making information accessible to citizens and stakeholders (Da Cruz et al., 2015). Transparency helps citizens understand public hospital activities such as budgets and policies, and

have full access to the information that allows them to hold the hospital accountable (Braga, et al., 2021).

Historically, South Africa established a democratic government system on 27 April 1994. It introduced transparency systems that enable accountability and reduce the abuse of power and human rights violations. It has led the public service of the country to an Act of 2000, the (PAIA) Promotion of Access to Information Act of 2000 (Republic of South Africa, 2000). According to the RSA Constitution, everyone has access to any information the State holds. The Bill of Rights (Republic of South Africa, 1996) states that any information held by any person has the right of access when that information is required to exercise or protect rights. Access to information is accepted as a fundamental right protected by the national Constitution in democratic countries (Apakhayev et al., 2017). For example, the democratic Constitution of South Africa promotes a society where the people have practical access to information that enables them to exercise and protect their rights more fully.

*Public participation and responsiveness to people's needs*

In the context of public administration, it is important to gather knowledge of consumers' demands and analyse consumer behaviour to be able to respond to the needs of the people. Hence, participation of the consumers is still regarded as one of the fundamental principles that could enable the public hospitals to function maximally (Louw, 2015). Public hospitals require development based on understanding the needs of public consumers. Each commitment met by hospital officials brings responsive governance closer to the people (McLaverty, 2017). Farmer et al., (2018) state that public participation has a critical role in response to the needs of the people. A range might inform the input from the public of influences such as previous experiences of participation, initiatives of using services, personal beliefs, values, hearsay and media reports.

Involving wider public participation might be the most helpful strategy for policymaking in response to the needs of the people. Public participation increases legitimacy and policy implementation (Farmer et al., 2018). Protecting and improving the health of citizens requires cooperation. The cooperation between the community and hospitals creates transparency and accountability for policymaking decisions and provides evidence of outcomes. The evidence demonstrates the impacts of health policies on the population (Broeder, 2017). The citizens are supposed to take charge of their well-being and the well-being of their people. Secondly, transparency is needed to allow consumers to understand what is possible to meet their needs. Public hospitals must be inclusive and embrace the hospital consumers they serve. On the other hand, public participation is a process through which people can become actively and genuinely involved in formulating and implementing decisions about factors that affect their lives when developing and delivering services (Broeder, 2017). Therefore, hospital consumers must be educated about public participation to encourage them to participate in service delivery decision-making. Public participation prevents pointless delays based on fears and fantasies.

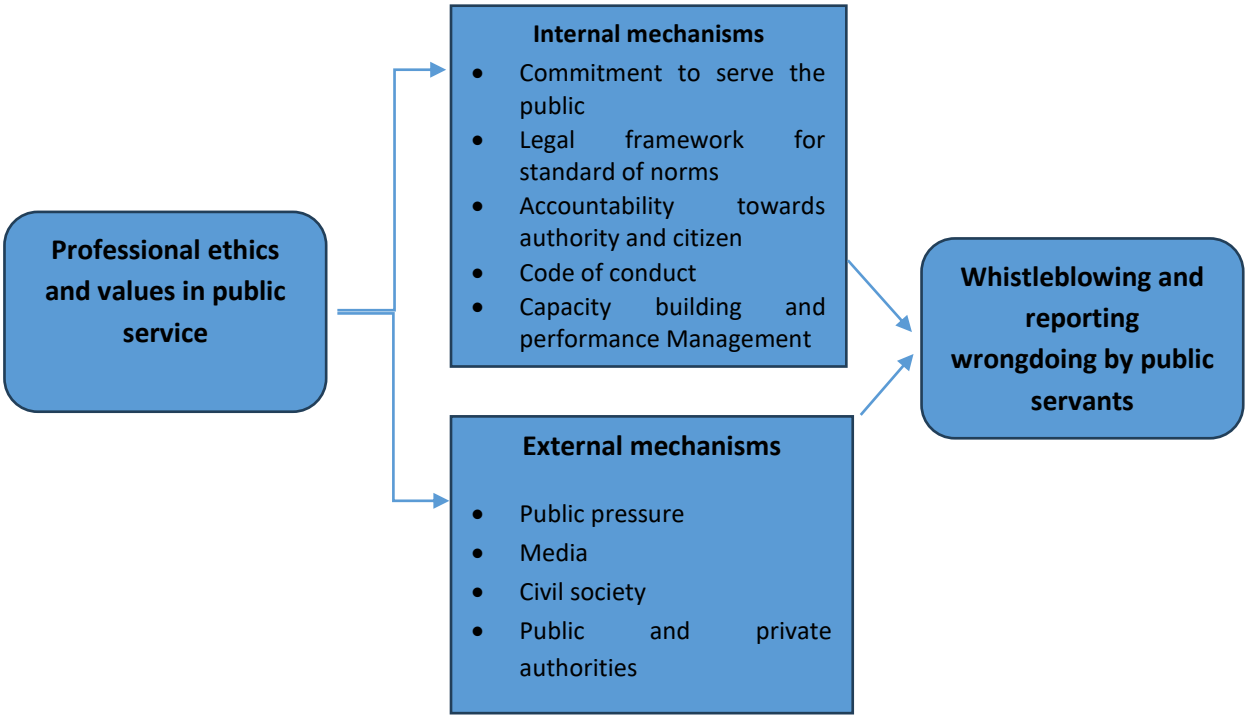
*Human resource management and career development practices*

