

AFRICA UNIVERSITY
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IMPACT OF ECONOMIC CRISIS ON PROVISION OF REHABILITATION
SERVICES AT RUWA NATIONAL REHABILITATION HOSPITAL (2018-2022)

BY

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT ON THE
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ABSTRACT

This research sought to examine the impact of economic crisis towards provision of rehabilitation services at Ruwa National Rehabilitation Hospital (2018-2022). As the only rehabilitation hospital which deals with spinal cord, neurological and head injuries in Zimbabwe, it has been operating far below its capacity encountering numerous challenges due to the economic catastrophe which has resulted a dilemma in the healthcare system. This has resulted neglect of rehabilitative services which provided people in need of these services greater significance such as improving the quality of life, preventing loss of function, reduction of dependency on other people, saving life's, helping individuals to engage on daily activities with self-support. These services are life changing to the individuals and the community of Zimbabwe, hence this study was meant to bright light to the challenges faced so as to have a clear insight of how they impact lives of individuals in need of rehabilitation services but also improvement of healthcare as a whole. The researcher involved the use of questionnaires and interview for case study design for data collection at Ruwa National Rehabilitation Hospital. The researcher used content and thematic analysis to analyze the data collected and made use of tables and pie charts to represent the findings. The study is concluded by recommendations addressed to the ministry of health and Ruwa National Rehabilitation hospital and an area of further research which will be beneficial when learning more about the effects of lack of rehabilitation services on disabled individuals as there is little to no information on the disability sector.

Keywords: Rehabilitation; Rehabilitation services; Disability, Physiotherapy; Occupational therapy.

DECLARATION

I declare that this research project is my original work except where sources have been cited and acknowledged. The work has never been submitted, nor will it ever be submitted to another university for the award of a degree.

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Student's Name:

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DEDICATION

I dedicate my research proposal to Suzanne Hunter and MCF who have supported me in pursuing my dreams, without their support I wouldn't have made it this far. Thank you for inspiring me into giving back to the community. I appreciate you.

LIST OF ACRONYMS AND ABBREVIATIONS

GDP	Gross Domestic Product
HSO	Health Service Organizations
RDT	Resource Dependency Theory
UHC	Universal Health Coverage
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

DEFINITION OF KEY TERMS

Rehabilitation- it is process to restore normal functioning of the body due to different life circumstances faced such as illness, accidents, birth defects. The process involves treatment and training with help of health professionals and assistive devices.

Inadequate- It means not fit to the standard or purpose.

Rehabilitation services- they are special services that help an individual restore or improve their health and abilities, whether physically, cognitive or mental

Disabilities- it is a disadvantageous condition which makes an individual face limitation in performing different functions such as movement.

International standards- they are approved qualifications, guidelines, processes and/or rules by different experts across the globe that are being documented and published to be followed for various purposes.

Physiotherapy- it is the use of any physical means to provide treatment.

Occupational therapy- it is the means of treatment that is based on practicing of everyday activities to improve, or restore lost functions on a patient.

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CHAPTER 1 INTRODUCTION

1.0 INTRODUCTION

This chapter introduces the research study and is the foundation on which other chapters will be built. It includes the background of the study, statement of the problem, research objectives, research questions, significance of the study, delimitation of the study, limitations, a summary and definition of key terms.

1.1 BACKGROUND OF THE STUDY

Ruwa National Rehabilitation Hospital was established in 1981 to serve rehabilitation for people who have sustained bone structure injuries from mining accidents, road accidents, and/or any other incidents (Matambanadzo, 2020). It is estimated that 2.4 billion people globally are currently living with a health condition that benefits from rehabilitation services and with the ongoing global changes the need is estimated to increase in the coming years ([WHO],2021). This is evident enough that the need for rehabilitation services is large yet largely unmet as more than 50% of the people that require them don't receive them (WHO,2021). Mostly in developing countries with low to middle income. The economic crisis of Zimbabwe is a long overdue issue, due to its long history of concern from the 1990s since the land reformation programs, following up to the 2009 abandonment of the Zimbabwean dollar after reaching 500 billion percent inflation the previous years and the 2017 regime change (Africanews, 2019). Through the course of years, progress has been made trying to make a comeback as signs of improvement were noticed between 2009-2013 but it has been down-weighted by the slow growth and decline of major sectors in the economy and inflation (Moyo, 2013). The deepening economic crisis has affected the government's ability to fund healthcare in public health delivery.

Of recent the economic crisis's impact has been noticed to have a significant impact on the health sector, this is evidenced by the budget allocation to public health, high mortality ratio, shortage of nurses, and medication, and poor infrastructures. Healthcare expenditure has declined massively from 10.5% of GDP in 2010 to 4.75 in 2018 ({UNICEF},2020).

On top of this Zimbabwe's health care is battling a growing burden of HIV/AIDS, TB, and non-communicable diseases (NCDs), and COVID-19 has added to the health issues.

All this contributes to declining health care provision at health institutions such as Ruwa National Rehabilitation and other health care centers.

Zimbabwe was highly known for its effective rehabilitation services and was described as the most disability-friendly country in Sub-Sahara Africa (Harley,2002) and one of the most disability-accessible countries in Africa (Devlieger,1998). This was backed up by the fact that Zimbabwe has 9 well-established and equipped rehabilitation centers, 5 being for developmental and acquired disabilities and 4 for psychiatric disabilities, to top it all up all the 10 provincial hospitals had a set for rehab unit (Mpofu, 2001). The rehabilitation centers were highly effective and were keeping up with international standards, one being a well-functioning rehab team that consists of professionals such as physiotherapists, rehab psychologists, rehab care coordinators, nurses, speech and language pathologists, nutritionists, medical doctors, social workers. Zimbabwe had greater availability of employment opportunities, vocational training, public transport systems, and legislation that supports people with disabilities. For example; free public transportation.

The current economic crisis has trashed all the efforts that were placed on rehabilitation, failing to keep up with the international standards for rehabilitation that were set by HSO.

It has also resulted to a limited number of people accessing rehabilitation services due to the high user fees, poor referral systems, no medical aid coverage, inadequate resources, and assistive devices. Most Ruwa National Rehabilitation patients come with a referral from Parirenyatwa hospital and the system is dysfunctional as some of the patients don't get referred or get referred too late after developing huge pressure sores due to a lack of health staff to monitor the patients progress from time to time. These challenges can be observed in other rehabilitation centers in Zimbabwe as some are no longer functioning whilst others are operating below capacity.

1.2 STATEMENT OF THE PROBLEM

“ The hospital is operating far below capacity due to shortage of essential equipment needed for occupational and physio therapy which have a direct effect on the provision of rehabilitation services (Matambanadzo, 2020). Ruwa National Rehabilitation Hospital a 52-bed capacity meant to cater for the admission of the entire population of Zimbabwe facing neurological and spinal cord injuries for rehabilitation is currently admitting a maximum of 12 ward patients in the ward. The hospital has neither water supply nor a borehole therefore the hospital operates on water paid delivery bills, the ward has no curtaining and lacks hydraulic beds, lack of consumables, un-functioning ambulance services. According to the MED SUPP of Ruwa National Rehabilitation Centre “ The rehab centre has been operating for the last 20 years without the hydrotherapy pool” (Matambanadzo, 2020).

At least 7% of the population of Zimbabwe equating to 1.4M people have disabilities from a 2013 disability survey ([UNESCO],2022). This population faces greater challenges in accessing healthcare as their needs are set against a background of a wide spread of health

systems failure in Zimbabwe (Kuper et al., 2022). The economic crisis has subjected the health system in dilemma whether to focus on people with disability in need of rehabilitation or strengthen the health system for the majority. This problem is alarming as the need for rehabilitation services is considered a right for people with disability and a criterion for meeting Universal Health Coverage (UHC) and other development goals.

1.3 RESEARCH OBJECTIVES

1.3.1 Purpose of the study

The purpose of the study was to analyze the impact of economic crisis on provision of rehabilitation services at Ruwa National Rehabilitation Hospital for the period (2018-2022).

1.3.2 Specific objectives

1. To describe the type of rehabilitation services that were currently provided by Ruwa National Rehabilitation Hospital.
2. To identify obstacles in service provision at Ruwa National Rehabilitation Hospital in relation to the current economic crisis facing Zimbabwe.
3. To assess the effect of these obstacles towards the provision of rehabilitation services at Ruwa National Rehabilitation Hospital with reference to international rehabilitation set standards.
4. To evaluate the approach established by Ruwa National Rehabilitation Hospital to address the challenges they face during the provision of rehabilitation services.

1.4 RESEARCH QUESTIONS

1. What type of rehabilitation services are being offered by Ruwa National Rehabilitation hospital?

2. What obstacles has Ruwa National Rehabilitation Hospital been encountering in relation to the current economic crisis towards its provision of health services to its users?
3. What implications have these obstacles caused on the provision of rehabilitation services towards healthcare with reference to international rehabilitation set standards?
4. What approach has been established by Ruwa National Rehabilitation Hospital to address the challenges they have been facing during the provision of rehabilitation services?

