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TOPIC: COMBATING CORRUPTION IN PUBLIC HOSPITALS:

A CASE STUDY OF CHIMHANDA DISTRICT HOSPITAL

BY

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I, Richwell K Padzuru (B1852108), do hereby declare that this dissertation submitted in partial fulfilment of the general requirements of the Bachelor of Commerce (Honours) Degree in Financial Intelligence, is the result of my own investigation and research. This information has not been presented or published in this form before, and all the previous works are properly recognized and acknowledged properly.

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DEDICATION

I dedicate this work and a special feeling of gratitude to my loving parents, Norest Padzuru and Pauline Katsande, for their gratuitous words of encouragement and push of tenacity. I dedicate them this important professional achievement, because without their presence, support and comprehension, I would have not achieved this goal. Also special thanks to my supervisor, Mr Maunga for his endless effort in coming up with this dissertation.

ABSTRACT

The study sought to identify corruption in public hospitals and how to combat it using Chimhanda District Hospital as a case study. The study's key objectives were to identify forms of corruption that are common in public hospitals, determine the impact of corruption on public hospital operations, examine the effectiveness of public hospital corruption control measures, and combat corruption in public hospitals. The study used both qualitative and quantitative research methods to achieve its goals. The study used a descriptive survey approach that includes depth interviews as well as questionnaire surveys. A sample size of 30 employees was used for the questionnaire, while the interviews had a sample size of 5 managers. For the interviews, purposeful sampling was used and stratified random sampling was adopted for the questionnaire. Microsoft Excel was used for data analysis. Findings of the research were exhibited in the form of tables, pie charts graphs. Data analysis showed that there is great impact of corruption and various forms of corruption are experienced at the district hospital. Employees pointed out bribery as the major form of corruption experienced. The employees felt that current anti-corruption control measures at the district hospital were ineffective. The study concluded that the public hospital should pay more attention to the causes of corruption because research has shown that the public hospital was experiencing various forms of corruption, so identifying the root causes of corruption can be the way to go because if they do not, the hospital ends up having a negative national image. The study recommended CDH the following recommendations to address corruption; effectiveness of regulatory and supervisory bodies, security controls, government intervention, encouragement of whistleblowing, criminalization of all corruption cases and raising public awareness.

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CHAPTER I

INTRODUCTION

1.0 Introduction

This study aimed to identify corruption and how to combat it in public hospitals. This chapter introduces the topic under study and provides an overview of the research problem. It concentrated on the study`s background, problem statement, purpose of the study, significance of the study, research objectives, research questions, limitations, assumptions, and delimitations of the study.

1.1 Background of the study

Corruption is becoming more prevalent over the world, particularly in the public sector (Botha & Van Heerden, 2014). The nineteenth-century industrial revolution, according to Robb (1992), appears to have been the very first historical basis for the growth of corruption. He went on to explain that the industrial revolution spawned a complex economy marked by a greater reliance on money and investment, as well as massive banking networks, stocks, and credit, as well as a complicated legal structure. Mulinge & Lesetedi (1998) attributed the development and potential of white collar crime to an increase in the number of attorneys, bankers, and other professions.

Zimbabwe had one of the best health-care systems in Sub-Saharan Africa in the 1980s. According to Sithole (2013), the government made significant efforts to strengthen health care following independence, leading in steady improvements in health outcomes. The country's economic crisis in 2000 resulted in a downturn, hyperinflation, and political instability, resulting in a reduction in healthcare funding (Makochekanwa & Kwaramba, 2010). Several hospitals, clinics, and health institutions around the country were on the verge of closing owing to a shortage of medical personnel, equipment, and pharmaceuticals during this time (Makochekanwa & Kwaramba, 2010).

Zimbabwe has the largest number of corruption cases in Southern Africa. According to a study done by the Southern African Forum against Corruption (SAFAC, 2002), over 62 percent of Zimbabweans believed that all or most of their government officials were corrupt. Zimbabwe was ranked 154th out of 182 countries studied in 2011, with a corruption perception index (CPI) score of 2.2. On a scale of 0 to 100, with 0 being the

most corrupt and 100 representing the least corrupt, the CPI was first released in 2012. Zimbabwe was one of the nations analyzed by Transparency International Zimbabwe TI-Z, and it obtained a CPI score of 20 (TI-Z, 2012).   Zimbabwe had 81 percent corruption, according to an Afro barometer poll released in Senegal in 2013, while Egypt and Nigeria both had 82 percent. According to the same research, corruption in Zimbabwe increased by 43% between 2002 and 2012, indicating that corruption was on the rise and therefore more damaging to the economy.

According to a 2002 survey, health-care procurement accounted for more than 18 percent of global GDP, or USD 5.8 trillion (Auriol, 2005), with an estimated USD 400 billion changing hands as a result of public-sector procurement corruption (Auriol, 2005). (Mawenya, 2008). According to another study, the cost of corruption in Africa was estimated to be over USD$ 148 billion per year (World Bank, 2003).

The majority of the corruption at Zimbabwe's public hospitals has been exposed by the media. Several hospitals were involved in conducting irregularities in the drug procurement process, according to the Ministry of Health and Child Welfare, which conducted various audits between 2009 and 2014, including the provision of substandard products and services, price inflation, and flouting of procurement regularities. Similar abuses were detected at Chivhu General Hospital in 2015, when a special Ministry of Health and Child Care audit involving US$2.5 million discovered officials flouting procurement regulations, inflating quotes, and producing fraudulent bids and tenders (Bertelsmann Foundation, 2014).

This was also true at Chimhanda District Hospital, which operates in the same way as any other Zimbabwean public hospital. As a result, it was necessary to investigate how corruption could be reduced, not only for better resource management, but also to address the detrimental repercussions of corruption on the health system and society.

1:2 Problem Statement
Allegations abound that instances of corruption perpetrated by public hospital administration and personnel have a hugely damaging influence on public hospitals. Corruption has a detrimental influence on health-care delivery and is a serious issue in Zimbabwe's public health institutions. Bribery, nepotism, embezzlement, theft, mismanagement, and absenteeism are among some of the key kinds of corruption harming the health system in Zimbabwe (Chene, 2015), and the poor were the most

impacted group. In an effort to develop an anti-corruption culture, the Zimbabwean government formed the Anti-Corruption Commission. However, the health sector's anti-corruption initiatives in public hospitals were considered as ineffective. As a result, the objective of this study was to investigate measures to prevent corruption in the health industry, particularly in public hospitals.

1:3 Purpose of the study

The purpose of the study was to identify corruption in public hospitals and how to combat it in public hospitals.

1.4 Research Objectives

The research intended to address the following issues:

1. To identify forms of corruption that occur in public hospitals.
2. To determine the impact of corruption on the operation of public hospitals.
3. To explore the effectiveness of corruption control measures set up by public hospitals.
4. To address corruption in public hospitals.

1.5 Research Questions

1. Which forms of corruption occur in public hospitals?

2. What are the impacts of corruption on the operation of public hospitals?

3. How effective are the corruption control measures set up by public hospitals?

4. How may corruption in public hospitals be addressed?

1.6 Significance of the study
To the hospital

The research will contribute to a better understanding of corruption in Zimbabwe's public hospitals. As a result, the hospital will display a positive image to its clientele, including overseas benefactors who may have interest in the facility and be prepared to contribute to its maintenance. The study's findings will aid the health sector in Zimbabwe, particularly public hospitals, in making appropriate and desirable adjustments to existing anti-corruption efforts.

To the patients

Patients would benefit from improved health care services if there is less corruption in the procurement process at Chimhanda District Hospital. The hospital would be able to buy quality pharmaceuticals and hospital maintenance by minimizing corruption in drug procurement and service delivery, consequently boosting health services for patients.

To Bindura University

Other students who are interested in discovering more on this topic might consider the research as a source of information. The research will also serve as a springboard for future research and studies on public hospitals and corruption.

To the researcher

The research will assist to widen the researcher's professional experience under study because the topic of corruption falls within the field of Financial Intelligence, which intelligence officers will have to deal with in their line of duties. In addition, the research will provide an opportunity for the researcher to put theory learnt in terms of data collection, analysis, and presentation into reality.

1.7 Assumptions

The researcher made the following assumptions when conducting the study:

- ❖ Respondents had a strong understanding of the topic of corruption.
- ❖ The information gathered from all respondents will be accurate, comprehensive, legitimate, and trustworthy.
- ❖ Respondents are likely to collaborate in a favourable way.

1.8 Delimitations of the study

The study was undertaken in Mashonaland Central Province's Rushinga Rural District, using Chimhanda District Hospital as the case study. The study was performed during the years 2021 and 2022. Chimhanda District Hospital employees, management, and patients were the study's target population.

1.9 Limitations of the study

In every research, problems are inescapable, although their degree varies. The researcher stumbled upon a few roadblocks. The researcher's access to sensitive information, as well as some data concerning the acquisition of pharmaceutical drugs and other treatments, was restricted. However, measures were made to offset the consequences of these restrictions, such as ensuring respondents that the information they provided would be kept anonymous and that the research would be conducted solely for academic purposes.

1:10 Abbreviations

CDH	Chimhanda District Hospital
CPI	Corruption Perception Index
MoHCW	Ministry of Health and Child Welfare
PSA	Public Service Anti-Corruption
TI-Z	Transparency International Zimbabwe
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
ZACC	Zimbabwe Anti-Corruption Commission
ZLHR	Zimbabwe Human Rights Lawyers

1.11 Structure of the Research

The study's background, statement of the problem, purpose, research aims, research questions, importance, assumptions, study delimitations, limits, and chapter summary were all covered in the first chapter. The researcher addressed theoretical and empirical literature in the second chapter, which focuses on literature review. The researcher covered the study methodology in chapter three, as well as the research design. The fourth chapter focuses on data presentation, data analysis, and data discussion. The researcher concentrated on presenting a summary of the study's major results, as well as conclusions and suggestions, in Chapter 5.

1:12 Chapter Summary

The introduction, background of the study, problem statement, purpose of the study, research objectives, research questions, validity of the study, assumptions of the study, delimitations of the study, limitations of the study, and structure of the research project were briefly summarized in chapter 1. The rationale, the reason for performing the study, and the projected contribution and advantages of the study were all discussed in this chapter.

CHAPTER II

LITERATURE REVIEW

2.0 Introduction

This chapter focused on a review of current literature as well as studies undertaken by other practitioners, analysts, study groups, and authors, which were found in texts, articles, publications, and websites to which the researcher had access. The chapter covered context for the study by looking at published literature reviews and empirical evidence on corruption and its impact on public hospital service delivery. Corruption has a negative impact on economic growth and development, particularly in terms of health care availability, efficiency, affordability, and equity (Holmberg & Rothstein, 2011). It is now more important than ever to properly understand corruption so that more effective measures of preventing it can be developed.