Human resource management is a strategic and coherent approach to the organisation's most valued assets, and it involves recruitment and selection procedures and human development. According to Plomp et al. (2016), human resource development depends on the hospital's workforce, which is key to sustaining effective and innovative development. The human resource development function is responsible for designing jobs for employees that enable human potential, well-being, motivation and improvement in job performance. However, employees must proactively accommodate the environmental changes that affect their job design to improve performance. Employee proactivity refers to the benefits of job outcomes, job satisfaction, work engagement, and organised commitment. Proactivity at a career level refers to the training and development of career competencies. Plomp et al. (2016) argue that proactivity starts from an individual's level, where the individual is favourably disposed to take the initiative for self-

development. A career is defined as the sequence of individual work experiences over time, including skills, knowledge and abilities associated with the performance of an individual within an organisation. Tews et al. (2017) state that career development is intrinsic to the success of the human resource function. Therefore, human resource managers must maximise their employees' human potential through training and development to improve individual and organisational performance (Khan et al.,2019). *A conceptual framework for constitutional values and principles*

For any public service to thrive and fulfil its constitutional mandate, the core values and principles enshrined in the Constitution need to be at the centre of the everyday generic functions and operations of the public administration. This section proposes a multi-dimensional framework aimed at ensuring these values and principles are upheld.

Figure 1: Constitutional values and principles framework: as adapted from Chowdhury et al 2020.




Professional ethics and values are touted as fundamental in public service, purportedly safeguarding the integrity, accountability and efficacy of governmental bodies (Goss, 1996). Internal mechanisms, operating within governmental structures themselves, juxtaposed with external mechanisms involving entities such as media, civil society groups and oversight bodies, are deemed indispensable for preserving these professional standards. Internally, mechanisms like codes of conduct, ethics training, whistleblower protection and internal audits ostensibly equip employees with the requisite knowledge and tools to navigate ethical dilemmas, report wrongdoing and enforce accountability within their organisations. Externally, mechanisms act as checks and balances on governmental actions, subjecting them to media scrutiny, public inquiries, ombudsman offices and oversight by independent regulatory bodies. These external oversight mechanisms purportedly ensure that public servants remain accountable to the populace they serve, thereby fostering transparency and integrity in governmental operations.

A holistic approach, integrating both internal and external mechanisms, is purportedly essential in cultivating a culture of ethical conduct and upholding the ideals of public service. Rulashe and Ijeoma (2022) argue that for any accountability strategy and mechanism to work, all

the stakeholders need to comprehend the statutory obligations that they have towards the public service. This purportedly guarantees that public servants prioritise the public good, bolster trust in governmental institutions and ultimately contribute to the maintenance of a well-functioning and ethical governance framework.

*Exploring South Africa's healthcare challenges: A review of past studies*

The South African health system still has significant disparities between the public and private sectors. For example, some of the population receive private healthcare services which are only affordable to middle and high-income earners. Medical negligence has caused a decrease in the quality of care in hospital services. The claims threaten hospital services by limiting access to healthcare. The National Treasury analysis reflected that their payments indicate a rapid upward trend from R265 million in 2012/2013 to R1.2 billion in 2016/17 (National Treasury, 2017). The upcoming paragraphs provide an overview of findings from the previous studies. In 2017, Khoza conducted a study on implementing the Batho Pele Principles (BPP) based on patient experiences in South Africa. The study aimed to investigate and describe the practical patient experience of BPP in public hospitals.