1.5 SIGNIFICANCE OF THE STUDY

This study aims to provide recommendations to the health system towards the need of rehabilitation to the population, and to also influence changes in policy. This will benefit people with disabilities and those in need of rehabilitation services to get healthcare attention, address the challenges they face and equip them with necessary devices that will make them dependent, for example wheelchairs. It will also assist healthcare institutions to construct strategies that can be applied to reduce resource dependency from external sources which will build a coping mechanism in uncertain times like economic crises. It will assist in clearing the dilemma that exists between the strengthening of rehabilitation services or the health care system by clearing off gaps and drafting unique solutions toward rehabilitation needs.

1.6 DELIMITATION OF THE STUDY

This study was delimited to identify the impact of the economic crisis on the provision of rehabilitation services at Ruwa National Rehabilitation Hospital in Ruwa, Goromonzi district: Mashonaland East, hence the results will only apply to this particular hospital. The researcher had chosen this institution due to the fact that it is the only center among the 9 large state rehabilitation centers that deals with severe spinal cord and neurological injuries in Zimbabwe. The institution is a greater representation of obstacles faced by health institution provision of health services due to the current economic crisis in Zimbabwe.

1.7 SUMMARY

This chapter summarizes the introduction of the study and the origin of economic crisis in Zimbabwe and rehabilitation services. It discusses the objectives, significance, delamination and limitation of the study.

CHAPTER 2 REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

This chapter is going to consist of theoretical framework, relevance of the theoretical framework, and literature review.

2.2 THEORITICAL FRAMEWORK

This study will be informed by the Resource Dependency Theory. The dependency theory was proposed by Pfeffer and Salancik (1978) which explains how an organization's behavior is affected by external resources referred to as the environment. It focuses on how organizations are subjected to control under external resources. According to Moore, healthcare organizations are operating in such a resource-constrained environment which pushes them to constantly require a fit dynamic between the organization and the environment (Moore,2000). The theory has some tenets that give insight into how the environment and the organization have a cause-effect relation, taking the economic crisis as the environment and its impact on an organization's ability to make ends meet. Ruwa National Rehabilitation Hospital is a public healthcare and its dependent on government funding, user fees, and external donations to function towards its provision of rehabilitation resources.

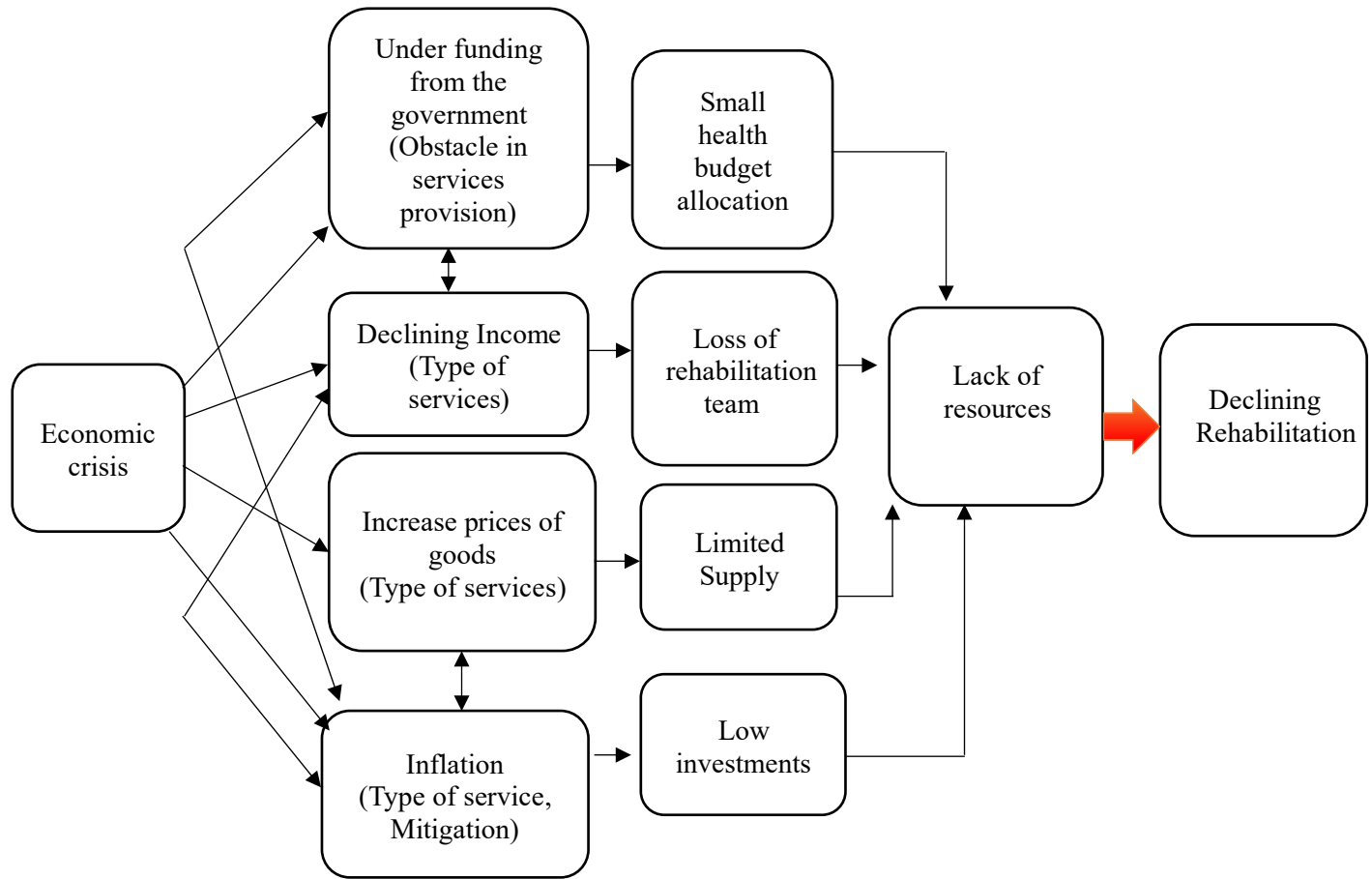


Fig 2.1: The dynamics of Economic crisis Impacting the Provision of Rehabilitation Services.

2.2.1 Resource dependency theory in an organization.

The resource dependency theory is based on a relationship formed between an organization and its environment based on the process of exchanging resources (Orru et al., 1991). Pfeffer and Salancik (1978) suggested the main tenets of the theory:

2.2.1.1 An organization's survival is related to resource gains and preservation.

Public health care depends fully on the government health budget allocation for its operation and resource gains, but also from donor funds, user fees, and institutional income from its internal operations. The current economic crisis has resulted in a change

in health financing. The health budget of Zimbabwe in 2020 falls short of the 15% Abuja declaration target, the rural health gets only 5% of the health budget allocation.

With that, the per capita spending on health care for Zimbabwe is below the WHO recommended threshold of US 86 with a sharp decline from 2012 with 57 to 21 in 2020 (WHO, 2022). This is clearly affecting the resource gains of any public health care organization and causing exhaustion of the preservations to support its operations.

2.2.1.2 An organization behaves like its environment.

This is subject to the environment in which the healthcare organization is inserted. Ruwa national rehabilitation hospital is located in a Ruwa town which is referred to as Peril. The theory premises that resources originate from the environment, if the environment is located in a semi-rural-urban chances are there are live advancements towards development there for the healthcare operates reflecting on the social-economic class of most of its user's environment. The current economic crisis has made it difficult to provide health care and in return, it operates with how the economy operates. The relationship is situational. This means that power is dependent on what's happening at a particular time.

2.2.1.3 An organization is effective if it's meeting the demands.

An organization is effective if it's meeting the demands of the various groups concerned with its activities. The current economic crisis has made it impossible for healthcare organizations to meet the demands of rehabilitation for their clients. According to Dr.Musara (Ruwa National Rehabilitation Medical Superintendent), “ The hospital is operating far below capacity due to a shortage of essential equipment's needed for occupational and physiotherapy which have a direct effect on the provision of

rehabilitation services (Matambanadzo, 2020). This is evident that Ruwa Rehabilitation Hospital is not meeting the demands of people with disabilities and impairments.

2.2.2.4 An organization depends on its environment.

The organization is dependent on its resources, the resources required belong to those who belong in the environment. According to Pfeffer and Salancik (1978) power and resource are directly linked. Resources are the basics of power therefore power could be relational. Situational or mutual. The power current economic crisis has made an effect on prices, the prices of fuel have made it difficult for organizations to do outreach and follow patients after discharge; it has made it difficult for patients to access healthcare, but it has also made it difficult to restock essential medicine. Declining income has made those who hold resources to refrain from supply causing loss of employment and income that was directed toward needs such as health insurance. Insurance companies' failure to provide care for premium medical services affects the organization's provision of services as it leads to bad debts.

2.2.2.5 Managers and stakeholder's role.

Stakeholders and managers to an extent can come up with suggestions or ideas on how to approach uncertainties so as to reduce dependency and be ready to adjust in such times with the approved initiatives, with this they are able to shape and enact their environment. The current economic crisis should be a call on how to navigate public healthcare in times of certainty. A directive approach on how to go about the provision of health care services.

2.3 RELEVANCE OF THE THEORITICAL FRAMEWORK

This theory will enable the researcher to better understand the impact of the economic crisis on the provision of rehabilitation services at Ruwa National Rehabilitation Hospital. Examine the disruption caused by the dependency on resources from the external environment. The theory tenets suggest the organization's survival is fully related to the resource gains and preservations of the organization; the organization tends to behave like its environment; the effectiveness of an organization is based on its meeting the demands of the various group and how the stakeholders shape and enact their environment. The researcher plans to include the application of (RDT) in healthcare sectors during the interview to get views and suggestions on its approach. This will ensure health care organizations explore a range of strategies that should be deployed in times of uncertainty and how to secure resources.