On the other hand, the government, working with the Department of Health and Child Welfare, can surely help advance the anti-corruption agenda in the health sector and raise public awareness of the catastrophic health repercussions of government failures. This chapter focused at the several types of corruption, as well as its manifestations, theories, and effects, as well as the various anti-corruption programs that had been done. This chapter stated that corruption poses a variety of hazards and that understanding corruption is essential for implementing effective anti-corruption measures.

As a result, this chapter analyzed previous research in order to identify gaps that this study on fighting corruption in Zimbabwean public hospitals has filled. To help the researcher establish a complete understanding of prior research that is relevant to the research questions, a critical examination of related literature was necessary.

2.1 Conceptual Framework

A conceptual framework is an analytical model that displays research factors in the inquiry and how they may influence one another in the course of filling the gap that is being investigated (Rodam, 1980). This part included the most important concepts and variables in the field of this research.

2.1.1 Defining Corruption

Corruption is unavoidable and part of the human condition (Habtemichael, 2009). Corruption is a multidimensional problem that can be found at all levels of government and presents itself in a variety of ways (Lessig, 2013). The notion of corruption is still up for debate among academics. It is impossible to characterize corruption in a way that pleases everyone. According to the United Nations Office on Drugs and Crime (UNODC), the term corruption was derived from the Latin word corcorus, which literally means to break or to destroy (2008).

Corruption, as defined by the United Nations Office on Drugs and Crime (UNODC) (2008), is the use of a public or private position for personal advantage, whether direct or indirect. Using diverse definitions of what constitutes corruption, the impact of corruption on the creation of academic performance inequalities was investigated.

The International Monetary Fund (IMF) (2000), defined corruption as the abuse of power or trust for personal benefit, and it is a temptation not only for government officials, but also for persons in positions of trust or authority in the private sector or non-governmental organizations. There are distinctive kinds of corruption, according to Bracking (2010), the first of which is administrative corruption. Public officials seek payments in exchange for swift implementation of current regulations, programs, and laws in this sort of corruption. According to Bracking (2010), petty corruption is a type of corruption in which public officials engage in modest activities such as rent-seeking. Political corruption is a type of corruption in which people in positions of political authority abuse their influence by passing laws that benefit them or suit their interests.

Fraud, nepotism, favoritism, abuse of power, ghosting, conflicts of interest, bid-rigging, insider trading, embezzlement, bribery, and extortion are just a few examples of unethical behavior in government organizations (Matsheza & Kunaka, 2011)

2.1.2 Types of corruption
1. Systemic corruption

Systemic or endemic corruption occurs when corruption is an integrated and fundamental component of the economic, political, and social systems, and when it is embedded in a larger environment that serves to support it. Systemic corruption is not a type of corruption; rather, it is a situation in which corrupt individuals and groups gain access to and use the state's fundamental institutions and procedures on a regular basis,

and most citizens have no choice but to deal with corrupt authorities. In compensation for a service, some bribes are publicly required. Doctors have a culture of corruption, according to Jain, Nundy, & Abhasi (2014), that has been cemented over many years of failure to recognize and combat corruption. As a result, doctors believed it was acceptable to be corrupt because it was part of their culture.

Bribes for example, are paid to see a doctor or to gain access to certain services in public hospitals, for example. Certain acts, such as driver's license costs, overloaded vehicles, traffic fines, lines at public hospitals and clinics, and customs infractions, are now subject to a defined fee. As a result, the current research aims to determine whether systemic corruption exists at CDH.

2. Petty Corruption

According to Byrne (2009), petty corruption is day to day corruption that occurs at the end of politics, where officials meet the people. Petty corruption refers to bribery related to the enforcement of existing laws, rules, and regulations. This type of corruption, for example, occurs in a situation whereby people confront on a daily basis when engaging with government institutions and services such as public hospitals (Chimhanda District Hospital).

3. Political and Grand Corruption

Political decision-makers are involved in large-scale or high-level corruption, as opposed to petty corruption. According to Byrne (2009), a substantial contribution is made at the highest levels of the political system when politicians and government servants with the power to make and enforce laws on behalf of the people misuse that position to protect their power, status, and money. One example is militarization. When former army generals are sent to public organizations to administer and oversee activities and are fully rewarded, this is referred to as militarization. This is essentially for the purpose of providing political protection and assistance (Chiminya & Mudzingiri, 2015)

4. Legal and Moral Corruption

In order to grasp legal and moral corruption, it's important to comprehend that the word corruption was derived from the Latin verb rumpere, which means to beak. According to this definition, corruption occurs when the law is broken. All laws must be clearly

specified in order to detect corruption, leaving no opportunity for interpretation or discretion for public authorities. The act of an official is only corrupt if it is prohibited by government laws; if the act is prohibited, it is not corrupt even if it is abusive or unethical (Gardiner, 1993). Laws must be updated because such legal gaps allow a huge number of people to participate in unethical acts.

2.1.3 Forms of Corruption

Absenteeism

One of the most commonly recognized kind of corruption among healthcare personnel for example at CDH is absenteeism. This happens frequently because they have a higher-paying work in the private sector. As a result, the public sector frequently suffers when they are overbooked. In a recent Afro Barometer study, more than half of respondents from 25 nations claimed they had missed a recent healthcare experience. This percentage ranged from 23% in Burundi to 90% in Morocco (Kankeu, 2018). When institutionalized corruption creates a climate that allows health workers to be off-duty rather than forfeit a part of their compensation, which is subsequently shared institutionally, absenteeism and the problem of ghost workers are common (Nishtar, 2010).

This absenteeism, together with the resultant concern about whether public facilities are appropriately staffed when needed, leads to a reliance on private clinic providers and, as a result, this leads to underutilization of public facilities (Nishtar, 2010). Patients who continue to rely on understaffed public facilities usually wait for longer hours leading to poor service delivery.

Fraud

Fraud appears to be an issue in all countries, regardless of their economic status. Fraud in the national Medicaid and Medicare programs was very well established in the United States, for example, where greater resources are committed to healthcare and automated payments are routinely made to reimburse various forms of insurance. Fraud is commonly conducted through filing false insurance claims, but it can also take the form of administrative falsification of patients, prescription filling, and invoicing to divert cash intended for the healthcare facility or system. Healthcare practitioners, government inspectors or regulators, payers (public or private), and even equipment and

pharmaceutical suppliers are all potential perpetrators of fraud in the healthcare system (Transparency International, 2006).

In many countries, corrupt procurement practices, as well as erroneous invoicing or agency overpayment, have become so entrenched than a parallel system, often even more organized than that formally entrusted with monitoring and managing public resources, develops (Nishtar, 2010). One of the difficulties in detecting or mitigating fraud is establishing its existence. It's not always easy to tell the difference between a genuine error on an order form and malicious intent. As a result, the current study aimed to determine whether CDH was prone to fraud as a form of corruption.

Informal Payments

Informal payments (bribes and kickbacks) are those made in kind or cash outside of official payment channels by patients or family members, or purchases meant to be covered by the healthcare system (Lewis, 2017). These payments are frequently made directly to individual caregivers in order to gain access to care, bypass long lines, receive more attention or better care, or just express gratitude (Lewis, 2017, (Kankeu & Ventelou, (2016) & (Maestad & Mwisongo, 2011). Because healthcare workers' pay is often pitiful, this inclination appears to be an understandable part of a broken system. Informal payments, according to research, have a negative impact on healthcare quality, efficiency, and equity (Lewis, (2007); Stringhini et al., (2009) & (Szende & Culyer, 2006).

According to Transparency International, many patients were being asked to pay for services that they should be receiving for free. For example, nurses at local hospitals reportedly fined women $5 for crying during labor as a penalty for setting false alarm (Transparency International, 2015). As a result, the current study sought to determine whether CDH was a hotbed of informal payments such as bribes and kickbacks.

Nepotism

In a variety of professions, such as commerce, politics, entertainment, sports, religion, and other activities, nepotism is the practice of favoring family members (Rose-Ackerman, 2000). This practice began when Catholic Popes and bishops appointed their nephews to high positions. Although nepotism is a corrupt practice, many businesses in developing countries hire on its basis. They approach their friends, colleagues, relatives,

and ethnic groups to fill employment gaps, regardless of their knowledge, ability, or experience. In the healthcare industry, favoritism in nurse recruitment has long been a problem. Various news outlets, including Bulawayo24 and the Sunday Mail, have found and examined several occurrences.

Embezzlement and Theft

Embezzlement is the misappropriation of public property and funds by civil servants while performing their official duties. Generally, theft is defined as the stealing of another person's property without their consent or approval of their funds or assets. This is a criminal conduct. The dishonest appropriation of money or property by a person tasked with protecting property in the interests of another, according to BCV (2014), is referred to as embezzlement. Because they are in charge of processing money and income, the context implied that finance professionals or others stole cash or other earnings from hospital finances and departments. Hospitals of a low socioeconomic position have non-computerized systems. As a result, they are more susceptible to corruption (Mackey, Vian & Kohler, 2018).

Embezzlement is usually linked to income from healthcare clients, such as drug sales and diagnostic testing, as well as patient admission fees in developing countries. According to research, employees at a Ugandan hospital clinic transferred 68-77 percent of the hospital's funds to their own bank accounts (McPake et al., 1999). Theft and embezzlement have a detrimental impact on the workplace, resulting in reduced pay and inconsistent payments, as well as a major impact on the proportion of health professionals who are satisfied.

Figure 2. 1 Forms of Corruption that are prevalent in Zimbabwe
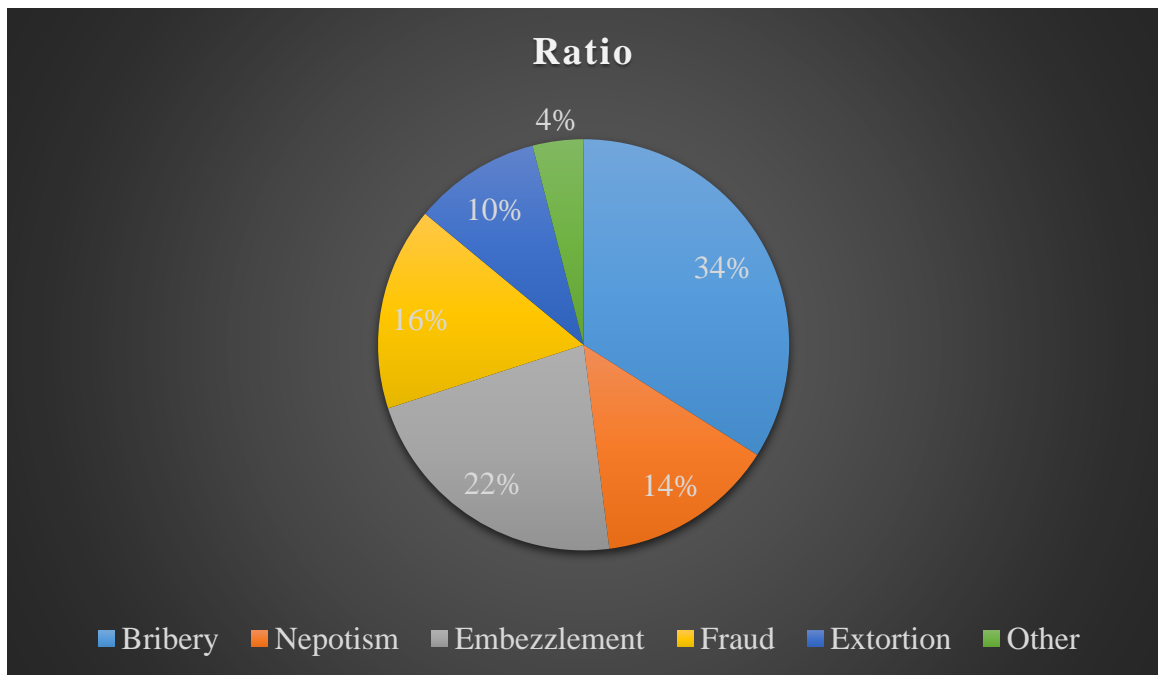
Source: Makumbe (2009)

Bribery is the most common kind of corruption in Zimbabwe, according to Figure 2.1, followed by embezzlement and fraud.