Khoza's study found that public hospitals have a shortage of beds, stock, bed linen and daily attire. It was also found that the unhygienic physical environment, poor security and high noise levels, dirty wards and poorly-kept toilets were not conducive to good hospital services. Khoza (2017) recommends that more extensive research deal with service standards and that the leadership and management be trained on quality assurance. The nurses in Miza's (2011) study felt that there is a gap between proper planning and the introduction of new policies, stating that shortages of human and material resources need to be given administrative attention as they are the main factors that influence the implementation of fundamental values and principles in the hospitals.

In 2017, Makgoba (2017) investigated the circumstances surrounding the deaths of mentally ill patients in Gauteng province. The focus of the investigation was to examine the exact cause of death of the people at Life Esidimeni, where 94 mentally ill patients died. The Report found a lack of readiness in supply chain management from the Gauteng Department of Health to hospitals in the province. The findings revealed that if Life Esidimeni officials had not complied with constitutional values and principles such as the hospital management promoting professional ethics and responding to the needs of patients fairly and impartially, the deaths of 94 people with mental health conditions could have been avoided. The current study aims to recommend strategies that must be put in place to ensure the implementation of constitutional values and principles at Cecilia Makiwane Hospital. According to Durojaye and Agaba (2018), the problem at Life Esidimeni loss of lives, started from patients being taken from Life Esidimeni hospital to private providers that were not registered and did not have the resources to take care of mentally ill patients.

In addition to the abovementioned challenges, the spread of the COVID-19 virus laid bare systemic weaknesses in the quality of hospital service delivery. The hospital employees such as nurses and doctors were scared of the virus because there was no cure or vaccine. In the Eastern Cape, the hospital refused to treat patients they suspected had COVID-19, claiming they did not have protective clothes, leading to patients dying because of no help. According to Section 195 of the Constitution, the public hospital should respond to the needs of the people it serves. They should treat their consumers fairly, equally, impartially and without bias. However, the Bisho Hospital discriminated against the patients who were not treated equally compared with other patients who did not have the symptoms of COVID-19 (Dayimani, 2020). The study by Lovan et al.(2017) recommends that for public healthcare services to improve service delivery, proper planning should include policy decisions, clear goals, responsibilities, resourcing, and checks and balances to ensure accountability. Secondly, quality control that translates plans into guidelines,

measures and systems for professional oversight and tools, such as standards and checklists, will assist in change processes.

*Study's theoretical grounding*

This paper seeks to assess the Implementation of constitutional values and principles governing public administration at Cecelia Makiwane Hospital. The researchers believe successful implementation of CVPs requires strong ethical leadership with high standards of professional ethics, as confirmed in section 195 of the Constitution. For this reason, ethical leadership is one of the theoretical frameworks used for this study. According to Engelbrecht et al. (2017), ethical leadership is characterised by honesty, selflessness, motivating others and empowering and encouraging employees. Historically, Brown et al. (2005) refer to ethical leadership as seen through personal actions and interactive relationships. They display high moral values, trustworthiness, honesty, integrity and justice. Ethical leadership is rooted in Social Learning Theory and Social Exchange Theory. Social Learning Theory means that the followers or employees tend to be influenced by their leader's behaviour through observing and learning all leadership aspects. In addition to the above, the Social Exchange Theory promotes positive interaction between employees and management. This can be achieved by treating employees fairly, providing support, showing concern, encouraging and creating developmental opportunities (Dhar, 2016).

On the other hand, the theory of social justice is also used as a theoretical lens to view the extent to which CVPs are implemented in CMH. Social justice promotes equal treatment of all citizens as health service consumers and respect for their basic human rights (Buchanan, 2017). To achieve social justice, public institutions should not recognise human social dimensions of social class, race, ethnicity, gender, sexual preference, knowledge and social position. The hospitals must instead treat everyone with dignity and respect. Social justice requires resources to be equally distributed and used effectively, efficiently and economically to meet the needs of everyone. Therefore, this paper used ethical leadership and social justice theories as theoretical frameworks.