2.3.1 Under funding from the government (obstacle in service provision).

The organizational dependency theory can be applied to explain how public hospitals are vulnerable to external factors. Public hospitals are dependent on the government for funding and other resources, such as medical supplies and equipment, and when the government fails to provide adequate resources, the hospitals become vulnerable to a range of negative outcomes which are obstacles in service provision including staff shortages, low quality of care, and patient deaths. The government funding is dependent on the budget allocation in health care. In a resource-scarce environment such as Zimbabwe, public hospitals are competing with other organizations for limited resources, which makes them even more vulnerable to underfunding. The uncertainty in the environment influenced by the economic crises, can exacerbate this vulnerability, making

it difficult for public hospitals to plan and allocate resources effectively. The theory highlights the importance of resources, competition, and uncertainty in shaping organizational behavior, and suggests that public hospitals are vulnerable to changes in the environment due to their dependence on the government for critical resources which in turn affects the provision of health care services to the community.

2.3.3 Declining income (types of services).

Declining income can have a significant impact on an organization's ability to access external resources. This can increase the organization's dependency on limited resources, which can in turn limit its ability to achieve its goals. In times of economic crisis, organizations may face increased competition for limited resources. This can make it more difficult to secure funding, partnerships, or access to other necessary resources. Declining income can lead to decreased consumer demand for goods and services, which can impact an organization's revenue and profitability. This can be particularly challenging for businesses that rely heavily on consumer spending. Furthermore; it leads to reduced employee morale as workers may feel insecure about their job security or financial stability. This can lead to decreased productivity, higher turnover rates, and difficulty in attracting and retaining top talent. An organization's ability to maintain its operations may become difficult to invest in necessary equipment or technology, and the organization may need to cut costs by reducing staff which affects the types of services it offers.

The organizational dependency theory is relevant to understanding how organizations respond to changes in their environment, particularly in economically challenging situations. By understanding the key tenets of the theory, organizations can develop

strategies to minimize their dependency on external resources and maintain their ability to achieve their goals.

A research journal titled “Economic crisis and healthcare services” by Zavras (2022). It entails the impact of declined income through different levels. At an individual level salary reduction, unemployment, and laying off labor makes it difficult to seek healthcare and maintain medical care subscriptions. At the healthcare level, there is underfunding, and a shortage of clinical and human resources. At a global level introduction of policies such as Fiscal austerity, which consist of restrictive measures that reflect reducing public expenditures, balancing budgets, and promoting effectiveness in public sectors. But according to Anderirra (2020), it has only done more damage to public healthcare than saving because the policy has often been unfulfilled leaving a combined impact of both economic crisis and increased demand for services. In Zimbabwe healthcare expenditure has declined massively from 10.5% of GDP in 2010 to 4.75 in 2018, going as far as the 2020 health budget of the country still falls short of the 15% Abuja Declaration Target (United Nations Children’s Fund [UNICEF], 2020). The studies highlighted the impact of the economic crisis on individuals, health systems, and the government and show similar relationships in terms of the consequences which result from the pressure and transformations to combat the crisis.

2.3.4 Increased prices of goods (types of services).

In an economically challenged environment where prices of goods and services are increasing, organizations may face a heightened level of resource dependence and uncertainty. As prices rise, the cost of acquiring necessary resources such as raw materials and labor increases, which can strain an organization's financial resources.

As organizations become more dependent on external sources of resources, they may be subject to the power and control of those external entities. When the prices of goods and services increase, it can have several effects on users seeking those goods and services. Consumers may face increased financial strain, as they must pay more to purchase the same products or services that they previously bought for less. This can lead to reduced purchasing power, a decline in overall consumer spending, and potentially, decreased demand for certain goods and services. For organizations, increased prices of goods and services can also pose several challenges. Firstly, they may need to consider alternative suppliers or substitute products to maintain their operations and profitability. This could involve seeking out cheaper raw materials, reducing production costs, or increasing prices for their own products and services. Secondly, organizations may need to adjust their marketing and sales strategies to account for changes in consumer behavior. They may need to shift their focus towards promoting more affordable products or emphasizing the unique value proposition of their offerings to justify the increased prices. However the increase of prices affects the supply of services and lack of resources.

A systematic review conducted by Raquel et al., (2022) titled “Understanding the Effect of Economic Recession on Healthcare Services” examines the impact of this crisis on the use of healthcare services in Europe. The review used descriptive and thematic analyses of both qualitative and quantitative studies. The report demonstrates social structure inequalities increased based on the social economic levels. Based on occupation, gender, income, and education level. The vulnerable are the most affected by the inequalities. In healthcare the impact was observed on the unmet needs, pharmaceutical spending, reduction of hospital beds, and privatization of services Raquel et al,(2022). The crisis

influenced the cutting off of the health budget providing less than the estimated budget which lead to an increase in user fees and copayments, 2014 Greece's user charges increased from €3 to €5, and €25 fee for admission at a state hospital(Economou et al, 2015). This resulted in high outpatient payments, the absence of referral systems, inequality to the access of healthcare services, and unequal allocation of human and economic resources without forgetting regressive funding.

2.3.5 Inflation (type of service and mitigation).

The theory is relevant to inflation in an economically challenged environment because inflation can impact an organization's ability to acquire resources. When inflation is high, the cost of resources can increase, making it more difficult for organizations to acquire them. This can increase an organization's dependence on the environment, which can reduce its power. In addition, high inflation can lead to instability in the environment, which can impact the interdependence between organizations and their environment. For example, if inflation leads to a decrease in consumer spending, organizations that rely on consumer sales may struggle to acquire resources. This can create a ripple effect throughout the economy, impacting the ability of all organizations to acquire resources. High inflation can make investors more cautious, as it can reduce the value of their investments over time. This can lead to decreased investment in organizations, reducing their access to capital and resources needed for growth and expansion.

Overall, the organizational dependency theory provides a framework for understanding how organizations are influenced by their external environment. In an economically challenged environment and how organizations may need to be particularly mindful of their resource dependencies and seek to establish relationships with other organizations to

mitigate these risks. Failure to do so could result in financial instability, loss of control over decision-making processes, and ultimately, organizational failure.

2.4 SUMMARY

This chapter entails the theory related to the study in theoretical framework, it also covers the relevance of the framework to the current situation at Ruwa Rehabilitation Hospital. It discusses the impact of economic crisis on healthcare and rehabilitation services through various research published on the impact of economic crisis in healthcare and responses taken to combat the economic crisis.

CHAPTER 3 METHODOLOGY

3.1 INTRODUCTION

This chapter comprise of research design, instruments that will be used in the research to collect data, target population, sample size, sampling procedures, data collection and analysis procedure. It will also provide ethical consideration that guided the researcher throughout the study.

3.2 RESEARCH DESIGN

A qualitative approach of case study design was used to give insight into how the economic crisis has affected the provision of rehabilitation services at Ruwa National Rehabilitation Hospital. The qualitative research design involves the collection and analysis of non-numerical data which includes text, videos, or audio to understand and dig into experiences and opinions; this is commonly used in social sciences and humanities (Bhandari, 2022). The researcher aimed to achieve the objectives through case study design which enabled the researcher to focus on a small area and focus on a specific content.

The advantages of using case study are; it provides a detailed insight into the patient's and employees' experience and perception of how the economic crisis affected the provision of rehabilitation services and the hospitals coping approach towards the situation. The research gives enough room for flexibility during the data collection and analysis process when there is generation of new ideas and opportunities due to the application of open-ended responses. The flexibility also enabled the respondents to take enough time to understand the questions due to the natural setting and direct interaction with the participants. However this approach's major disadvantage is limited generalizability due

to the nature of the small sample used to collect detailed data over specific content, but also it is subjective and the researcher's interpretation can vary even when based on the same data as the researcher decides what is relevant and what is not and the data can't be replicated (Bhandari, 2022).

3.3 STUDY SETTING

The study was conducted at Ruwa National Rehabilitation hospital which is found in a rapidly growing town of Ruwa, in Goromonzi district; Mashonaland East. It is situated 22 km outside Harare (the country's capital city) along the Harare-Mutare high way and well known as a popular area for residents moving out of Harare. The Ruwa town is a peril with an estimated population of about 56,330 people with an estimated population growth of 10% (Urban Councils Association of Zimbabwe [UCAZ], 2012). Ruwa National Rehabilitation Hospital upon its establishment it provided the following services; occupational therapy, rehabilitation of spinal cord injuries, speech therapy, audiology services, physiotherapy, orthotic and prosthetic services, assessment, referrals and other assistive technologies. Currently the rehab centre offers physiotherapy, psychological support, occupational therapy and nursing rehabilitation.

3.4 STUDY POPULATION

The population of this research study was made up of staff and patients of Ruwa National Rehabilitation Hospital.

3.4.1 INCLUSION CRITERIA

The study included participants aged 18 years and above. It also included the currently employed staff at Ruwa National Rehabilitation Hospital, and patients admitted.

3.4.2 EXCLUSION CRITERIA

Participants who were below 18 years of age. Temporary employees at Ruwa national Rehabilitation Hospital.