2.1.4 Effects of corruption in public hospitals

Corruption, according to Mackey & Liang (2012), can be a source of wealth inequality. All efforts to reform the public sector and achieve universal health care are jeopardized by corruption, which jeopardizes efforts to reach the United Nations Sustainable Development Goal 3 (Zende et al., (2019); Faulingham et al., (2004) & Rose-Ackerman et al., (2004). According to U4 (2008), one of the consequences of corruption in the healthcare system is the development of hospitals and the procurement of expensive technical equipment instead of focusing on basic healthcare programs like immunization and family planning. Insufficient funds to pay employees and operating and maintaining finances leads to theft and procurement fraud.

According to Ensor & Duran-Moreno (2002), healthcare corruption increases inequality and disproportionately affects the poor and most vulnerable populations. They went on to say that corruption is more common in low and middle-income countries, which hurts the poor even more. Furthermore, corruption frequently spreads from the public to the private sector, and commercial businesses are more inclined to take advantage of public facilities and maintain corrupt practices rather than opening their own private clinics.

As a result, corruption slows economic growth and diminishes private sector investment, which has a detrimental impact on country's macroeconomics.

Corruption inhibits access to health care and erodes all of the characteristics that characterize high-performing health systems: fairness, quality, responsiveness, efficiency, and resilience, as well as affecting outcomes and lives. Because resources are diverted from healthcare budgets through embezzlement and procurement fraud, corruption in the form of informal payments lowers operations and maintenance expenses. It also restricts access to services, particularly for the poor, causing medical treatment to be delayed.

According to Azfar (2005), corruption had been associated to lower immunization rates, vaccination delays, and failure to treat patients, as well as decreased use of health facilities, worse satisfaction with overall treatment, and longer wait times. As a result of corruption, human resources are demotivated and burned out. The true cost of corruption to individuals, on the other hand, is difficult to calculate because it could mean the difference between health and disease, as well as life and death.

The situations where corruption can occur, as identified by Vian (2008), are enumerated below:

- ❖ Construction and restoration of health-care facilities.
- ❖ Supplies, medications, and medical equipment are purchased.
- ❖ Drugs and supplies are distributed.
- ❖ Regulation of the product, professionals, and facilities.
- ❖ Health-care professional education.
- ❖ Medical research and delivery of healthcare services.

Anti-Corruption Initiatives Enacted by the government

Anti-corruption measures include international and regional conventions, Zimbabwean legislative frameworks, government policies, anti-corruption authorities, and civil society actively engaged in anti-corruption operations.

- ❖ The United Nations Convention against Corruption (UNCAC) is a global treaty formed by the United Nations (UN) (David, 2012). The UNCAC legally compels all nations with comprehensive requirements that may be implemented to build and strengthen robust anti-corruption institutions.

❖ In 2003, African countries ratified the Africa Union Convention on Preventing and Combating Corruption, which aimed to improve corruption deterrence and outlawry through international collaboration and asset recovery. The convention, according to David (2012), defined a number of violations, including bribery and money laundering.

❖ The Zimbabwe Anti-Corruption Commission (ZACC) was established by the government in 2004 and amended in the Zimbabwean Constitution in 2013. It is in charge of investigating and exposing corruption in both the public and private sectors.

❖ The Criminal Law (Codification and Reform) Act of 2004 establishes bribery and corruption offenses in the public and private sectors, including domestic active and passive bribery (Article 170), abuse of power (Article 174), and embezzlement (Article. 113).

2.1.5 Measures to curb corruption

There are numerous techniques for restructuring health-care systems in order to eliminate corruption and create environments that are less conducive to malpractice. Promotion of ethical values, legislative reform, whistleblowing, the establishment of a global health governance framework to combat corruption, and adequate remuneration of healthcare employees are among the measures.

Promotion of ethical principles

When the limitations of law enforcement became obvious, it is clear that better ethics are required (UNDP, 2001). Cuadrado & Acre (2005), thought that ethical principles could provide recommendations for successful inter-disciplinary corruption studies. Anti-corruption legislation are costly to implement and monitor, hence trade and professional groups' codes of conduct must be used to support the compliance process (O'Keefe, 2000). The consequences of disregarding ethics are more costly in terms of missed chances as well as inefficiency in the workplace (Zekos 2004). This can assist management in understanding what their organization expects them to do and the proper course of action to retain objectivity and professionalism by adhering to the strong corporate governance pillars. Discipline, transparency, secrecy, justice, responsibility, and sustainability are among these foundations. The organization must also conduct

ethics training on a regular basis to remind its staff the proper activities to take (Pickett, 2007). As a result, the current study aimed to determine if promoting ethical concepts can be adopted as an anti-corruption measure at Chimhanda District Hospital.

Establishment of global health governance framework to combat corruption

According to Mackey & Liang (2012), a global framework can combat corruption by establishing universal standards, laws, and regulations. The international community as a whole, would have more resources and people to combat corruption multilaterally. Acting quickly is critical because health corruption not only wastes scarce resources but also has negative consequences for healthcare access, infrastructure, finance, and social determinants of health (Mackey & Liang, 2012). To combat corruption, a global health governance structure must be adopted rapidly and efficiently. Therefore, current research aimed to establish if the foregoing measure can be applicable at Chimhanda District Hospital.

Review of Legislation / policies dealing with corruption

PSA (2001) stated that no one anti-corruption agency has the capacity to combat corruption; instead, more coordinated efforts from several agencies are required. To combat corruption in public hospitals, the health sector should link its policies with legislation dealing with crimes in Zimbabwe, such as the Serious Offences Act, Prevention of Corruption Act, and Criminal Procedures and Evidence Act. Hence, current study was conducted to determine whether a legislative review can be an appropriate measure to combat corruption at Chimhanda District Hospital.

Adequate remuneration of healthcare workers

Healthcare professionals are usually among the sufferers of underfunded healthcare systems. Employees in the health industry can abuse their position to raise their income by engaging in corrupt activities if they do not receive fair remuneration to support themselves and their families. In Uganda, for example, drug selling was shown to be the most lucrative source of money for health professionals (Ferrinho & Van Lerberghe, 2002). Workers would be less likely to engage in corrupt behaviors like bribery if they were paid fairly. Therefore, current study was established to determine if proper remuneration can be implemented as a measure to combat corruption at CDH.

Whistleblowing

Many people believed that whistleblowing is a moral act (Larner, 2002). Whistleblowing is the act of informing the public or people in positions of authority about perceived dishonest or unlawful behavior in an organization. According to Hoffiman & Schwartz (2014), the alleged wrongdoing can be classed as a violation of law, regulation, or a direct threat to the public interest, such as corruption and fraud. Therefore, the current study was established to determine if whistleblowing can be used to combat corruption at CDH.

2.2 THEORETICAL LITERATURE REVIEW

Although corruption has an economic effect, it also has political and social aspects that should not be overlooked, thus it is critical to correctly evaluate corruption in order to bring all of these elements together. According to Almond & Verba (1965), modern political corruption research began in the 1960s and 1970s, sparked by the inclusion of corruption as a key issue in early modernization and democratization studies. Since 1960, hundreds of academic studies have attempted to understand the causes and consequences of political corruption in the areas of anthropology, criminology, economics, international relations, development studies, financial management, public administration, sociology, and political science. Such investigations have yielded a number of theoretical perspectives, with the results on the origins and consequences of corruption being somewhat conflicting.

A theoretical framework, according to Saunders (2003), is research that outlines various courses of action or presents a recommended approach to an idea or thinking. In this study, theoretical framework served as a road map, guiding empirical inquiry into related literature and studies on the causes, effects, and consequences of corruption. The study focused on the following theories: Principal-Agency theory, X-inefficiency theory, Public Choice theory, and Collective theory, in consistence with the study's objective.

2.2.1 Principal-Agency Theory

Understanding corruption starts with agency theory (Hussman, 2006). The two principals (corrupt officials) and one agent idea is based on the notion that there are two principals (corrupt officials) and one agent. Although in comparative study, corruption is often considered as a societal issue with corruption resulting from individual

decisions, according to the principal-agency theory, principal and agent conduct is analyzed in terms of the benefits and costs of different acts.

The healthcare provider-patient interaction is sometimes referred to as the principal-agency relationship when applying agency theory to public hospitals. The client (the patient) appoints a representative (a healthcare provider) who advises the client on treatment decisions or makes them on his or her behalf. The physician is supposed to provide information that assist the patient in making a decision based on that information. The principal-agent problem occurs when a physician prioritizes his or her personal interests, which are frequently at odds with those of the patient.

The theory was important for the research because it best addressed the situation of petty corruption's impact on the performance of public hospitals, where service providers such as doctors, midwives, nurses, orderlies, and others act as principals while patients seeking assistance from the service providers act as intermediaries. However, efficiency can only be attained if each actor performs all of his or her tasks in a moral and honest manner. As a result, if a client alleges petty corruption in any category of service providers, the public hospital's performance will be affected instantly. As a result, the current study aimed to establish if the theory manifest in the Chimhanda District Hospital setting.

2.2.2 Public Choice Theory

The rational choice theory asserts that an individual makes a reasonable (bounded) decision that leads to a predetermined conclusion. According to this concept, there is a single corrupt official who attempts to maximize his or her utility and calculates to become corrupt when the expected advantages exceed the expected costs, which are a combination of potential penalties and the risk of being discovered. Public officials, according to Rose-Ackerman (1978), are corrupt because they believe the potential benefits of corruption outweigh the risks.