## III. Methodology

This study employed a mixed-methods approach embedded within a case study design to examine how ethical leadership and constitutional values are implemented at Cecilia Makiwane Hospital. Combining quantitative and qualitative techniques allowed for a more comprehensive understanding of the institutional practices and challenges, drawing on both statistical trends and the lived experiences of staff. A purposive sampling method was used to identify and select 80 participants who were directly involved in management, administration, or healthcare delivery at the hospital. These individuals were chosen based on their familiarity with institutional operations and their roles in leadership or service provision. Out of the 80 participants approached, 40 responded, resulting in a 50 per cent response rate. This sampling technique enabled the study to gather meaningful insights from individuals who are well-positioned to comment on the issues under investigation.

Data were collected using semi-structured questionnaires that included both closed-ended and open-ended items. These allowed respondents to quantify their perspectives while also expressing deeper views on the hospital's leadership and ethical climate. In addition to the questionnaires, in-depth interviews were conducted with ten key informants, including hospital managers and departmental heads. These interviews enabled the researcher to explore in greater depth how institutional decisions and practices align with ethical norms and constitutional principles. Interviews were recorded, transcribed and used to supplement and enrich the findings derived from the questionnaires. To ensure a robust and triangulated analysis, the study also incorporated a review of institutional documents. This included strategic reports, hospital policies, audit findings and internal correspondence related to ethics and governance. These documents

served to validate the narratives provided by participants and helped establish a clearer picture of systemic strengths and weaknesses.

The qualitative data collected through interviews and open-ended responses were analysed thematically. Following a systematic process of coding and categorisation, four major themes emerged: unethical leadership, a shortage of resources, poor communication and inadequate working conditions. These themes encapsulate the core concerns expressed by participants and highlight the structural and behavioural challenges within the hospital environment. Quantitative data were summarised using descriptive statistics. Percentages were used to illustrate the extent to which ethical leadership and constitutional principles were perceived to be implemented. This was presented using a tailored scale that assigned percentage ranges to specific colour codes, offering a clear visual representation of performance levels in key areas. The methodology adopted in this study, therefore allowed for a nuanced and contextually grounded exploration of ethical leadership within the hospital drawing from multiple sources of evidence to ensure credibility, validity and depth.

**Table 1: Colour indicators and corresponding levels of implementation**

| Percentage of responses per statement | | Meaning of colour codes |
|---|---|---|
| 24 and less | | Very poor implementation |
| 25-49 | | Poor implementation |
| 50-74 | | Partial and unsatisfactory implementation |
| 75-99 | | Good implementation with room for improvement |
| 100 and above | | Excellent implementation |

## IV. Findings

This section focuses on the overall analysis for the Cecilia Makiwane Hospital. The first part discusses findings on the assessment of ethical leadership in CMH. The second part focuses on the research findings on implementing constitutional values and principles.

*Assessment of ethical leadership values at CMH*

**Table 2**: Implementation levels of ethical leadership at CMH.

| No. | Ethical leadership value statements from highest to lowest frequency. | |
|---|---|---|
| 1. | Leaders communicate clear ethical standards to their subordinates. | |
| 2. | Leaders show commitment towards ethical and moral values. | |
| 3. | Leaders set an example of ethical behaviour in their decisions and actions. | |
| 4. | Leaders put the interests of the community before their own interests. | |
| 5. | Leaders act against everyone who behaves unethically in the workplace. | |
| 6. | Leaders are honest and can be trusted to carry out promises and commitments. | |
| 7. | Leaders are prepared to make self-sacrifice for the success of the hospital. | |
| 8. | Leaders value ethical behaviour more than hospital success. | |
| 9. | Leaders put the interests of employees before their interests. | |
| 10 | Leaders acknowledge their mistakes and take responsibility for them. | |

The above Table shows that leaders are committed to communicating clear ethical standards to their subordinates, commitment to moral values and ethical behaviour. However, they put their interests before the interests of the community and their employees, are not honest and responsible. The leaders at CMH do not acknowledge their mistakes and take responsibility. According to Meyer et al. (2019), ethical leadership is characterised by behavioural indicators of honesty, telling the truth and accepting responsibility. An honest leader is a person who exposes his mistakes. A leader who acknowledges mistakes builds trust in the subordinates. The ethical leadership theory promotes commitment, moral identity and developmental teamwork techniques

to succeed. The respondents had mixed views about the demonstration of ethical leadership values in CMH, as confirmed by the following responses:

*Respondent 4: "The CMH hospital leaders need to improve their managerial skills."*

*Respondent 6: "Leaders are complying with the ethical values of CMH and encourage subordinates to comply."*

*Respondent 19: "Hospital leadership seems to be concerned about politics and good public appearance rather than genuine, high-quality care; they only care about what will benefit them."*

The most predominant colour code in Table Two? is orange, indicating that implementing ethical leadership values in CMH is partial and unsatisfactory. Shakeel et al. (2019) raise five challenges that public institutions face: lack of empowerment, negative reinforcement, lack of stakeholder management, lack of attention to clarification and lack of environmental sustainability. A society tends to have more expectations of the leaders and does not consider that they have challenges that affect them, even when they are willing to do better. According to Oleribe et al. (2019), poor leadership is not an institutional challenge to health organisations nor a national challenge, but a global problem.

*Implementation of the selected constitutional values and principles*

**Table 3: Percentage-based assessment of CVPs implementation at CMH**

| CVP No | Constitutional values and principles | % levels of implementation | |
|---|---|---|---|
| 1. | A high standard of professional ethics must be promoted | 67,5 | |
| 2. | Promotion of effective, efficient, and economical use of resources | 70 | |
| 3. | Services must be provided impartially, fairly, equitably and without bias | 90 | |
| 4. | People's needs must be responded to and the public must be encouraged to participate in policymaking | 75 | |
| 5. | Public administration must be accountable | 78,3 | |
| 6. | Transparency must be fostered by providing the public with timely, accessible and accurate information | 82.5 | |
| 7. | Good human resource management and career development practices maximize human potential | 75 | |

As illustrated in Table 3, the findings show that CMH has not achieved 100% implementation of all selected constitutional values and principles. They further reveal partial and unsatisfactory implementation of professional ethical standards (67.5%). Also, promoting effective, efficient and economical use of resources is partial and unsatisfactory (70%). On the other hand, the implementation of other selected CVPs with blue colour codes (75% - 90%) is good with room for improvement. The respondents provided informative feedback regarding the barriers to effective implementation of the selected CVPs. The identified barriers were categorised into the following themes: unethical leadership, lack of communication, shortage of resources and poor working conditions, as discussed below:

*Sub-theme 1 (a): Lack of communication*

The researcher experienced general complaints about poor communication. This mostly starts from hospital leadership to management and lacks communication channels with the hospital consumers. Also, there are few notice boards and pamphlets within the hospital. Respondents said:

*Respondent 11: "The leadership is not transparent to the employees, and they do not listen to their views while they are expected to be transparent about the changes that happen in the hospital."*

*Respondent 20: "The information should be on the notice boards all over the hospital for the consumers and use feedback from the consumer's complaint boxes."*

*Sub-theme 1 (b): Shortage of resources*

The hospital respondents complained about staff shortages, which caused a workload burden. According to Geerligs et al. (2018), there must be enough hospital staff to provide patients with proper care. It is dangerous for the hospital to be short-staffed. The budget constraints are a barrier to their service to the consumers.

*Respondent 3: "The demand for the resources exceeds the supply."*

*Respondent 3: "The CMH serves unemployed people and does not make money as a public institution; instead, the number of patients increases daily."*

*Respondent 5: "Resources are well managed in the hospital, but sometimes we borrow from other nearby hospitals when out of stock."*

*Sub-theme 1 (c): Leadership and ethics*

The study reveals that CMH is faced with unethical leadership caused by favouritism, misconduct and a lack of disciplinary actions. Unethical administration could lead to an unproductive organisation, demotivated staff and negative attitudes. Implementing constitutional values and principles does not depend on the employees' conduct at work, but also requires ethical leadership that sets an example of what they preach.

*Respondent 17: "No, very few public announcements, unless prodded by the media, the hospital leaders do not account."*

In contrast, there is a respondent who stated as follows:

*Respondent 26: "Yes, the leaders redress the public when expected service has not been met and provide consumers with reasons, and CMH takes effective measures."*

More responses:

*Respondent 11: "The leadership is not transparent to the employees, and they do not listen to their views while they are expected to be transparent about the changes that happen in the hospital."*

*Respondent 31: "Sometimes, we are just told what to do in the meeting. We are not given a chance to discuss issues. Leaders need to improve their levels of professionalism."*

*Sub-theme 1 (d): Poor service conditions*

The findings reveal that consumers are happy and partially satisfied with the conditions. Some patients were sitting outside on grass; others were sleeping on chairs, while still others were sitting on stairs**.** However, below are some of the quotes from the respondents.