3.5 SAMPLE SIZE

The researcher was working with 20 participants which included the key informants(employees) and correspondents (clients) from Ruwa National Rehabilitation Hospital. According to Monique & Bonnie, (2022) empirical-based study of sample size for qualitative research, it was confirmed that 9-17 interviews reached saturation for relatively small sample sizes (Hennink et al, 2019).

3.5.1 VARIABLES

Independent Variables: (age, gender, education, experience).

Dependent Variable: benefactor or provider of rehabilitation services

3.6 SAMPLING PROCEDURE

Purposive sampling

This sample strategy was used by the researcher to choose important informants among the population. Purposive sampling, according to Alchemer (2021), is a non-probability sampling method that necessitates the researcher's prior knowledge in order to rely on their knowledge when selecting suitable informants from the population to participate.(Alchemer, 2021). From the following user departments, the researcher chose key informants from: occupational therapy, physical therapy, social work, ward, CSSD, OPD, X-ray, catering, and administration. This technique showed an advantage of being both time and money-efficient and provided the researcher with a wealth of data for

describing the main effects of the population's findings. This method's primary flaw is that it is prone to bias due to subjective or broad assumptions.

Convenient sampling

A non-probability sampling strategy called convenient sampling only includes subjects who are more easily accessible to the researcher (Shona McCombes, 2019). The researcher employed this strategy by interviewing patients available from the ward and for outpatients at the time of data collection who fit the criteria. This method has the benefit of being simple and affordable.

3.7 DATA COLLECTION INSTRUMENTS

The researcher used in depth interviews to gather data from Ruwa National Rehabilitation Hospital patients admitted; while questionnaires were used by staff. The interview guide and the questionnaire were both open structured questions.

3.7.1 In depth interviews

Interviews involved a one-on-one conversation with people and the researcher interviewed patients at Ruwa National Rehabilitation hospital who are recipients of rehabilitation services. This method was effective because the researcher was able to meet participants in person. The merits of this instrument are that it gives more room for an interviewer to ask follow up questions, circle back key questions which provided more information and better understanding; it gave room for participants to be more comfortable and gave an interview a chance to monitor body language changes which will gave a deeper understanding and an insight of how sensitive is the issue in question. However in-depth interviews are time consuming and requires an interview to be skilled and organized.

To avoid time consuming the researcher conducted interviews between a time frame of 15-30 minutes, and provided 4-5 minutes of recess.

3.7.2 Questionnaire

The respondents in this study were employees at Ruwa National Rehabilitation Hospital. The researcher opted for open ended questions to provide enough room for participants to give in details as they see fit.

3.8 PRETEST

A mini pilot was conducted where the researcher selected 4 participants (2 employees and 2 patients) to check for relevancy of the questions in line with the appropriates of the questions, also to standardize the tools and consistency. The pilot was conducted on a single day and the researcher received positive feedback from the pilot study.

3.8.1 RELIABILITY AND VALIDITY

For reliability purposes the interview guide was done under back-to-back translation from English to Shona to ensure there is no meaning loss, and it was later translated back to English for comparison. The researcher addressed the missing or loss meaning in which some of the Shona words used had deeper meaning in Shona were as most people have adapted the use of Shona mixed with English. As for validity, the pilot study was carried out by using 10% of the sample size and used content analysis to check for consistency and similar characteristics from the participants hence the study is reliable and valid.

3.9 DATA COLLECTION PROCEDURE

The researcher wrote an introduction formal letter and a request addressed to Ruwa Rehabilitation Medical Superintendent to seek permission and authority of data collection

from the hospital and was granted permission. The researcher also received permission to conduct the research with an approval number AUREC 2594/23 from Africa University Research Ethics Committee(AUREC) after their review. Ink was available and it was provided for signature for patients who couldn't sign the consent forms, where they would use a thumb print. The interviews were carried out by asking open ended questions which gave in-depth information and the experience of the economic crisis towards provision of rehabilitation services to clients. Data was collected through recorded answers and written notes to provide consistent transcription and understanding. The questionnaires were also used to collect data and they were also open ended and an approval of consent was required from the respondents before participation.

3.10 DATA ANALYSIS AND ORGANIZATION OF DATA

3.10.1 Content Analysis

The researcher used content analysis for the data collected from both questionnaires and in-depth interviews. The researcher organized data by first selecting the content based on the inclusion/exclusion criteria, and categories based on objective characters. Then developing a code for specific words accordingly, record the characteristics together with the words related or those that fit the same description (Luo,2022). The researcher was looking for key words and characteristics and finally analyzed the data and drafted conclusion from the patterns observed and recorded to fully interpret the finding of the results.

3.10.2 Thematic Analysis

The researcher did thematical analysis for the data collected from in-depth interviews; which is not far from content analysis as it involves familiarization of the data which involves reading through in-depth interview notes; developing codes for same cases or

words; generating themes; defining and reviewing the themes and finally writing up the analysis of the data (Caulfield, 2022).

3.11 ETHICAL CONSIDERATIONS

Ethical considerations are a set of principles that guide a researcher in their research design and practices with a code of conduct that must be adhered to during the data collection process of human research (Bhandari, 2022). The set code of conduct is mainly concerned with the protection of the participant's rights, validity, and integrity of scientific research (Bhandari, 2022). With this in mind, the researcher will start and proceed as follows.

The researcher received ethical approval of the study which enabled the researcher to proceed with data collection from the field. In line with that, the researcher followed all regulations provided as a guide to research ethics. But also the researcher acknowledged and providing citations for any information used and provided in the research to avoid plagiarism.

3.11.1 Informed consent

The researcher ensured this ethical principle is put in place as the study involves people, therefore the researcher informed the participants on what the study is about, its benefits, risks, and the hospital approval in order for them to give consent from an informed perspective. Participants had to give their approval by signing the consent form as an agreement to participate voluntarily. Participants who couldn't write they were provided with ink thumb for thumb signatures.

3.11.2 Voluntary participants

This concept states that all research-related activities must be voluntary, including the participants' knowledge of the study and their engagement in it. The study is completely

voluntary, therefore the researcher informed the participants that they are free to end their participation at any moment and that the study will not suffer any consequences or losses should they withdraw their consent.

3.11.3 Anonymity

The researcher assigned numbers to user departments selected to participate as informants and the rest of the correspondents will not be required to fill in their names, physical characteristics, or phone numbers as a way to guarantee anonymity. The numbers assigned will be used in case the option of withdrawal happens at any point in the study.

3.11.4 Confidentiality

The researcher will keep the recorded transcripts from the interviews and questionnaires in a locked file drawer until approval is provided to study the data, until then the researcher will keep the data confidential and burn the transcripts after the university has approved the final research product.

3.12 SUMMARY

This chapter gives a detailed methodological orientation of the study through research design, sampling techniques, data instruments and ways to the researcher will use to collect data in the field. It also provides a summary of the data analysis process, and ethical considerations that the research will apply throughout the research and in data collection.

CHAPTER 4 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter is going to focus on the presentation of the data that was collected during the study. The chapter will give analysis of the research findings and interpret. The data was collected from Ruwa Rehabilitation staff and patients through interviews and questionnaires. Presentation of data will be done through narrative explanations, tables and pie charts.

4.2 RATE OF RESPONSE

Table 4.2.1 Response rate for questionnaires.

Respondent	Number of questionnaires issued out	Number of questionnaires answered	Response rate(%)
Physiotherapist	1	1	16.7%
Occupational Therapist	1	1	16.7%
CSSD SIC	1	1	16.7%
Ward SIC	1	1	16.7%
OPD SIC	1	1	16.7%
CATERING	1	1	16.7%
LAUNDRY	1	0	0%

The researcher aimed to interview 7 key informants who are staff from various departments that directly and indirectly deal with the patients and provision of rehabilitation services at Ruwa National Rehabilitation Hospital. The response rate was (85.7%) for the questionnaires as the researcher was able to get 6 out of 7 questionnaires returned.

Table 4.2.2 Response rate for interviews

Respondent	Number of patients to be interviewed	Number of patients interviewed	Response rate
Patients at Ruwa National Rehabilitation Hospital	13	13	100%

The researcher managed to conduct interviews with patients at Ruwa National Rehabilitation Hospital. The response rate was (100%) as the interviewer intended to interview 13 patients and managed to interview 13 patients.

4.3 PROFILE OF THE STUDY

Table 4.2.3 The distribution of the profile of key informants.

Key Informant	1	2	3	4	5	6	
Age	36	45	29	31	27	33	MEAN AGE=33.5, SD=(5.9)
Sex	Male	Male	Female	Male	Female	Female	
Qualification	Physio-Therapist	Occupational Therapist	Registered General Nurse	Registered General Nurse	Sister In Charge	Hospital Food Service Supervisor	
Duration of employment	8	12	6	6	5	7	MEAN=7.3, SD =(2.3)

The researcher made sure to have a fair representation of both sexes by having 3 male and 3 female respondents from the key informants. The researcher managed to get feedback from key informants who were well experienced in their field of employment as 5 key informants (83.3 %) had experience of more than 5 years. This shows that they have been

employed long enough to notice the change towards the provision of rehabilitation services as they were present when the economic crisis took a toll on healthcare and rehabilitation services.

Table 4.4.4 The distribution of the profile of patients.