Klitgaard (1988) affirmed, arguing that if the rewards of corruption are larger than the benefits of not being detected minus the probability of getting caught times the penalties, the individual can logically choose to be corrupt. The actions of corrupt officials, according to the Public Choice Theory, are the consequence of an individual's rational, intentional, and purposeful weighing process. Hence, the current research seeks to determine if the theory can be applied in the Chimhanda District Hospital.

2.2.3 X-inefficiency theory

One of the most common hypotheses for describing the nature of corruption is the X-inefficiency theory. X-inefficiency theory, according to Lambsdorff (2006), is a neoclassical economic theory of X-inefficiencies. Corruption theorists, according to Leibenstein (1996), are now emphasizing the inefficiencies that corrupt government officials involved in policymaking and policy implementation generate in the socioeconomic system in order for the officials to profit financially from their positions. The x-inefficiencies theory states that a country with high levels of corruption can have significant self-imposed (X) inefficiencies in the use of national resources, resulting in macroeconomic mismanagement, a loss of competitiveness, a lack of organizational innovation, and overall collective non-performance. The X-inefficiency hypothesis claimed that corruption causes socioeconomic structural distortions that benefit the ruling elite and government bureaucracy. The goal of this study was to establish if the theory can be applied in the Chimhanda District Hospital setting.

2.2.4 Collective Action Theory

The theory of collective action, according to Pearson (2013), is instituted on the concept that all stakeholders, including rulers, officials, and citizens, are primarily concerned with their own interests rather than the interests of others. They act in ways that are mostly dependent on shared expectations about other people's behavior in order to further their own interests. Individuals will engage in corrupt practices when the costs of maintaining integrity outweigh the advantages of doing so, at least on an individual level, because the costs of maintaining integrity considerably surpass the benefits of doing so. Employees in public hospitals would prioritize their personal interests over those of the general public, negatively impacting service performance. Therefore, the current study seeks to establish if the collective action theory can be applied in the Chimhanda District Hospital set up.

2.3 EMPIRICAL EVIDENCE OF THE STUDY

2.3.1 Transparency International Global Corruption Barometer (2013)

According to Transparency International's 2013 Global Corruption Barometer, 66% of respondents thought the government health sector of Zimbabwe was corrupt or extremely corrupt, and 22% of those who had contact with health services in the 12

months prior to the survey admitted to paying a bribe. According to data from the 2012 Afro barometer, 31% of respondents said the government was not doing enough to improve basic health care in the country. Corruption in the health sector can take numerous forms, ranging from excessive influence over health policies, embezzlement of funds, theft, and mismanagement of resources, to absenteeism, bribery, and under-the-counter payments at the point of service delivery. As medical personnel struggle to make ends meet, all major forms of corruption are likely to be prevalent in Zimbabwe. As a result, the current research aimed to determine whether the forms of corruption identified by Transparency International exist at Chimhanda District Hospital.

2.3.2 Study on Corruption in the Healthcare Sector by the European Commission (2013)

Researchers used desk research, interviews (with European Commission officials and representatives of the healthcare profession) in the European Commission's (EC) healthcare corruption investigation organizations, medical device manufacturers, pharmaceutical manufacturers, and health insurers, and field research from the 28 European Union member states (EC, 2015). They found six different forms of corruption. Bribes in service delivery, bribes in obtaining medical supplies, unscrupulous commercial partnerships, power abuse, and unjustified remuneration claims, as well as the misuse of finances and supplies, were the most common forms of corruption. Bribery of doctors by patients in the delivery of health care services was the most common kind of corruption. Finally, the study discovered that in order to be most effective, anti-corruption laws must be tailored to the objectives of the relevant country. As a result, the current study aimed to determine whether the six forms of corruption identified by the European Commission, with bribery being the most common, are also present at CDH, as well as whether the transparency-enhancing strategy can be used to combat corruption at the public hospital.

2.3.3 Corruption and the provision of health care and education services by Gupta, Davoodi & Tiongson (2000)

Gupta, Davoodi, & Tiongson (2000) conducted research on corruption and the provision of health-care and education services. They focused on the impact of corruption on health-care and education services. The researcher focused on researching their findings on health care because they were more relevant to the researcher's topic. The

government's engagement in the health-care sector, according to the journal, exposes the system to corruption and other inefficiencies. Corruption can be divided into two categories. Corruption without stealing is the first type. In this case, a medical practitioner charges a bribe in addition to the government-mandated cost for a certain medical procedure. The bribe is kept by the sender and given to the recipient. The government made a payment to the Treasury. The bribe boosts the price of medical service, lowering production.

The second type of corruption is one which involves stealing. In this situation, the supplier collects the government-imposed service charge but does not deliver it to the Treasury, instead keeping the entire amount for himself. In this approach, the supplier can minimize the cost since the service provider keeps all of the money. The customer benefits because they are now paying less for the service. Corruption without theft reduces the amount of medical services available, while corruption combined with theft reduces the quality of medical care. Because it is mutually beneficial, this sort of corruption is much more difficult to detect. This form of corruption, on the other hand, may reduce the effectiveness and efficiency of medical services. Hence, the current research aimed to establish whether reduction of the quality of medical care services mentioned by Gupta, Davoodi, & Tiongson can be an impact of corruption at CDH.

2.3.4 Does corruption affect health and education outcomes in the Philipines by Afzar & Gurgur (2005)

Another study on the effects of corruption on the operation of a public hospital was conducted by Afzar & Gurgur (2005). The study's main purpose was to quantify various types of corruption and highlight their consequences. Corruption can take numerous forms and have a wide range of economic implications. If a bribe is offered, for example, the cost of health care rises in addition to the provider's formal remuneration. This would reduce the demand for health-care services while also negatively impacting health outcomes. This reduces government resources committed to service delivery, which would also have a negative impact, according to the economic impact (Afzar & Gurgur, 2005). While various types of corruption have varying economic implications, they all have a negative impact on health.

In fact, according to the study findings, corruption variable continues to be the single most important factor that consistently impacts health outcomes (Afzar & Gurgur,

2005). The study provided compelling evidence that corruption affects health-care delivery and has a negative impact on health outcomes. As a result, the aim of the current study was to determine if corruption reduces government resources committed to service delivery, healthcare delivery, and health outcomes at CDH.

2.3.5 Combating healthcare corruption and fraud with improved global health governance by Mackey & Liang (2012)

In their study, Combating Healthcare Corruption and Fraud Using Global Health Governance, Mackey & Liang (2012) found that corruption in health care affects both developed and developing countries, as well as the public and private sectors of the industry. Existing domestic and sectorial-level remedies are dispersed and have been regarded as inadequate, according to the research findings. A global health governance framework must be built to avoid "ineffectiveness" (Mackey & Liang, 2012). A global framework would combat corruption by adopting universal anti-corruption standards, laws, and regulations. More resources and manpower would be available to the global community as a whole to tackle corruption on a global scale.

Because corruption in the health sector not only wastes valuable financial resources, but also have negative effects, it is vital to act immediately because corruption influence healthcare access, infrastructure, financing, and socioeconomic determinants of health (Mackey & Liang, 2012). In order to combat corruption, a global health governance system must be developed quickly and efficiently. As a result, the purpose of this study was to determine if Mackey & Liang's suggestion on creation of universal standards, rules, and regulations against corruption can be used to combat corruption at CDH.

2.3.6 Corruption in healthcare and medicine by Chattopadhyay (2013).

Chattopadhyay (2013), investigated the effects of several types of corruption in the healthcare industry and proposes a number of remedies to the problem. Chattopadhyay (2013) advocated for comprehensive anti-corruption legislation. Patient organizations, health organizations, non-governmental organizations, government agencies, the media, and the general public must join forces to combat healthcare fraud. Whistleblowers must be protected and rewarded for uncovering and revealing corrupt practices. Corruption must be monitored, regulated, prosecuted, and criminalized by a transparent and impartial organization with the resources and capacity to do so. Corruption cannot continue to affect health outcomes. Therefore, the aim of the current

study was to establish if legislation and whistleblowing can be used as a strategy to curb corruption at CDH.

2.4 Gap Analysis

The empirical evidence studies described above are similar to the current study, but there were several gaps that distinguish past studies from this research, which were filled by the current study. None of the studies mentioned above were conducted in Zimbabwe. In this study, the researcher focused on only one organization, Chimhanda District Hospital in Mashonaland Central Province. The study was unique in that data was acquired from the public hospital and its subsidiaries, as opposed to other studies.

Diverse research were conducted in various countries with varying economies and individuals with varying recognitions. In light of the researcher's findings, there was a knowledge gap regarding the fight against corruption in public hospitals. As a result, the current researcher was encouraged to concentrate on this subject.

None of the research mentioned above looked on the causal theories of corruption in order to come up with approaches or strategies to combat corruption. As a result, the current study was able to investigate the causes of corruption in public hospitals. Mackey and Liang (2012) & Chattopadhyay (2013) both conducted studies that looked into some of the strategies that can be used to address corruption in public hospitals. All of the previous studies, however, failed to analyze the efficiency of existing anti-corruption measures that have been implemented to combat corruption in public hospitals, which was the focus of the current study.

2.5 Chapter Summary

This chapter presented the study's supporting literature, including important theories, conceptual frameworks, and empirical evidence on corruption in public hospitals. This chapter presented the forms of corruption that exist in public hospitals, the impact of corruption on the operation of public hospitals, anti-corruption measures implemented by public hospitals, and strategies to combat corruption in public hospitals, all in line with the research objectives. Previous studies, case studies, and research by other researchers were also highlighted in this chapter to support the current study. The researcher's approach for collecting data for analysis to arrive at the study's results have been examined in the following chapter.

CHAPTER III

RESEARCH METHODOLOGY

4.1 Introduction

Research methodology as described by Goddard & Melville (2004), is a process for establishing the conclusion of a specific problem on a certain topic or problem, also known as a research problem. This chapter focused on the research methodology used by the researcher. It identified and justified the research method and instruments chosen (as well as their benefits and drawbacks), as well as the research design, the study area, the target population, sampling methods, data collection process, and data analysis tools used, validity and reliability and ethical issues.

3.2 Research Design

A research design is a method for collecting and evaluating data in order to obtain the information needed. A research design is a systematic strategy and plan for selecting, justifying, and arranging the sequence of activities for obtaining and processing evidence based on the research questions or research problem to be addressed or solved (Shumba, 2004). Research methodology, according to Mouton (1996), is a guide that enables the researcher to anticipate appropriate research decisions in order to maximize the validity of the produced results. Scientific, historical, descriptive, and case study are examples of research designs. Because of the purpose of the study, which attempted to eradicate corruption in Zimbabwe's public hospitals, a descriptive research method was adopted.

Descriptive research, according to Sibanda (2009), is a broad category of non-experimental studies that attempt to describe the characteristics of a phenomenon as they occur. According to Anastas (2008), descriptive research methods can help to answer the questions of who, what, when, where, and how they are related to a specific research topic, but they cannot provide clear answers as to why. Furthermore, the descriptive research plan was used in this study because it provided an accurate and true portrayal of the components or variables related to the research questions.