*Respondent 25: **"**The hospital is in good condition and appearance inside and outside."*

*Respondent 29: "The hospital's physical appearance looks good, but you still get people sitting outside on the stairs, so they need to add more sitting areas."*

*Respondent 36: "The hospital building looks good in appearance, and they have enough chairs inside the hospital, and patients have different wards per their needs."*

When interviewed, consumers sitting on the stairs and looking tired responded that the chairs were not comfortable enough for people waiting hours for the hospital buses to pick them up (ambulance).

*Respondent 36: "We wait for the whole day, and the bus will only pick us up after 4 hours."*

*Respondent 32: "Yes, inside the buildings and machine looks good; however, the hospital should have waiting areas suitable for sick people."*

A hospital should have modern physical environment facilities such as wellmaintained infrastructure, medical apparatus, vital patient health equipment and organisational facilities. The hospital is responsible for providing an excellent appearance to patients in and out of the hospital. However, Javed et al. (2017) view service quality as one area of customer satisfaction that depends on the consistency of opening times of the hospitals, courtesy during registration, respect for the patients, functional working environment and awareness of urgent community outreach programmes. Hospitals should have facilities that can create good working conditions, accommodate every kind of patient and provide comfortable seats and spaces for those waiting for ambulances.

Respondents further justified their responses with the following comments:

*Respondent 28: "Nurses must respect patients. They should always be humble. Here at CMH, the nurses have very bad attitudes towards patients."*

*Respondent 8: "Conditions of the hospital are good, the hospital is clean, organised, and the appearance of the hospital is good, and it has big spaces."*

*Respondent 17: "The hospital has no porters available at all times for the disabled people."*

*Respondent 20: "The hospital welfare has improved, and they must only add more securities."*

*Respondent 34: "Sometimes you find toilets with no soap to wash hands after use of the toilet."*

The hospital's appearance should meet all applicable regulations such as the appropriate waiting area, adequate shelter, and patient seating. The hospital machines with electric power, water, and sewage systems should always be functional and ready for hospital patient needs. A hospital should have modern physical environment facilities such as well-trained and knowledgeable employees, highly maintained infrastructure, medical apparatus and organisational facilities. The hospital's responsibility is always to ensure an excellent appearance for patients in and out of the hospital. (Gumende et al., 2015).

## V. Discussion

The study gave a comprehensive presentation of the key issues that include communication, resource shortages, leadership and ethics, and service conditions at the selected hospital in the Eastern Cape Province. Addressing these challenges is crucial for upholding constitutional values and principles to enhance health services. Effective communication is fundamental in any healthcare setting to ensure that staff and patients are well-informed and engaged. The study's findings highlight significant communication gaps, starting from hospital leadership down to the consumers. There is a lack of transparency with leadership failing to listen to employee views, thereby undermining trust and morale. Suggestions have been made that

accessible information via notice boards and feedback mechanisms could significantly improve communication. Addressing these issues is essential for fostering a culture of transparency and accountability, aligning with constitutional principles of openness and participation.

Resource shortages, particularly staffing, pose a critical challenge, impacting the quality of care provided. The demand for resources often exceeds supply, exacerbated by budget constraints. The CMH's status as a public institution serving an increasing number of patients without generating revenue intensifies this issue. According to Geerligs et al. (2018), adequate staffing is imperative for patient care and shortages can jeopardise patient safety. Ensuring sufficient resources aligns with the constitutional right to access quality healthcare services, requiring robust budgetary and logistical planning to meet patient needs effectively. Leadership and ethical conduct are pivotal in setting the tone for organisational culture and performance. The findings reveal instances of unethical leadership, including favouritism and misconduct, which can lead to demotivation and decreased productivity. There is a noted lack of public accountability, though some instances occur where leaders address public concerns. Effective leadership that models ethical behaviour and promotes transparency is essential for upholding constitutional values of accountability and integrity. Leaders must engage in consistent, ethical practices and be responsive to both staff and patient concerns.