Respondent	Age	Sex	Condition/Injury	Admission time in months
1	35	Male	Spinal-cord	72
2	24	Male	Spinal-cord	25
3	21	Male	Head Injury +Spinal cord	5
4	22	Male	Stroke	8
5	30	Male	Spinal-cord	68
6	24	Male	Spinal-cord	9
7	32	Female	Stroke	3
8	25	Male	Spinal-cord	48
9	19	Male	Spinal-cord	14
10	26	Female	Spinal-cord + huge pressure sores	2
11	24	Male	Spinal-cord	36
12	20	Male	Spinal-cord	15
13	39	Male	Spinal-cord	52
	MEAN AGE=26.2, SD= (6.1)			MEAN TIME=27.5, SD=(24.1)

Out of 13 respondents who took part in the interview 11 were males (84.6%) and majority of them (61.5%) are youth aged between (19-25 years old). The number of male patients admitted at Ruwa National Rehabilitation hospital is greater compared to females because of the nature of accidents that male had either from road accidents and mine sites. The economic crisis in Zimbabwe has resulted to many youths working in the mines to be able to survive the harsh environments of the economy and unemployment. Also (84.6%) of the respondents are suffering from spinal cord injuries and 13 of them (100%) have had

huge pressure sores from being unable to move and lying down for long times. A key informant from the Ward mentioned pressure sores as the most common condition they have to deal with from the hospitalized patients.

4.4 PRESENTATION OF RESULTS

4.4.1 Nature of Rehabilitation services offered at departments.

The nature of rehabilitation services offered are based on physical rehabilitation. They include medication delivery, temperature and blood pressure checks, and two hourly bed turns to prevent pressure sores as the majority of patients are unable to turn themselves due to the nature of their conditions, cleaning of pressure sores, changing of patient's beddings and discharge of meals. Pre discharge training which is offered by physiotherapist and occupational therapists through demonstration and adaption of the environment through demo flats and village set up at the hospital, this together with bladder management for most patients use a urine bag.

At physiotherapy and occupational therapy they work together. They provided therapy for the lower limbs (legs), bed mobility training that comprised teaching patients to turn in bed on their own, to transition from lying to sitting, and to transition from sitting to standing. Also, they provided instruction in standing, walking, and maintaining balance when seated. According to reports, this division also provides hydrotherapy. They also provide therapy for the upper limbs (hands) to patients who suffer from disorders that impair the use of their hands, and we work to strengthen the hand's muscles and grip. In order to be able to use wheelchairs independently and to move from a bed to a wheelchair

or vice versa. They also stated that they re-educate our patients on everyday living skills, such as cooking, bathing, dressing, and grooming.

The catering informant mentioned that their department is mainly focused cooking, providing food for patients to the best of their resources to ensure patients are provided with a well-balanced diet meal, and meals are offered 3 times a day.

4.4.2 Type of services received.

The researcher noted because of the nature of their ailments, those who receive therapy from each area were knowledgeable about the institute's services. Despite the fact that all of the consumers received knowledge regarding the services provided by the center, it took for them to actually use the services before they could fully comprehend them. Most of the conditions that brought the patients to the hospital are related to neurological conditions, spinal cord injuries, or stroke. 11 out of the 13 (84.6%) have spinal cord injuries, (15.4%) had stroke, but also another (15.4%) had spinal cord and other injuries. The researcher noted that clients that had been hospitalized for a period of more than 12 months had better understanding of the type of services they are required to receive and how different departments played their role in making sure their health is restored. The patients mentioned to have received knowledge on the services being offered when they were first hospitalized but it took them time whilst receiving rehabilitation services to actually understand how the coordination of these services function. Overall (84.6%) have an understanding of the rehabilitation services.

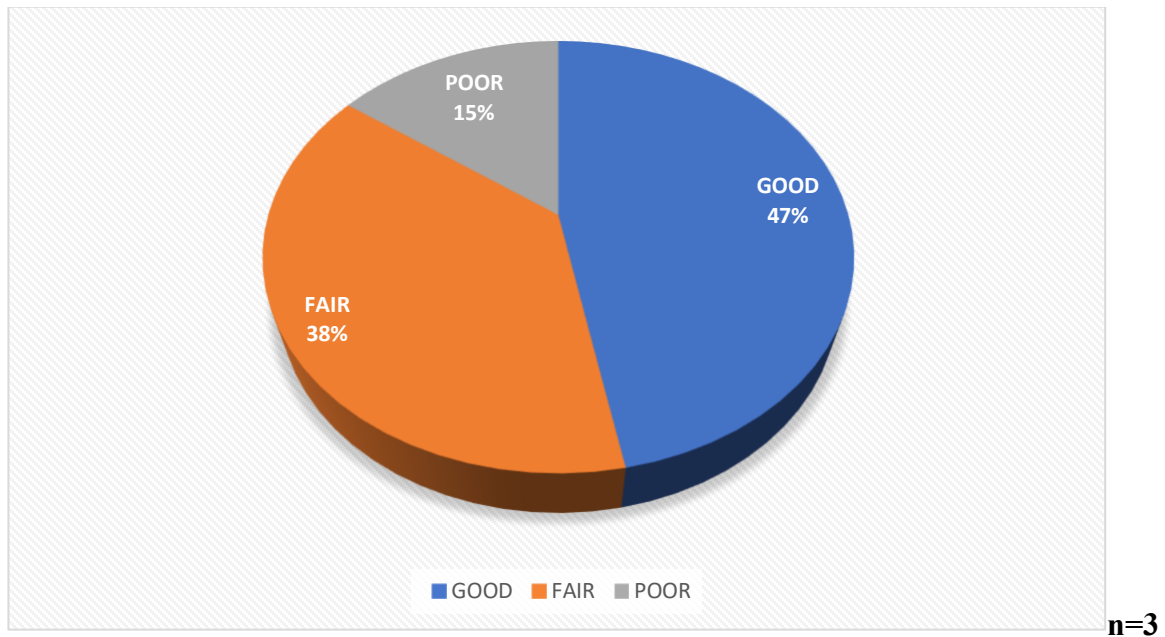


Fig 4.4.2.1 Patient's understanding of nature of rehabilitation services received.

4.4.3 Obstacles in service provision

Failure to operate on full capacity due to shortage of resources. The hospital was established in 1981, some of the hospital equipment are no longer functioning, they need repair whilst most of the equipment are broken completely. As listed by the physio-therapist some of the essentials include “*gym equipment (trade mil, wheelchairs, bicycles ,vibrators etc.), and treatment equipment's (hydro pool, pop curter, massage oils, ultra sound, hydraulic beds)*” are not available at the hospital.

The impact of shortage of equipment on clients was identified as a major challenge as it directly affects their participation and therapy. 11 respondents (85%) of the patients mentioned in their interviews that the limited assistive devices such as wheelchairs and other equipment has resulted to a routine where you have to wait for your turn to use the

equipment which leads to slow progress as they fail to practice more often and quickly adapt.

Also, short staffed was another obstacle identified as a major challenge among the key informants in their departments. Rehabilitation techs are one of the health professions that are highly needed in the health system and low salaries in addition to poor working environment has led to most of the staff to migrate from public institution to private because of better salaries and working conditions. This has resulted into shortage of staff which leads to inpatients given less attention compared to outpatients who are more and cash paying. One of the patients went ahead to say that, “ *We feel ignored and neglected because of financial situation*”.

4.4.4 Assessment of effects of the obstacles.

Change in quality and quantity of services offered.

The researcher was told by 8 respondents which is (61.5%) that they have experienced a change towards the rehabilitation services they have been receiving from the last 3 years and it keeps getting worse by the years. They mentioned change in staff's attitude towards them, change of meals with less proteins and quantity, less doctor visits and therapy. They mentioned to go for exercises and training once a week and it's not even guaranteed for others who are in bad shape whilst those without equipment's being left unattended.

Each of the key informants from various departments mentioned areas they were most facing challenges with and from; physiotherapy and occupational therapy mentioned how their services are the key services for most of their patients but it has been difficult to act due to the lack of equipment's necessary for patient's exercise, support and training. I quote “ *lack of equipment's for demo flats and village, sports equipment (trade mil, wheelchairs, bicycles ,vibrators); treatment equipment's (hydro pool, pop curter; massage oils, ultra sound, hydraulic beds)*. A key informant from CSSD wrote a concern towards quality of sterilized items being comprised, I quote “ *sterilized items are supposed to be stored inside a sterilizing bad and in a closed room with shelves to avoid infection, but due to lack of sterilizing bags we are forced to pack them inside cloths and tape, thereafter storing them in an open space*”. This means there is a high risk of the sterilized equipment's and gauze to contact particles or bacteria that can lead to infection.