3.2.1 Justification

According to Harvey & Campbell (2013), a descriptive case includes both qualitative and quantitative data because the research attempted to gather data that allowed the characteristics of the phenomenon under investigation to be defined. The descriptive research design was used because the results were conclusive. Because of the design, the researcher was able to answer all of the study's questions objectively and correctly. As a result, descriptive research design gathers data that was be used to make statistical judgments about the target researchers through data analysis. Because the study topic's research questions, such as what are the effects of corruption on the running of public hospitals, were best suited for this type of technique, descriptive research design. Several aspects in the study were captured and characterized using a descriptive research approach.

4.2 Study Population

According to Saunders (2000), population is an asset of all members from which study findings should be drawn. The study population was confined to all workers in order to get relevant information for this study. The researcher targeted all departments of Chimhanda District Hospital, as well as the management staff. The researcher also interviewed heads of departments from the five departments listed in Table 3.1 in order to acquire information.

3.4 Sample Population

Because a researcher cannot explore all of the cases that constitute the study population (Kitzinger, 1994), a sample population that is representative of the study population was developed. Hair et al., (2006) defined sampling as the purposeful selection of persons (the sample) who provide the data needed to draw conclusions from a large group of people (the population) that these individuals represent. Sampling is the process of selecting a subset of a population to study. Due to time and budgetary restrictions, a sample was chosen rather than a survey of the entire population. The District Hospital personnel served as the study's sample population. The general employees in all departments at Chimhanda District Hospital, as well as the management team, were chosen for this study because they were valuable in providing direct responses to fill the knowledge gap.

Table 3. 1 Population Sample

25

Elements	Population	Sample size	% of Sample
Accounting staff	7	6	85.7%
Procurement Staff	9	6	66.7%
Human Resources staff	8	6	75%
Administration	10	6	60%
Environmental	8	6	75%
Total	42	30	71.4%

3.5 Sampling Techniques

Due to time and budget constraints, the researcher prepared a sample that was affordable while yet giving enough coverage of the objectives. The researcher used both probability and non-probability sampling methods to choose respondents.

3.5.1 Purposive Sampling Technique

When conducting face-to-face interviews, purposive sampling was used. According to Kothari (2004), the conscious or unintentional selection of certain research subjects to generate a sample that represents the study population, in this case staff members at Chimhanda District Hospital, is referred to as a purposive sampling technique. This was designed specifically for management in mind because they were the most focused staff and were expected to have the research questions in the Management interview guide. This technique was selected because data verification and data analysis must be conducted simultaneously. Primary data was collected from a rather specific collection of respondents, and only members of specific professions took part in the study. The interview was place with the five departments listed in table 3:1.

3.5.2 Stratified Random Sampling

The researcher used stratified random sampling to distribute the questionnaire to the departments listed in table 3.1. Representatives from each stratum generated by the researcher were chosen at random to obtain the exact information needed about each group that was developed, hence stratified random sampling was utilized. The questionnaires were distributed to 30 respondents at CDH. The sample was predicted to produce the same findings as if the entire population had been evaluated in the study. According to Kumar (2005), same means that the likelihood of selecting each element

in the population was the same, implying that the selection of an element in the sample was not impacted by other factors such as personal preferences.

3.6 Research Instruments

Research instruments, according to Oppenhein (1992), are "means for acquiring data necessary to uncover answers to a particular issue." Manian (1994) defined research instruments as "tools used by researchers to tackle a connected problem." Questionnaires and personal interviews were used to collect pertinent information for this study.

3.6.1 Questionnaires

A questionnaire, according to Cohen (2007), is a sequence of questions designed by a researcher to collect data from a sample. According to Heaton (2004), a questionnaire is a set of questions that have been carefully written, organized, and sequenced in order to obtain the most useable data in the most cost-effective manner. There are two types of questionnaires: self-administered and those sent by postal or electronic means. Self-completion questionnaires were used in this investigation. This study employed both closed and open-ended questions to enhance data collection choices. Furthermore, the researcher designed questions that were straightforward, easy, and evident to guarantee that respondents did not find ambiguity in the queries. The researcher created questionnaires based on the study objectives in order to collect data.

Advantages of using questionnaires

Open ended questionnaire

- ❖ It allows the respondents to freely express their ideas and opinions about the topic matter.
- ❖ They do not confine the respondent because they do not supply organized responses.
- ❖ The information acquired from them was extensive and quite beneficial.

Closed Questionnaires

- ❖ It was straightforward and addressed the study's objectives.
- ❖ Because the possibilities for replies were previously supplied, less emotions were engaged when replying.
- ❖ Less time consuming because most options were Yes or No.

Disadvantages of using questionnaires

❖ Designing questionnaires for usage takes a long period. To address this, the researcher worked with the supervisor and other colleagues to prepare the questionnaires ahead of time for usage.

❖ Some respondents misinterpreted the questions, resulting in inaccurate responses. To address this, the researcher used basic and straightforward terminology to clarify the meaning of the words when respondents inquired about them.

❖ Some of the respondents didn't give the questions asked much thought. Some terms in the questionnaire were bolded to catch the respondent's attention.

3.6.2 Personal Interviews

An interview, according to Leedy (1996), is a dialogue between the researcher and the respondent whose opinion or remarks the researcher seeks to capture for a relevant evaluation. Interviews were performed in order to reach out to those who were not yet ready to read or write in order to save time. Key informant interviews were conducted with hospital executives in order to collect useful information. In any instance, the researcher attempted to display good ethical behavior by ensuring that privacy was not infringed in any manner during the data collection process.

Advantages interview questions

❖ This strategy also obtained information from illiterate individuals.

❖ The data acquired was quite trustworthy since the interviewer collected it carefully by cross-examining the interviewees.

❖ There was a face-to-face chat with the interviewee, so any misunderstanding was quickly cleared up.

❖ When something unexpected happened during the interview, the researcher re-worded and re-ordered the questions.

❖ Interviews gave a lot of freedom in the questioning process, which Kumar (2005) also noticed. Kumar (2005) stated that interviews allow the researcher to follow up on leads and so gain more data and clarity.

Disadvantages of interview questions

- ❖ Interviews took a long time because of the duration of the interview, the time spent traveling to and from the interview, and the time spent revising notes. The researcher asked more closed questions to save time.
- ❖ Interviews were skewed by the fact that some respondents tended to impress the interviewer by lying. To address this, the researcher focused more on the respondents' nonverbal communication.
- ❖ It was time and money consuming, so the researcher performed a pilot study and took advantage of break and lunch times when participants could respond quickly because they had no other obligations.

3.7 Data Collection Procedures

The researcher used a stratified random sample strategy to hand-deliver questionnaires to the respondents in this study. Hand delivery aided the researcher in explaining the research's components and value to the respondents. Given the nature and objective of the study, hand distribution was also deemed the most acceptable approach. The questionnaires were sent to respondents at CDH (10 to management) and (20 to other staff members), resulting in a total of 30 out of 42 respondents. The surveys were immediately returned when they were completed. However, some respondents did not complete the surveys, and only 83.3 percent of them were returned.

Personal interviews were done employing the purposive sample approach to obtain the exact needed and correct information. One-on-one interviews with management (one from each department in Table 3.1) were conducted in order to avoid bias in the responses by allowing each person to provide his or her own answer without consulting others.

3.8 Validity and Reliability

The tools utilized to perform the study were deemed trustworthy and appropriate for this study. The instrument that reflects the degree of measurement of what is supposed to be measured is referred to as validity (Beer, 1993). Validity was used to confirm that the research variables' data quality was satisfactory. A pilot test, which is a pre-test of the questionnaire as a data gathering method, was used to accomplish this. Because the researcher acquired information from corporate personnel rather than making assumptions, the implemented questionnaire approach produced standard and

consistent data that was accurate. The validity of the study was assured by mentioning authentic and reliable papers and other sources as information sources.

The situations described and examined in this paper are easily verifiable by future scholars who are interested. Some of the incidents investigated in this study were covered in national media and are widely available.

According to Ritter (2010), the term "reliability" refers to a measurement that is consistent in its outcomes. As a consequence, the study's reliability was assessed and decided after the field work, while the study's outcomes as insights informed the study's reliability. The researcher employed basic and short language while creating the questionnaire so that respondents could understand the research's requirements. This assured that the techniques used to collect data for the study topic were reliable. The responses to the questionnaire were also examined for omissions, incompleteness, illegibility, and evident inconsistencies as part of the study. This assured the accuracy of the data collected, as well as assisting the researcher in drawing suitable conclusions when generalizing the findings.

3.9 Methods of data presentation and analysis

Data analysis aided the researcher in condensing the acquired data into a manageable size, as well as summarizing, comparing, synthesizing, and using statistical techniques, allowing the researcher to understand the findings in connection to the study topic. The information acquired was represented and presented using descriptive statistics so that it could be translated into study conclusions. Tables were used to display questionnaire results because they were deemed to be straightforward, decrease enormous amounts of data, and highlight significant patterns in data in an appealing format.

In this study, both quantitative and qualitative analyses were employed. To analyze data that could not be stated statistically, a qualitative method was applied. Tables, bar graphs, and pie charts were employed to display the data using a quantitative technique. This also means that the respondents' replies were transformed to percentages to make them easier to comprehend. The studied data was presented in the form of figures, tables, graphs, and charts for simple comprehension.

3.10 Ethical Consideration

In terms of complying to university regulatory requirements, including having an acceptable research permission for data gathering and presenting an original work that is not prone to plagiarism, ethical considerations are required in the conduct and pursuit of the inquiry. This research attempted to evaluate respondents' free permission as much as possible. Despite this, the respondents' confidentiality was respected.

According to Dooley (1995), proper behavior is that which produces the greatest benefit at the lowest cost. The researcher found it prudent to consider all of the social, political, and cultural costs and benefits of all parties involved, and this provided a solid foundation for otherwise ethical research.

3.11 Chapter Summary

The components of the research approach were justified and explained in this chapter. The following were outlined: the researcher's research design, research instruments, data gathering processes, data analysis methodologies and presentation, and ethical issues.

CHAPTER IV

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter presented, interpreted, and analysed research collected from anti-corruption public hospital data at Chimhanda District Hospital. Both qualitative and quantitative data have been gathered and presented in order to provide readers with a thorough understanding of the findings and respondents` viewpoints. The findings were applicable to the objectives of the study, subject characteristics (demographics), and perceived forms of corruption, the impact of corruption, the efficacy of anti-corruption measures, and the fight against corruption in public hospitals. The research results were highlighted as indicated by the surveyed respondents in relation to the research questionnaires and interviews conducted with five staff members from each department of CDH. Charts, graphs, tables and notes were used to present and interpret data in a way that is meaningful in relation to the results. The chapter first presented demographic and general data.