Service conditions are a significant factor in patient satisfaction and overall hospital experience. While some respondents acknowledge the hospital's good physical appearance and organisation, issues like inadequate seating and uncomfortable waiting areas persist. Ensuring comfortable and dignified conditions for patients, including suitable waiting areas and adequate facilities, is essential. Javed et al. (2017) stress the importance of service quality elements such as cleanliness, functional infrastructure and respectful treatment, which directly impact patient satisfaction. Addressing these aspects reflects the constitutional commitment to human dignity and quality public services. To uphold constitutional values and principles within the healthcare setting of the Eastern Cape Province, it is crucial to address the identified challenges comprehensively. At the centre of building a capable public service and ensuring that any government entity is fully functioning is the realisation of the nexus of professionalism, ethical behaviour and compliance with policy and legislation (Jam et al., 2024). Furthermore, enhancing communication by establishing robust channels including regular updates, accessible notice boards and effective feedback mechanisms can improve transparency and engagement. Ensuring adequate staffing and resource allocation through strategic budgeting and planning is vital to meet the growing patient demand and provide quality care. Promoting ethical leadership that embodies accountability, transparency and responsiveness is essential for a positive organisational culture and effective service delivery. Investing in infrastructure, patient amenities and maintaining high service quality standards will enhance patient satisfaction and uphold their dignity. By addressing these key areas, the hospital can better align with constitutional mandates, ultimately leading to enhanced health services and improved patient outcomes.

## VI. Conclusion and recommendations

Section 195(1) of the Constitution of the Republic of South Africa (1996) mandates that public administration be guided by democratic values and principles, including accountability, transparency and responsiveness. The findings of this study reveal that while CMH attempts to align with these values, significant challenges remain in the implementation of ethical leadership and the broader framework of Constitutional Values and Principles (CVPs). The study concludes that CMH leadership must critically review and realign its organisational values with the constitutional imperatives. There is a clear need to enhance ethical leadership, strengthen accountability mechanisms and foster a culture of transparency and professionalism in service delivery. The themes emerging from the analysis, unethical leadership, poor communication, inadequate working conditions and resource shortages, highlight a systemic failure to uphold key CVPs.

To address these challenges, a series of interrelated recommendations is proposed. First, there is a need to promote and institutionalise a high standard of professional ethics. Leaders and employees should undergo regular workshops and training focused on the Public Service Code of Conduct to improve ethical awareness and compliance. Ethical leadership, underpinned by social learning theory, should guide behaviour at all levels of the organisation, supported by open communication and effective time management practices. Second, CMH must promote the efficient, economical and effective use of resources. The Public Administration Management Act 11 of 2014 provides a framework to ensure resource optimisation and the hospital should address recurring stock shortages, establishing robust anti-corruption measures. Institutional reporting mechanisms must align with the Prevention and Combating of Corrupt Activities Act 12 of 2004 and the Public Protector Act 23 of 1993 to ensure transparency and legal compliance.

Third, fairness and impartiality in service delivery should be reinforced by understanding and responding to patient needs. Although the study found this principle to be moderately implemented, improvements can be made through weekly patient satisfaction surveys and structured feedback loops to inform service planning. Fourth, the principle of accountability must be strengthened. Hospital leaders should develop a transparent process for evaluating how institutional policies impact citizens. Such mechanisms will not only promote trust but also encourage honest and responsible leadership. Fifth, transparency must be embedded in institutional culture through regular communication, the use of digital platforms and the creation of forums for staff and public engagement. These efforts would contribute to timely and accessible information dissemination, as required by the Constitution.

Sixth, responsiveness to public needs and the inclusion of citizens in policymaking should be prioritised. The Bill of Rights (Chapter 2) and the Batho Pele principles (White Paper on Public Health Transformation, 1997) affirm the right of individuals to be treated with dignity and to participate in governance processes. Hospital leadership should consult staff regularly and ensure participatory structures are in place to enhance inclusive policy dialogue. Lastly, good human resource management and career development practices must be strengthened to maximise staff potential. Recruitment processes should be transparent and merit-based, and staff should be supported through continuous training and professional development. A work environment built on fairness, equal opportunity and alignment with institutional values will foster a committed and ethical workforce.

In sum, this study demonstrates that the effective implementation of constitutional values and ethical leadership at CMH requires not only structural reforms but a deliberate cultural shift within the institution. These recommendations, if implemented, have the potential to transform service delivery and institutional trust in the public health sector.

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