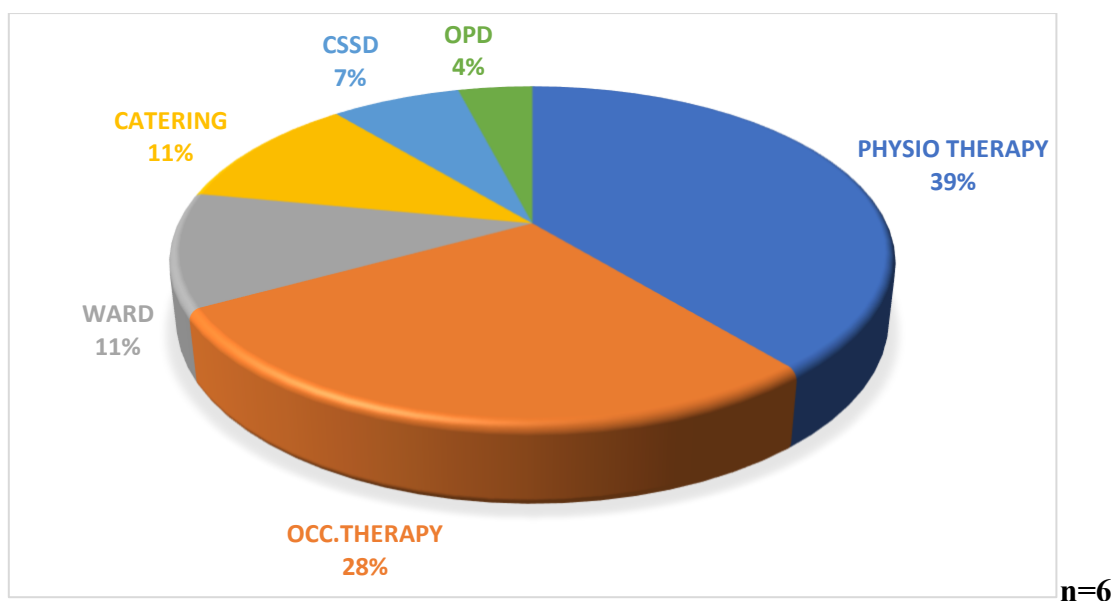


Fig 4.4.4.1 Effect of economic crisis in major departments at Ruwa National Rehabilitation Hospital.

4.4.5 Approaches suggested.

The respondents all came up with various suggestions on how the hospital could improve the provision of services. One respondent (17%) suggested that the hospital should seek funds from the province to support the garden program where the hospital will be able to farm and use its produce provided that the hospital has a big piece of land, this would result to cut down of expenses to buy vegetables and the money could be invested in. buying more proteins to ensure patients are provided with balance diet meal and be able to accommodate the menu. (83%) of the respondents suggested that the hospital should look out for more funding and donations and include the major hospital projects in their budget which will be revenue generating.

4.5 Gap identified.

The patients had no knowledge of the approach that the hospital employed to counter the challenges faced by the institution but they had knowledge that the change in provision of the services they were receiving was affected by finances of the hospital and all their blames were directed to the health care providers. They had poor understanding of the current economic crisis that has hit the country displaying its effects in various sectors and mostly government run health institutions.

4.5 SUMMARY

From the findings it can be noted that Ruwa national Rehabilitation Hospital is facing numerous challenges from their staff to their clients towards provision of rehabilitation services. The challenges are resulting to operation under capacity due to the economic meltdown that is currently facing Zimbabwe with its major effects being subjected to healthcare and welfare of the community. The hospital administration has been struggling to make ends meet and attend patients and it hasn't been easy on the staff resulting to low morale and increased absenteeism and worse brain drain in search for greener pastures. This has affected the health of patients and has further resulted to endless complains on the services.

CHAPTER 5 DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 INTRODUCTION

This chapter is going to focus on the summary of the research findings, and also it will try to create a link between the study objectives, study questions and the data collected. It will also provide conclusion and recommendation of the challenges identified at Ruwa National Rehabilitation Hospital, but also areas for further study will be pinpointed.

5.2 DISCUSSION

Findings from the data collected identified types of rehabilitation services offered at Ruwa National Rehabilitation were mainly focused on promoting physical recovery, independence of activities, restoration of loss of skill of a person with disability and expedite their early return to working life through physiotherapy, occupational therapy, nursing rehabilitation, counselling and voluntary medical male circumcision. The hospital only admits neurological and head injuries for rehabilitation, any other medical cases are not admitted at the hospital. From the interviews the researcher found out departments heavily affected by the economic crisis at the hospital include physiotherapy, catering, ward, CSSD departments.

The researcher found out that the obstacles towards service provision were interlinked where one problem led to the other. The current economic crisis has resulted to declining income where employers are cutting down some benefits that come as bonuses to the employees such as medical aid, but also staff layoff has left many people unemployed and even those that are still employed receive low salaries. This lead to a direct effect where

people lose the purchasing power towards rehabilitation services and employees leave their jobs for greener pastures resulting to loss of rehabilitation team hence affecting the overall provision of services. Inflation has resulted to lack health insurance as medical aid societies are failing to cover their responsibilities towards its members due increase of prices of medical bills. Ruwa National Rehabilitation hospital has cut off any form of payments done through medical societies due to failing of their obligation and resulting to bad debts for the hospital. Under-funding from the government as a result of small budget allocation has effect towards provision of rehabilitation services as the hospital is hit with insufficient resources leading to failure of hospital operational duties. The researcher identified lack of electricity backup, solar power, shortage of fuel and vehicles as the hospital has no functioning ambulance services and 3 other vehicles are held at the garage due to outstanding funds, lack of gym equipment's, consumables for both patients and staff are some of the challenges faced across the hospital. An accumulation of these factors has resulted to loss of revenue to the hospital by failing to provide essential services, drugs and tests such as x-rays scan. This clearly shows how one problem results to the other as the effects inter link towards all the obstacles faced although they emanate from one source which is the economic crisis. This can best be described as the “domino effect” one chain causes a series of related or connected events.

The researcher noted the effects of these obstacles faced affect the clients in various ways at the hospital through the in-depth interviews conducted at the hospital. The clients feel ignored, unconsidered because with their medical condition it is impossible for them to attend to their medical bills as they are required to provide for themselves gloves, bandages, urine bags and catheters, cleaning solutions and painkillers; without your own

resources the nurses won't be able to attend to you due to shortage of clinical resources at the hospital. With the economic crisis even their caretakers and family find it challenging and abandon them at the hospital. This affects their recovery and worsens their conditions especially those with pressure sores. Some of the patients noted the staff's attitude to be too harsh, with the low salaries, little to no job satisfaction it becomes difficult for staff to be motivated to attend their duties and in return the patients have to suffer for that. The researcher noted that lack of resources at the hospital has also made it difficult to assess patients after discharge and it has resulted to death of several patients a month or two after discharge; this has resulted into fear of discharging patients because they no longer have access to demo flats and village training to help them learn how to adjust and interact in home environments once discharged. Catering department is failing to provide meals according to the plan hence preparing meals that do not fit requirements of a balanced diet, this affecting the patient's recovery as they require a meal with sufficient nutrients to help build up but also other patients mentioned lack of appetite eating the same meals everyday with no change. This also has shown its effect on staff as they are not provided with meals even when working on a night shift and the salaries aren't sufficient to cater for the own meals and transport to and from work.

The study also revealed that the hospital had come up with different strategies to alleviate the challenges encountered. They have introduced search of resources through the social work department to seek for funds from various companies as Ruwa is an industrial area, also from religious institutions and NGOs to secure the basic clinical resources required for the hospitalized patients who can't provide for themselves. It has also training nurse

aids who assist in the wards and help to cover staff shortages even though it's not as efficient yet. It has also been seeking funds from the social welfare department to provide patients with assistive devices such as wheel chairs for free to patients so as to accommodate their therapy and exercises. The hospital has also reduced the number of beds so as to be able to care for fewer patients within the hospital capacity and part of this by admitting patients who can pay their bed bills and admitting only those patients that their needs match the services provided.

5.3 CONCLUSION

Ruwa National Rehabilitation hospital just like other public hospitals in Zimbabwe has been facing challenges towards provision of medical services in light of the current economic crisis in the country. The hospital's services have been declining time after time hence difficult to maintain and improve the functionality of their services. In light of the rehabilitation services provided and their impact in human lives, a serious call and attention is required towards rehabilitation sector.

The economic crisis has made it hard for hospital to operate and donations lacking, the source of the hospital's revenue has also declined and at the moment the hospital is fully dependent on its resources from the government through the ministry of health. Despite the efforts of the hospital to come up with approaches to resolve the challenges still the hospital is far from operating to its full capacity.

5.4 RECOMMENDATIONS

To the ministry of health.

The Ministry of Health must take immediate action to try to address the issues that the rehabilitation sector is facing, according to the evidence acquired from this study. They

must conduct a variety of studies and research projects to acquire as much information as possible so that they can develop problem-solving strategies to help these facilities, which are crucial to the lives of individuals with disabilities.

In order to continue providing grants to organizations like Ruwa National Rehabilitation Hospital, which are crucial in transforming the lives of many individuals with disabilities, the Ministry must also push for additional funding for this sector.

To Ruwa National Rehabilitation Hospital

There is a big possibility that people are unaware of what Ruwa National Rehabilitation Hospital does but also the importance of rehabilitation for people living with disability. Therefore, the hospital may run awareness campaigns to educate the general public on the services they provide. This can guarantee that more clients visit the facility as outpatients because there may be people who require their services but are unaware of them. A boost in enrollment will result in an increase in revenue.

However; patient and users of health services at the hospital can express any worries they may have by filling out quality assurance questionnaires at the hospital. This will enable the administration to focus on the areas that will result in satisfied customers so that they can extend their stay or recommend us to other potential customers.