4.1 Response Rate

4.1.1 Questionnaire Response rate

Questionnaires were distributed to 30 CDH employees, with 83.3% of the questionnaires completed and 16.7% not completed. Due to job demands, some senior management staff were unable to answer to the questionnaires. The response rate of respondents to self-completion questionnaires is shown in Table 4.1.

Table 4.1: Questionnaire Response Rate

Research Subject	**Questionnaire Administered**	**Questionnaire Returned**	**Response Rate (%)**
Accounting	**7**	**7**	100
Human Resources	7	6	85.7
Procurement	6	5	83.3
Administration	5	4	80

Environmental	5	3	60
Total	**30**	**25**	**83.3**

Source: Primary data (Company Employees, 2022)

According to Table 4.1, the average response rate of the participants was 83.3 percent, with a 16.7 percent non-response rate. According to Bryman and Ema (2003), a sample response rate of more than 50% is typical representative of the entire population. This means that the study`s findings were a representative of the whole population because the response rate was 83.3 percent, which was higher than the national average of 54 percent. The response rate of 83.3 percent was sufficient to ensure fair data collection.

4.1.2 Interview response rate

Chimhanda District Hospital top management totalling to four were interviewed, one from Accounting, one from Human resources, one from Procurement and one from Administration. The researcher had targeted to conduct 5 interviews and he managed to conduct 4 of them.

Table 4. 1 Interview response rate

Type of research instruments	Interviews scheduled	Interview done	Interview not done	Response rate (%)
Interviews (Managers)	**5**	**4**	**1**	**80**

Source: primary data

The researcher conducted interviews at Chimhanda District Hospital. The target number was five of the top managers of each of the departments shown in table 3.1. Out of the five interviews scheduled with the top managers, four out of five (80%) of the interviews were successfully conducted with only one out of five (20%) not done since the Environmental manager had a busy work schedule when the field research was carried out. Fairly, the response rate from both interviews was quite impressive due to good working relations during the attachment period at CDH.

4.2 Demographic Information of respondents

This section seeks to explore the demographic set up of respondents. Issues like gender, age, level of education and section or department under which respondents worked during the research period were vividly elaborated.

Table 4. 2 Demographic information of respondents

Variable	Description	Frequency	Percent
Gender	Male	15	60%
	Female	10	40%
	Total	25	**100%**
Age range	Below 25 years	3	12%
	25-30 years	4	16 %
	31-35 years	5	20%
	36 -40 years	7	28%
	Above 40 years	6	24%
	Total	**25**	**100%**
Years in Employment	Below 2 years	**4**	**16%**
	2-4 years	**5**	**20%**
	5-6 years	**4**	**16%**
	7-9 years	**5**	**20%**
	Above 9 years	**7**	**28%**
	Total	**25**	**100%**

Source: Primary data, 2022

Table 4.2 above shows that the majority of the respondents were male with 60% and 40% were female. From the research, it was observed that male employees were more than females by 20%. This denotes a more number of male employees probably explained by the historical imbalances were the male child were accorded more opportunities to learn and work than the women hence, it was crucial since women and men have different perceptive in their view of accounting and financial performance. Therefore, the gender statistics mentioned above had a greater inference on this study.

The age group which had the highest participation rate was thirty-six to forty (36-40) years being ranked first at (28%), followed by the age group of above forty-one and above (41) with (24%). The age group of 31 years to 35 years was the third being ranked at (20%), followed by 25 years to 30 years being ranked at (16%). The least respondents were from the age group below 25 years with 12%. Since the most respondents were between 36years to 40 years, the information they provided was considered useful since they had more experience in the organization and provide better knowledge towards corruption.

The majority of respondents (28%) have more than 9 years of work experience at Chimhanda District Hospital. This was followed by individuals with 2-4 years of work experience and those with 7-9 years of experience (20 percent) each. A sizable proportion (16%) had less than two years and 5-6 years of job experience. This means that 64 percent of the target population has worked at the district hospital for more than 5 years and they were well-versed in industry operations, and the information they supplied on corruption can be trusted.

4.3 Forms of corruption prevalent in public hospitals
The following results relate to the questions on the forms of corruption experienced at Chimhanda District Hospital, which included major forms of corruption and other considered forms of corruption suggested by the respondents in this study.
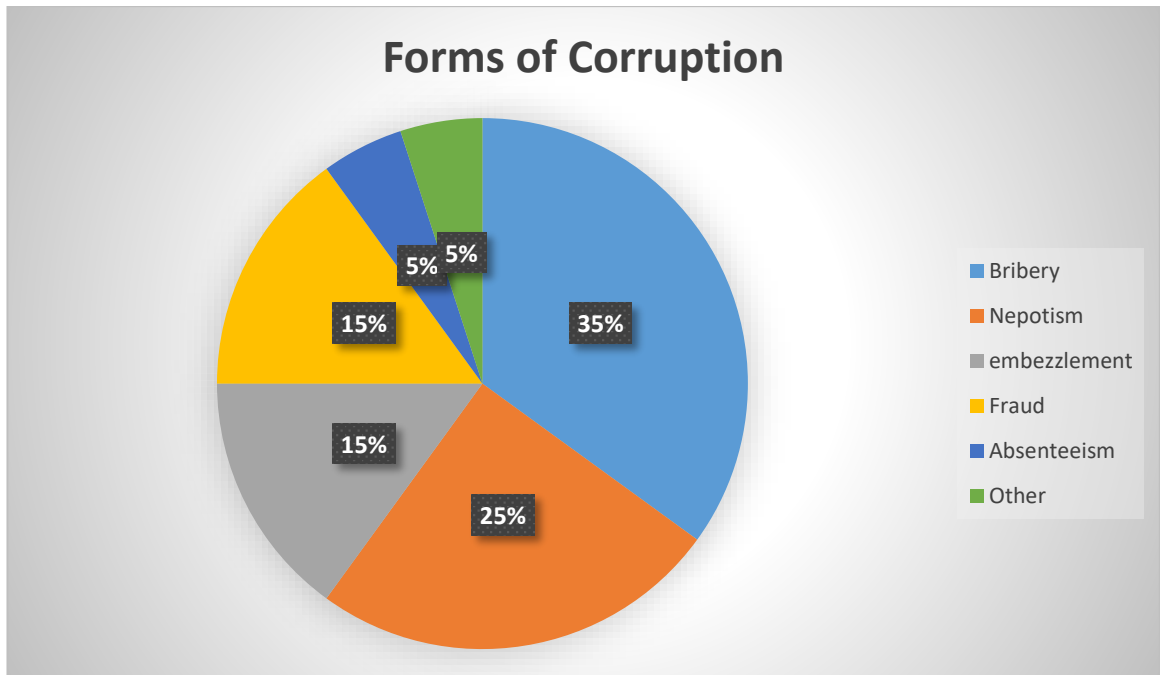
Figure 4. 1 Forms of Corruption

Source: Primary data, 2022

Various forms of corruption have been observed in public hospitals, in this example Chimhanda District Hospital. Bribery, nepotism, embezzlement, fraud, and absenteeism were the most common kinds of corruption at the public hospital, as depicted in fig 4.1. Bribery was the most common kind of corruption at CDH, accounting for 35% of all cases, followed by nepotism at 25%, fraud and embezzlement at 15%, and absenteeism at 5%. Other forms of corruption accounted for just 5% of all cases. According to Transparency International Zimbabwe, there has been a general increase in citizens turning to bribery to obtain service delivery in the public health system throughout the years. Bribery, as a form of petty corruption, has an impact on the quality of service delivery since people encounter it on a daily basis. This was in line with the study by Makumbe (2009) (Figure 2.1) on the forms of corruption prevalent in Zimbabwe, which clearly indicated bribery as the major form of corruption in Zimbabwe constituting 34% of the forms of corruption prevalent in Zimbabwe.

Relating to the open question on the other forms of corruption that are prevalent at Chimhanda District Hospital, 30% of the respondents pointed fraud as another form of corruption. These findings of the study were in line with the study by Transparency International (2006), which highlighted that, fraud can be committed by a variety of players within the healthcare system, including practitioners, government inspectors or

regulators, and even equipment and pharmaceutical suppliers. Fraud involves financial statement fraud where the finance department misrepresent the true and fair view of the public hospital by overstating expenses or even omitting sales or revenue.

40% of the respondents pointed out overcharging patients` bills as a form of corruption at CDH. Overcharging patients` bills involves forging of invoices or use of false signature to deceit the customer. This form of fraud involves the deceitful copying and use of customer`s signature to draw huge amounts of money from the customer`s account without prior agreement of the customer. A total of 30% of the respondents pointed out favoritism as a form of corruption experienced at the district hospital.

In addition to the information obtained from the questionnaire, the interviewed respondents suggested the following as forms of corruption prevalent at CDH. Two out four respondents in a conducted interview suggested embezzlement and theft as forms of corruption experienced at the district hospital. Theft can be defined as the taking of another person's property without the approval or agreement of that person's finances or assets. BCV (2014), defined embezzlement as the dishonest appropriation of money or property by a person tasked with protecting property in the interests of another. This was supported by Sutherland (1939), who defined white collar crime as a crime committed by a person of respectability and high social status in the course of their occupation for example, embezzlement and theft. Therefore, it is crystal clear that the employees commit embezzlement and theft whilst they are at the workplace as they rationalize to engage in these crimes as supported by the public choice theory.

50% of the respondents stated bribery as the major form of corruption that is prevalent at CDH. The respondents pointed out that bribery was being caused by poor salary and benefits, poor incentives and motivation, and poor governance. It has a damaging impact on health outcomes and the quality of health care services.

4.4 Impact of corruption on the operation of public hospitals

The following results to questions on the impact of corruption on the operation of public hospitals.

Impacts of Corruption on the operation of public hospitals
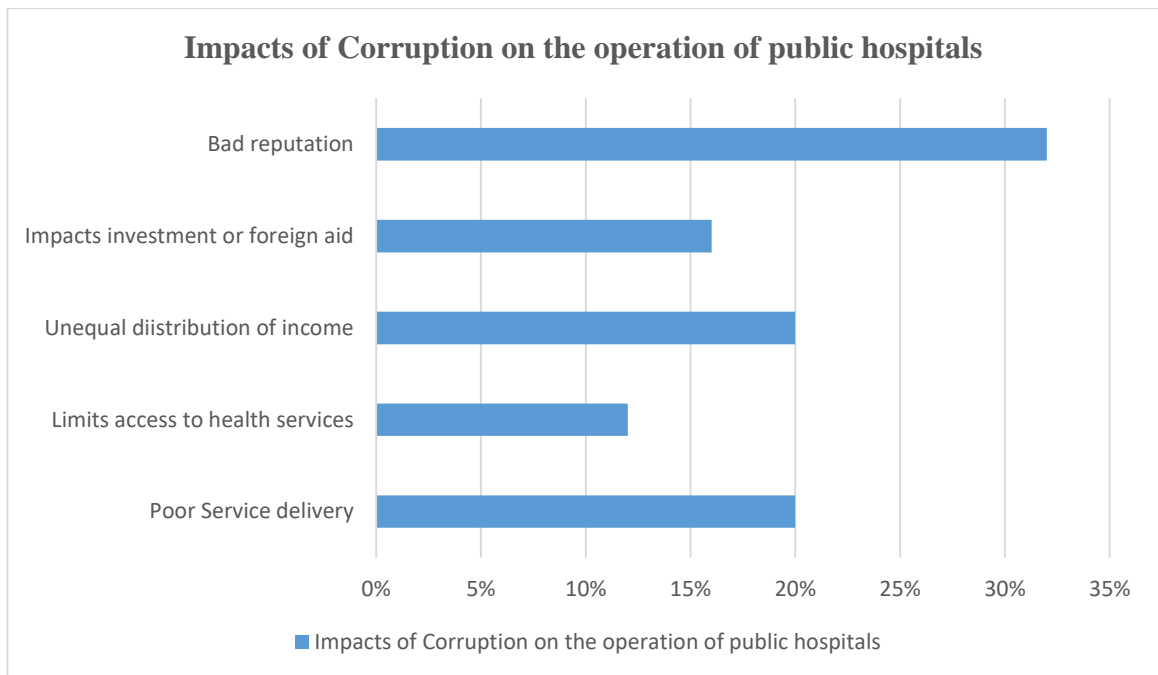
Figure 4. 2 Impacts of corruption in public hospitals

Source: *Primary data, 2022*

Figure 4.2 above shows how corruption has a significant influence on the running of public hospitals. It has a negative impact on the reputation of the public hospital and the government as a whole. This was confirmed by the majority of respondents (32%), who identified bad reputation as the primary consequence of corruption at Chimhanda District Hospital. Due to bad reputation, patients prefer to travel to private clinics and hospitals where they can have access to better services therefore, the public hospital loses income that could be aimed to support development. Regardless of how much money public hospitals invest in risk management, whether it is operational, liquidity, or political risk, there remains one area of reputational risk. Employees believed that corruption harms the national image of public hospitals. Corruption has a spillover effect on the society as a whole since public hospitals play an important role in the community.

A sizable percentage of 20% stated that poor service delivery and unfair income distribution as important consequences of corruption at the public hospital. Corruption reduces government resources committed to service delivery which has a detrimental impact resulting in poor service delivery in public hospitals. Afzar & Gurgur (2005) found this to be true in their research on the implications of corruption. The study provided compelling evidence that corruption impacts health-care delivery and has a

negative impact on health outcomes, consequently hurting service delivery. The suggestions of the respondents were also in line with the collective action theory since the employees would consider their own interests without considering the interests of the public thereby, affecting service delivery.

A total of (16%) of the employees stated that corruption had an influence on investments and foreign aid. Respondents also stated that corruption in public hospitals chases away donors and investors who would otherwise fund the hospital's many operations and projects. Corruption tarnishes the hospital's reputation, so investors and donors may be hesitant to contribute their money where it might be mismanaged and end up in private accounts. This viewpoint was consistent with Mauro's (1997) research, which stated that corruption had a detrimental influence on investment. Furthermore, corruption slows economic growth by reducing economic activity and serving as a barrier to both domestic and international investors. The study findings were also in line with views of Davis (2003) who articulated that corruption reduces the variety of options accessible to developing nations by making investment less productive, increasing the cost of capital, and decreasing private, foreign, and assistance investment.

A small significant number of 12% of the employees pointed out that corruption limits access to health services.

In response to the open question on the effects of corruption on the running of public hospitals, 20% of respondents did not respond. This indicates that they were unaware of the consequences of corruption, or they lacked confidence or understanding in the field of research. Instead, 80 percent of the target audience identified the following as the most significant consequences of corruption at CDH. 50 percent of respondents pointed out that corruption harmed the hospital's reputation and that of other public hospitals in general. Patients have opted to go to private clinics and hospitals due to bad reputation of the hospital. Corruption leads to the organization's bankruptcy or insolvency. This is confirmed by a total of 20% of respondents who identified bankruptcy as the most significant result of corruption at Chimhanda District Hospital. For example, when fraud is perpetrated, it results in a loss for the third party, which is the organization, which loses cash that could have been utilized for more productive operations. Poor service delivery was cited by just 10% of respondents as the most significant consequence of corruption at CDH.

Apart from the information supplied by the questionnaire respondents, the interviewed managers identified the following as major impacts of corruption at CDH. Two out of four interviewees stated that corruption had an impact on the quality of service provided to the public. The findings concur with those of Gupta, Davoodi, & Tiongson, who pointed out that corruption without theft lowers the number of medical services whereas corruption with theft diminishes the quality of medical services. Furthermore, the respondents stated that corruption in the procurement process, for example, means that most medical equipment and pharmaceuticals acquired under the influence of corruption are most likely of low quality. The findings were also consistent with the findings of a research conducted by Kalubanga et al., (2013), who discovered that corruption in the public procurement process had a direct influence on the quality of social services intended to help the poor.

According to one out of five respondents, corruption causes economic distortions by lowering government resources dedicated to service delivery. The respondent believed that funds lost due to corruption, such as during the drug procurement process, have an impact on other sectors such as education by redirecting funds back to the health sector in an attempt to compensate for the embezzled funds, thereby affecting other sectors' ability to be adequately funded. This was consistent with the findings of Afzar & Gurgur (2005), who found that corruption reduces government resources allocated to service delivery. Also the views of the respondent were in line the X-inefficiency theory which posits that corruption results in macroeconomic mismanagement of resources, lack of organizational innovation and socioeconomic systemic distortions that benefit the ruling class and government bureaucracy.

One out of four respondents stated that corruption discouraged donors and investors who would have been ready to fund various activities and projects at the hospital. The respondent pointed out that corruption harms the hospital's reputation, so investors and donors would be unwilling to commit their money where it may be mismanaged and end up in private wallets.

4.5 Effectiveness of corruption control measures set by public hospitals
The following findings address questions about the effectiveness of corruption control measures implemented by public hospitals, such as whether there are current anti-corruption measures in place, how effective the anti-corruption measures at Chimhanda

District Hospital are, and what other measures can be implemented to combat corruption in public hospitals.

Table 4. 3 Effectiveness of Corruption Control measures set by public hospitals

Variable	Description	Frequency	Percent (%)
Are there current anti-corruption measures	Yes	17	68
	No	5	20
	Not sure	3	12
	Total	**30**	**100**
How effective are the corruption control measures	Not effective	19	76
	Less effective	3	12
	Effective	2	8
	Very effective	1	4
	Total	**25**	**100**

Source: Survey data, 2022

Table 4.4 above shows that there are anti-corruption measures at Chimhanda District Hospital. This was affirmed by the majority of the respondents (68%) who pointed out that there are current anti-corruption measures. A less significant figure (20%) did not approve the notion that there are current anti-corruption measures at the public hospital while 12% of the target population were not sure about the anti-corruption control measures.

The table also shows that the present anti-corruption procedures in place at Chimhanda District Hospital are ineffective. This is demonstrated by the majority of respondents (76 percent) who stated that present anti-corruption efforts at public hospitals are ineffective. On the other side, 4% believed that anti-corruption measures were highly effective, while 8% said that present anti-corruption efforts were ineffective. 12% of the target demographic believes that present anti-corruption initiatives are ineffective. As a result, more effort is required from management and the Ministry of Health and Child Welfare to address the factors that are driving the ineffectiveness of presently adopted anti-corruption measures.

The majority of the interviewed staff pointed out that the current anti-corruption measures that have been implemented are not effective since they are not addressing corruption which is rampant at Chimhanda District Hospital.

4.6 Measures that can be put in place to address corruption in public corruption

The fourth objective of the study sought to solicit views of the respondents on strategies that can be implemented to address corruption in public hospitals at Chimhanda District hospital. The interviewed respondents mentioned the following measures to be implemented in order to curb corruption at Chimhanda District Hospital.

Table 4. 4 Strategies to combat corruption in public hospitals

Variable	Frequency	Percentage (%)	Rank
Law enforcement and punishment	4	16%	2
Awareness, training and education	3	12%	3
Increasing salaries	8	32%	1
Promotion of ethical codes	4	16%	2
Frequent audits	2	8%	4
Whistleblowing	4	16%	2
TOTAL	**25**	**100%**	

Table 4.6 Strategies to combat corruption in public hospitals

From the above table, it can be depicted that increasing salaries of employees (32%), was pointed out as the most effective strategy to curb corruption as indicated by respondents. According to Ferreira et al., (2007) research findings, rising incomes does not necessarily promote ethical behaviors, even if salaries should at least amount to a livable wage; hence, these findings contrast with the conclusions of the respondents.

According to 16% of respondents, promoting ethical codes of behavior, law enforcement and punishment, and whistleblowing are better strategies that should be implemented to reduce corruption at public hospitals. According to Schmidt (2014), whistleblowing is usually a voluntary behavior of individuals who see anything wrong with a business or accounting situation and bring it to the attention of auditors. According to Chattopadhyay (2013), whistleblowers must be protected and rewarded to

uncover and disclose wrongdoing. Employees proposed this as an effective way to combat corruption by revealing corrupt activities.

A total of 12% of the staff stated that awareness campaigns, training, and education must be conducted to reduce corruption in public hospitals. This is done to ensure that the general public is informed of any corrupt actions that may occur at the hospital, such as bribery to bypass long lines. A small significant figure of 8% indicated that regular audits must be conducted as a measure to combat corruption in public hospitals.

In response to an open question on measures for combating corruption, the majority of staff stated that there is a need for greater transparency in all aspects of the public hospital's operations. This viewpoint was supported by a research done by the European Commission (2015), which stated that waiting lists and queue times should be made public in order to avoid unfairness in care.

4.7 Chapter Summary

This chapter was all about presenting data, analyzing it, and discussing it. The study was a success since it was able to answer all of its research questions through data analysis and the research objectives were met. The study included data in both qualitative and quantitative formats. The descriptive survey data was analyzed using descriptive statistics, and the results were presented in tabular form, visually, and using the Microsoft Excel computer software. The following chapter (V) summarizes the research findings, conclusions, and recommendations.

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter contains the researcher's chapter summaries, summary of major findings, study conclusion, recommendations for policy and practice, and proposals for future research. The study's goal was to identify different forms of corruption in public hospitals and how to combat them, with particular attention to Chimhanda District Hospital.

5.1 Summary of Chapters

The primary goal of this research was to identify corruption in public hospitals and how to prevent it, with Chimhanda District Hospital serving as a case study.