In order to raise money to repair and to buy new rehabilitation equipment for the patients and guarantee their satisfaction, the hospital has to strive to host fundraising activities like sports which will involve patients and individuals with disability who are independent for support.

The hospital should also reconsider reviewing the use of medical aid societies so as to assist patients who are on medical aid and health insurance to have access to rehabilitation services. Given how expensive and drawn-out rehabilitation is, it can be difficult for the average person to afford treatment on a monthly paycheck. The hospital would be able to support itself and not full depend on external resources if all of its patients were able to pay and invest in medical aid cover which comes fairly helpful in guaranteeing that they get rehabilitation services and also do not create bad debts for the hospital.

5.5 AREA FOR FURTHER RESEARCH

Further research is required to understand the effects of a lack of rehabilitation services on disabled individuals who cannot afford such treatments. The disability sector has little to no information hence having more information will help us learn more about it, and it will inspire the development of aiding techniques that will enable them to live independent and fulfilling lives.

5.6 SUMMARY

This chapter mostly concentrated on the study's findings and summary. It also attempted to provide solutions that the hospital may employ to address the difficulties they are having and decrease the negative effects on the consumers. Also, it suggested a few areas for additional research that will benefit those with impairments.

REFERENCE

- Alchemies LLC (2022) [https://www.alchemer.com/resources/blog/purposive-sampling-101/-](https://www.alchemer.com/resources/blog/purposive-sampling-101/)
- Bhandari P. (2022) Qualitative research [https://www.scribbr.com/methodology/qualitative-research/-](https://www.scribbr.com/methodology/qualitative-research/)
- BMJ Global Health (2020);5:e002122. - The differential impact of economic recessions on health systems in middle-income settings: a comparative case study of unequal states in Brazil, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9276592/>
- Caulifiels J. (2022) Thematic analysis <https://www.scribbr.com/methodology/thematicanalysis/>
- Devlieger, P. J. (1998). Vocational rehabilitation in Zimbabwe: A socio-historical analysis. Journal of Vocational Rehabilitation, 11, 21-31.
- Disability and rehabilitation in Zimbabwe: lessons and implications for rehabilitation practice in the U.S. (Disability and Rehabilitation in Zimbabwe).. (n.d.) >The Free Library. (2014). Retrieved October 23 2022 from <https://www.thefreelibrary.com/Disability+and+rehabilitation+in+Zimbabwe%3a+lessons+and+implications...-a095105818>
- Economou , Kaitelidou , Kentikelenis , et al. The impact of the crisis on the health system and health in Greece. In: Maresso A, Mladovsky P, Thomson S, et al., editors., https://www.ncbi.nlm.nih.gov/books/NBK447857/#_ncbi_dlg_citbx_NBK447857

Economic crisis, health systems and health in Europe: Country experience [Internet].

Copenhagen (Denmark): European Observatory on Health Systems and Policies;

2015. (Observatory Studies Series, No. 41.) 4. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK447857/>

Finkenflügel H. J. (1991). Help for the disabled--in hospital and at home. World health forum, 12(3), 325–330.

Healthcare Services: A Systematic Review. Iranian journal of public health,

51(3), 495–507. <https://doi.org/10.18502/ijph.v51i3.8925>

Hennink, Monique & Kaiser, Bonnie & Weber, Mary. (2019). What Influences

Saturation? Estimating Sample Sizes in Focus Group Research. Qualitative Health

Research. 29. 104973231882169. 10.1177/1049732318821692.

Hillman, A. J., Withers, M. C., & Collins, B. J. (2009). Resource Dependence Theory: A

Review. Journal of Management, 35(6), 1404–1427.

<https://doi.org/10.1177/0149206309343469>

HSO ,(2015) Standards , HSO 11010:2015:2015-Rehabilitattion.

<https://healthstandards.org/standard/rehabilitation/>

Lusardi, A., Schneider, D., & Tufano, P. (2015). The Economic Crisis and Medical Care

Use: Comparative Evidence from Five High-Income Countries. *Social Science Quarterly*, 96(1), 202–213. <https://www.jstor.org/stable/26612217>

Matambanadzo, K. (2020). ICZ's corporate social responsibility benefits Ruwa Rehabilitation Hospital. Retrieved 16 March 2022, from <https://www.businessweekly.co.zw/iczs-corporate-social-responsibility-benefitsruwa-rehabilitation-hospital/>

Moore, M.H, (2000) Resource Dependency and Strategy in healthcare Organizations during a time of scarce resources: *Journal of Health Organization and Management* 35(9):211-227 <https://www.emerald.com/insight/content/doi/10.1108/JHOM-12-20200478/full/html>

Mpofu, E. (2001). Rehabilitation in international perspective: A Zimbabwean experience. *Disability and Rehabilitation*, 23, 481-489.

Nyamamhindi/UNICEF-The New Humanitarian, (2014). Health Crisis in Zimbabwe, <https://reliefweb.int/report/zimbabwe/zimbabwes-health-system-crisis>

Recio, Pablo, J., Rabanaque, & Palacio (2022). Understanding the Effect of Economic Recession on Healthcare Services: A Systematic Review. *Iranian journal of public health*, 51(3), 495–507. <https://doi.org/10.18502/ijph.v51i3.8925>

Rehabilitation Hospital. Retrieved 23 October 2022, from

<https://www.businessweekly.co.zw/iczs-corporate-social-responsibility-benefitsruwa-rehabilitation-hospital/>

Saul McLeod, (2018) <https://www.simplypsychology.org/questionnaires.html#open->

Shona McCombes. (2019). Case Study Design <https://www.scribbr.com/methodology/case-study/->

The impact of the global economic crisis on the health care systems of Belgium, France and the Netherlands: policy recommendations for the Republic of Korea-

https://apps.who.int/iris/bitstream/handle/10665/153804/9789241508063_eng.pdf?sequence=1

UNESCO,(2022). Zimbabwe Launches National Disability Policy,

<https://www.unesco.org/en/articles/zimbabwe-launches-national-disabilitypolicy#:~:text=It%20is%20estimated%20that%20about,form%20of%20disability>

[y%20in%20Zimbabwe.](https://www.unesco.org/en/articles/zimbabwe-launches-national-disabilitypolicy#:~:text=It%20is%20estimated%20that%20about,form%20of%20disability%20in%20Zimbabwe.)

UCAZ. (2012). Ruwa Local Board | Homepage. Retrieved 18 October 2022, from

<https://ucaz.org.zw/members/ruwa-local-board/>

WHO. (2021). Rehabilitation. Retrieved 22 November 2022, from <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>

Zavras, (2022) Economic crisis Healthcare. Retrieved 22 November 2022, from

https://www.mdpi.com/journal/ijerph/special_issues/economic_crisis_healthcare

APPENDICIES

Appendix:1 Interview guide for patients (ENGLISH).

My name is Loyce Kalembo, a student. In partial fulfilment for my degree, I am conducting a research proposal on Impact of Economic Crisis on Provision of Rehabilitation Services at Ruwa National Rehabilitation Hospital.

Your assistance in answering these questions will be greatly appreciated.

INSTRUCTIONS

No names are required for anonymity.

You May answer as many questions as you can,.

Feel free to decline answering the questions at any point during the interview process.

PATIENT INTERVIEW GUIDE

1. What condition brought you to Ruwa National Rehabilitation Hospital, and how long have you been admitted?
2. What type of rehabilitation services are you receiving from the hospital?
3. Have you noticed any change in the quality and quantity of the service(s) offered to you at the hospital?
4. Do you think the hospital is facing challenges in providing rehabilitation services as a result of the economic crisis faced in Zimbabwe? .
5. What would you suggest be changed or improved towards the service(s) you receive?

Appendix: 2 Interview guide for patients (SHONA)

Ini ndononzi Loyce Domisian Kalembo, mudzidzi anoita bachelor of health services management pa Africa University, Mutare. Ndiri kuita ongororo ye kukanganisa kwe dambudziko rehupfumi pakupiwa kwe Rehabilitation Services paRuwa National Rehabilitation Hospital.

Rubatsiro rwako pakupindura mibvunzo iyi ruchaongwa zvikuru.

MAZANO

- Hapana mazita anodiwa pakusazivikanwa.
- Unogona kupindura mibvunzo yakawanda sezvaunokwanisa.
- Inzwa kusununguka kuramba kupindura mibvunzo chero nguva panguva yekubvunzurudza.

GWARA REKUBVUNZURUDZA MURWERE

1. Chii chakakuunza kuRuwa National Rehabilitation Hospital, uye wakapinzwa kwenguva yakareba sei?
2. Ndedzipi mhando dzerutsidzo dzauri kuwana kubva kuchipatara?
3. Waona here shanduko mumhando uye huwandu hwesevhisi yaunopiwa kuchipatara?
4. Munofunga kuti chipatara ichi chiri kusangana nematambudziko here mukupa vanhu rubatsiro rwekutsinhanisa vanhu nekuda kwekuoma kwakaita hupfumi hwenyika muZimbabwe?
5. Chii chaungakurudzira kuti chishandurwe kana kuvandudzwa maererano nerubatsiro rwaunogamuchira?

Appendix 3: Questionnaire for Key Informants at Ruwa National Rehabilitation
Hospital.

INSTRUCTIONS

No names are required for anonymity.

You May answer as many questions as you can,.

Feel free to decline answering the questions at any point during the interview process.

☐ Years of service.....

☐ Role.....