Chapter one included a brief overview of the study's background, which included a brief history of the organization under study as well as the challenges that prompted the researcher to perform the study. The problem statement and major research question on fighting corruption were also examined. The sub-research questions, research objectives, rationale, assumption, purpose, and limitations of the study were all described. The limitations of the research, such as time limits, and how they were mitigated to maintain research quality, were highlighted, and it concluded by summarizing the chapter.

The second chapter focused on evaluating literature connected to the relevant topic under study in accordance with the research goals in an effort to combat corruption.

The third chapter described the researcher's research methodology. It concentrated on the research design, in which the researcher chose the descriptive exploratory research design since it was thought to be most suited for a case study and complement each other. The study's intended population was investigated. The researcher employed both stratified and purposive sampling strategies. These aspects were evaluated in order to establish a sample that was most representative of the target population understudy. The chapter described the research sample size, data sources used, and research tools. The

study findings' validity and reliability, as well as the data presentation and analytic techniques, were described. Following that, a chapter summary was provided.

The fourth chapter focused on data presentation, analysis and discussion of the information provided by the respondents, in this case Chimhanda District Hospital staff. Chapter five focused on summary of major findings, conclusion, recommendations and areas of further study.

5.2 Summary of Major Findings

The purpose of the study was to identify corruption in public hospitals and how to combat it, a case study of Chimhanda District Hospital. The major findings were as follows:

5.2.1 Forms of corruption at CDH

The findings of this study showed that corruption exists at public hospitals, specifically Chimhanda District Hospital, in a variety of forms. Bribery, fraud, embezzlement, theft, nepotism, absenteeism, extortion, kickback, and favoritism are all examples of forms of corruption practiced at CDH. The majority of employees at Chimhanda District Hospital pointed out bribery as the most common form of corruption they have encountered. Absenteeism was only highlighted by a few people as a type of corruption at the public hospital.

5.2.2 Impacts of corruption on the operation of CDH

Citizens bear the direct and indirect consequences of corruption in general, and in this case, with the public healthcare system. The majority of staff stated that corruption led to the bad reputation of public hospitals, not only CDH, but all other public hospitals in Zimbabwe. Employees believed that corruption leads to unfair income distribution and poor service performance. Corruption creates social classes because those who are wealthy have access to greater service delivery than those who are poor. The organization which was understudy is a public hospital, and it is required to work in the best interests of the public, irrespective of socioeconomic classes while providing services.

A sizable number agreed that corruption had an influence on investment and foreign aid. Both local and international investors would avoid investing in an organization if they know or think that their cash would be redirected to other unanticipated goals or

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pocketed for personal benefit. A small but considerable percentage of respondents stated that, corruption restricts access to health care through embezzlement, reducing consumer loyalty through such fraudulent acts, and therefore, customers would prefer to go to private hospitals.

The qualitative data also demonstrated that the managers interviewed understand the impact of corruption in the public hospital, stating that corruption causes economic distortions, diminishes foreign aid, and lowers the quality of services provided to the public. Corruption, according to the respondents, creates bankruptcy through embezzlement and fraud.

5.2.3 The effectiveness of corruption control measures set by public hospital

The present anti-corruption control measures at Chimhanda District Hospital, according to a substantial number of personnel, are ineffective. They also stated that present anti-corruption efforts are ineffective. A limited percentage of staff believed that the anti-corruption measures were successful and highly effective in reducing corruption at the public hospital. This clearly indicated that the anti-corruption measures are not addressing the purpose for which they were established, and more effort on the part of management is required to address the issues that are causing the ineffectiveness of the implemented anti-corruption measures to curb corruption at CDH.

5.2.4   Measures to address corruption in public hospitals

On the open question of steps that must be implemented to combat corruption, the majority of workers indicated that boosting employee compensation must be adopted as a way to reduce corruption at the public hospital. Aside from salary increases, several staff proposed that legislation and frequent policy amendments be implemented to prevent corruption at the public hospital. Employees also identified whistleblowing, the promotion of ethical standards of conduct, awareness programs, training and education, and frequent or surprise audits as actions that may be used to combat corruption at CDH. A small but considerable percentage of staff did not respond to the open question about how to prevent corruption in public hospitals.

5.3   Conclusions

The study's key objective was to identify and combat corruption at Chimhanda District Hospital. The research objectives were achieved providing the research was a success.

The study concluded that the public hospital should pay more attention to the causes of corruption because research has shown that the public hospital experienced various forms of corruption, so identifying the root causes of corruption may be the way to go because if they do not identify the root causes, the hospital will end up having a negative national image. Measures to combat corruption should be put in place before the public hospital loses clients to the private sector.

5.4 Recommendations

Based on the study's findings, the following recommendations for eliminating corruption in Zimbabwe's public hospitals were suggested.

Regulatory and Supervisory Bodies

The regulatory and supervisory bodies of Zimbabwe's public hospitals, such as the Health Professions Act (HPA), the Medical Control Authority of Zimbabwe (MCAZ), and the Medical and Dental Practitioners of Zimbabwe (MDPZ), among others, must improve their supervision by appropriately checking and curtaining the incidence of corruption and corrupt activities in the public hospital.

Security Controls

One approach of combating corruption is to install additional security measures. Closed Circuit Televisions (CCTVs) can be used to detect bribery, currency abuse, and line jumpers. Furthermore, the use of fingerprint authentication assists in the avoidance of dishonest actions such as employee absenteeism and ghosting.

The Government

The government plays a key role in the prevention of financial and other crimes in every community. In this regard, the competent anti-corruption agencies, such as the Zimbabwe Anti-Corruption Commission and the Financial Intelligence Unit, among others, should ensure that existing statutory measures to prevent corruption in Zimbabwe public hospitals are appropriately implemented.

Training and Education

Citizens must be taught on the many forms and consequences of corruption so that they are aware of it as a malpractice. They will be able to detect future corrupt conduct and report them to the proper authorities, such as ZACC, if they occur.

Encourage Whistleblowing

If a healthcare facility's personnel expose corruption cases, they should be protected as well as promoted. Whistleblowing should be encouraged as a means of combating corruption in public hospitals, as it function in concert with a clear reporting system and whistleblower protection, as endorsed by the Principles of the Public Interest Disclosure (Protection of Whistleblowers) Bill, 2022.

Criminalization of all corruption cases

The criminalization of all corruption cases has the ability to deter future offenders from engaging in corrupt activities, and all corruption cases must be considered high level criminal offenses. Separate courts dealing solely with corruption must be formed, and all corrupt behaviors or forms must be legislated. To deter future offenders, harsh penalties for violators must also be enacted.

Raising public awareness

People must be taught in many ways about corruption, as well as what services they are entitled to, so that they may refuse to pay a bribe if a medical practitioner asks one. Raising public awareness of basic rights, particularly in the health sector, is a critical component of human rights education. There is also a need for more transparency in all aspects of the operations of the public hospital.

Area of further study

The study was carried out in order to combat corruption in public hospitals. As a result, the study is inconclusive; more research on the effectiveness of internal controls in preventing corruption in public hospitals should be done. The study has to be replicated in other Zimbabwean public hospitals to determine if the results can be generalized across the country. This study might potentially be undertaken in other parts of Africa for comparison purposes.

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APPENDIX I

INTERVIEW QUESTIONS FOR SENIOR MANAGEMENT

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF COMMERCE

Research Topic: Combating corrupting in public hospitals: A case study of Chimhanda District Hospital during the period of 2021 to 2022.

SECTION A: DEMOGRAPHICS

1. Gender
2. Age
3. Department
4. Position

SECTION B:

5. Which types of corruption occur in public hospitals?
6. What are the impacts of corruption on the operation of public hospitals?
7. How effective are the corruption control measures set up by public hospitals?
8. How may corruption in public hospitals be addressed?

BINDURA UNIVERSITY OF SCIENCE EDUCATION

To whom it may concern

REF: Request for completion of a Questionnaire

I am final year student at the above mentioned institution studying toward the completion of a Bachelor of Commerce (Honours) Degree in Financial Intelligence. In partial fulfilment of the program, it is the University`s requirement for me to carry out a research on a relevant area of study. My research topic is Combating corruption in public hospitals.

Attached to this letter is a questionnaire that will help me in data gathering. May you please read the questions clearly before attempting. The information obtained will be treated with confidentiality and will be solely used for academic purposes.

I will be grateful if you assist me.

Yours faithfully

Padzuru Richwell K.

APPENDIX II

QUESTIONNAIRE FOR HOSPITAL STAFF

INSTRUCTIONS

> ➢ Indicate by way of a tick [ ] the relevant answers and provide information in the spaces where necessary.
>
> ➢ Please do not write your name on the questionnaire.

SECTION A: Demographic Data

1. Indicate your gender

   Male   [   ]   Female   [   ]

2. Indicate your age range

   Below 25 years   [   ]   25 – 30 years   [   ]

   31 – 35 years   [   ]   36 – 40 years   [   ]

   Above 40 years   [   ]

3. Years in employment

   Below 2 years   [   ]   2 – 4 years   [   ]

   5 – 6 years   [   ]   7 – 9 years   [   ]

   Above 9 years   [   ]

4. Indicate your department

   Human Resources   [   ]   Finance   [   ]

   Procurement   [   ]

5. Employment position

   …………………………………………………………………

SECTION B

6. Which of the following corrupt activities is prevalent at Chimhanda District Hospital?

Nepotism   [   ]   Bribery   [   ]

Embezzlement   [   ]   Absenteeism   [

]

Fraud   [   ]   Other   [   ]

7. Other than the above, what other forms of corruption that occur at Chimhanda
   District Hospital?
   …………………………………………………………………………………
   …………………………………………………………………………………
   …………………………………………………………………………………
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8. What would you consider to be the major impact of corruption at Chimhanda
   District Hospital?
   Poor service delivery   [   ]   Bad reputation   [

   ]

   Unequal distribution of income   [   ]   Impacts investments   [

   ]

   Limits access to health services   [   ]

9. Other than the above, what would you consider to be the other impacts of
   corruption at Chimhanda District Hospital?
   …………………………………………………………………………………
   …………………………………………………………………………………
   …………………………………………………………………………………
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10. Are there current anti-corruption measures at Chimhanda District Hospital?
    Yes   [   ]   No   [   ]   Not Sure   [   ]

11. How effective are the current anti-corruption measures at Chimhanda District
    Hospitals?
    Not Effective   [   ]   Less Effective   [   ]
    Effective   [   ]   Very Effective   [   ]

12. Which of the following measures can be put in place to address corruption in public hospitals?

Law enforcement and punishment   [   ]   Increasing salaries [   ]

Awareness campaigns, training and education [   ]   Whistleblowing   [ ]

Promotion of ethical codes   [   ]   Frequent audits   [ ]

13. How may corruption in public hospitals be addressed? / Measures that can be taken to curb corruption in public hospitals.

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Thank you for your assistance