1. What is the nature of services offered at your department?

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2. Do you think the current economic status has affected the provision of services
at the hospital as a whole? If Yes, how?

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3. How has the challenge(s) being faced at the hospital affected your department?

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4. What are the implications of these challenges you are facing on the clients?

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5. What are the strategies being deployed at your department in trying to
address these challenges you are
encountering?

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6. What strategies would you suggest be deployed by the hospital and healthcare institutions as a measure towards uncertainty?

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THANK YOU FOR YOUR ASSISTANCE

Appendix 4: Informed Consent Form (ENGLISH)

My name is Loyce Domisian Kalembo, a student pursuing bachelor of health services management at Africa University, Mutare. I am conducting a research study on Impact of Economic Crisis on Provision of Rehabilitation Services at Ruwa National Rehabilitation Hospital. Please read the following before agreeing to participate in this research. I am asking you to participate in this study by responding to the interview and questionnaires.

The purpose of the study.

This study aims to advance and broaden the delivery of rehabilitation services to those with disabilities and those in need of such services, as well as to address the difficulties facing healthcare systems in light of Zimbabwe's ongoing economic crisis. As a patient or member of the staff at Ruwa National Rehabilitation Hospital, you have been chosen for the study.

Procedures and Duration.

If you opt to participate in the study, the interview will run between 10 and 20 minutes, with a brief break of around 2 minutes. I will schedule an appointment for the interview so that it doesn't interfere with your job. The questionnaires will take about 30 minutes, and for those who need it, confidential writing and translation assistance will be made available.

Benefits

There will be no direct or indirect benefit in participating in this study. The anticipated benefit of participation is to discuss the impacts faced by both clients and staff at the

hospital. Findings could then be used by government or policy makers in advancing the provision of rehabilitation services.

Risks and Discomforts

There are no anticipated risks or discomforts from your participation in the study.

Confidentiality.

The researcher will protect you by ensuring all the collected questionnaires will be kept under lock and key, and the numbers assigned to the interviews will only be known to the researcher. All information collected is purely for academic purposes.

Anonymity.

No names will be required on the interviews or on questionnaires.

Voluntary participation

Your refusal to participate at any stage during this study is allowed and there will be no penalty. Participation is voluntary.

Offer to answer questions.

You are permitted to ask any questions or seek clarity regarding this form. Please be sure to ask before signing this consent form. Researchers contact +263788751386.

Authorization

I have read and understood what the research study is about and I agree to participate in this research study.

Signature of the participant Date:

Signature of the researcherDate:

THANK YOU FOR YOUR ASSISTANCE

Appendix 5: Informed Consent Form (SHONA)

Ini ndononzi Loyce Domisian Kalembo, mudzidzi anoita bachelor of health services management pa Africa University, Mutare. Ndiri kuita ongororo ye kukanganisa kwe dambudziko rehupfumi pakupiwa kwe Rehabilitation Services paRuwa National Rehabilitation Hospital. Ndokumbira uverenge zvinotevera usati wabvuma kutora chikamu muongororo iyi. Ndiri kukukumbira kuti utore chikamu muchidzidzo chino nekupindura kubvunzurudzo nemibvunzo.

Chinangwa chechidzidzo

Ongororo iyi ine donzvo rekusimudzira pamwe nekuwedzera kuwaniswa kwerutsigiro kune vakaremara nevanoda rubatsiro urwu, pamwe nekugadzirisa matambudziko ari kusangana nehurongwa hwezveutano zvichitevera kuoma kuri kuita hupfumi hwenyika muZimbabwe. Semurwere kana nhengo yevashandi vepaRuwa National Rehabilitation Hospital, wakasarudzwa kuti uite chidzidzo ichi.

Maitiro uye nguva

Kana ukasarudza kutora chikamu muchidzidzo, bvunzurudzo ichaita pakati pemaminitsi gumi kusvika makumi maviri, nekuzorora kwenguva pfupi kwemaminetsi maviri. Ndicharonga nguva yekubvunzurudzwa kuitira kuti zvisazokanganisa basa rako. Mapepa emibvunzo achatora anenge maminitsi makumi matatu, uye kune avo vanoada, kunyora zvakananzika uye rubatsiro rwekushandura ruchaitwa kuti ruwanikwe.

Zvinobatsira

Hapazovi nerubatsiro rwakananga kana rusina kunanga mukutora chikamu muchidzidzo ichi. Mubairo unotarisirwa wekutora chikamu ndewekukurukura matambudziko anosangana nevatengi nevashandi vepachipatara. Zvakawanikwa zvinogona kuzoshandiswa nehurumende kana vagadziri vemitemo mukusimudzira kuwaniswa kwemabasa ekudzoreredza.

Njodzi uye kusagadzikana

Hapana njodzi dzinofungidzirwa kana kusagadzikana kubva mukutora chikamu chako muchidzidzo..

Kuvanzika

Muongorori achakudzivirira nekuona kuti vese vanobvunzwa vachengetwa vakakiyiwa nekiyi, uye nhamba dzakapihwa kubvunzurudzo dzinongozivikanwa nemuongorori chete. Ruzivo rwese rwunounganidzwa nderwezvinangwa zvedzidzo chete.

Kusazivikanwa

Hapana mazita achadiwa pabvunzurudzo kana pamibvunzo.

Nokuzvidira kutora chikamu

Kuramba kwako kutora chikamu chero nguva panguva yechidzidzo ichi kunotenderwa uye hapazovi nemutongo. Kutora chikamu ndeyokuzvidira.

Kumbira kupindura

Unotenderwa kubvunza chero mibvunzo kana kutsvaga kujekeswa maererano nefomu
iri. Ndapota iva nechokwadi chekubvunza usati wasaina iri fomu remvumo. Vatsvagiri
vanobata +263788751386

Mvumo

Ndakaverenga ndikanzwisisa nezvechidzidzo chetsvakiridzo uye ndinobvuma kutora chikamu
muchidzidzo chetsvakiridzo iyi.

Siginicha yemunhu ari kutora chikamu.....Musi.....

Siginicha yemuongorori.....Musi.....

Appendix 6: Approval letter from Ruwa National Rehabilitation Hospital.



30th January 2023
Ruwa National Rehabilitation Hospital
Po Box 480
RUWA

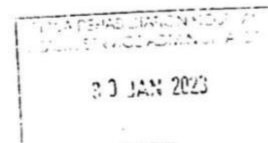
TO: WHOM IT MAY CONCERN

RE: REQUEST TO UNDER TAKE RESEARCH PROJECT AT RUWA REHABILITATION HOSPITAL

Please refer to the heading above.

My name is LOYCE KALEMBO, a Bachelor of Health Service's Management student at Africa University. I am requesting for an approval to carry out my research project in Ruwa Rehabilitation Hospital titled "IMPACT OF ECONOMIC CRISIS ON PROVISION OF REHABILITATION SERVICES AT RUWA NATIONAL REHABILITATION HOSPITAL".

Thank you for your usual support.



APPROVED/NOT APPROVED DATE.....

Appendix 7: Approval letter from AUREC



AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE (AUREC)

P.O. Box 1320 Mutare, Zimbabwe, Off Nyanga Road, Old Mutare-Tel (+263-20) 60075/60026/61611 Fax: (+263 20) 61785 website: www.africau.edu

Ref: AU2594/23

7 March 2023

LOYCE KALEMBO
C/O Africa University
Box 1320
MUTARE

RE: **IMPACT OF ECONOMIC CRISIS ON PROVISION OF REHABILITATION SERVICES AT RUWA NATIONAL REHABILITATION HOSPITAL (2018-2022)**

Thank you for the above-titled proposal that you submitted to the Africa University Research Ethics Committee for review. Please be advised that AUREC has reviewed and approved your application to conduct the above research.

The approval is based on the following.

a) Research proposal


- **APPROVAL NUMBER** AUREC 2594/23
This number should be used on all correspondences, consent forms, and appropriate documents.
- **AUREC MEETING DATE** NA
- **APPROVAL DATE** March 7, 2023
- **EXPIRATION DATE** March 7, 2024
- **TYPE OF MEETING** Expedited
After the expiration date, this research may only continue upon renewal. For purposes of renewal, a progress report on a standard AUREC form should be submitted a month before the expiration date.
- **SERIOUS ADVERSE EVENTS** All serious problems having to do with subject safety must be reported to AUREC within 3 working days on standard AUREC form.
- **MODIFICATIONS** Prior AUREC approval is required before implementing any changes in the proposal (including changes in the consent documents)
- **TERMINATION OF STUDY** Upon termination of the study a report has to be submitted to AUREC.



Yours Faithfully

MARY CHINZOU
ASSISTANT RESEARCH OFFICER: FOR CHAIRPERSON
AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE

Appendix 8: Proof of payment

 AFRICA UNIVERSITY	Account Number <u>125010479</u> Date <u>30/01/2023</u>	138796
Received from <u>Loyce Domicaia - Kalemba</u>		USD 15— Z
For <u>AUREC FEES</u>		
The Sum of \$ <u>fifteen USD dollars</u> <u>only</u>		
Cash <input checked="" type="checkbox"/> Swipe <input type="checkbox"/> Transfer <input type="checkbox"/> Mobile <input type="checkbox"/> <u>Diselg</u> With Thanks		
<small>Print Solutions: 0774 093 685</small>		