


## Chapter 12

# Bolstering Healthcare in an Orthopaedic Ward: A Call for a System Dynamics and Participatory Action Approach

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### ABSTRACT

*Patients admitted to the orthopaedic ward often present with injuries post involvement in pedestrian vehicle accidents with little investigation into the context of injury. This chapter intends to portray the ecological framework behind admissions linked to the mechanism of injury and underlying psycho-social circumstances of the pedestrians. The PAR methodology is located within the epistemological realm of critical theory and constructivism, whereby facilitating positive social change is viewed to be the key outcome of such research. This outcome has been confirmed by the study prioritising the necessity for a departure from the traditional expert-led health system, evolving into one which supports the empowerment of patients and healthcare workers as a necessity. However, the implementation of the improvements has not been as straightforward as initially projected. Some of the challenges included the slow assimilation of proposed solutions for planned care and paucity of key engagement from upstream stakeholders.*

DOI: 10.4018/978-1-6684-6496-0.ch012

## **INTRODUCTION**

This chapter seeks to establish the merits of adopting a modern ecological approach in relation to better understanding the variables linked to health and risk behaviours, environmental factors as well as health related resources. These factors will be explored under the tenets of a System Dynamics and Participatory Action Research (PAR) perspective.

## **BACKGROUND**

Twenty-nine years after the election of its first democratic government, South Africa continues to aspire towards providing a therapeutic healthcare system, one that accommodates the requirements for treatment, care and dignity for all South Africans. Yet, despite various health reforms to rejuvenate health care policy transformation since 1994, there remain considerable challenges that impede progress (Gilson 2014; Dhai 2018).

South African health indicators remain dismal for a middle-income developing country (WHO Report, 2021). This can be attributed to the four large-scale epidemics; HIV/AIDS, chronic and non-communicable diseases, violence and injury. In addition to the immense burden of disease, the health system is crippled by an infirmity to mete out the baseline health care needs of citizens due to the following reasons; privation of integrated health care, a reductive physician curative prominence, atrophic health care professional morale coupled with paralysed operational relationships between the public and private sector (Blecher, 2018).

South Africa is failing to meet all the criteria of the Sustainable Development Goals (SDG) due to several shortcomings (Hankey, 2017). There is an accretive sense of political pressure to address these challenges as outlined in the National Strategic Plan (NSP) (WHO Report, 2021). Hence the introduction of the National Health Insurance (NHI) is viewed as an arch leverage point to introduce momentous experimental health-oriented policies (Blecher, 2018).

Whilst South Africa has established a commitment to execute the NHI scheme, there are noteworthy reasons to anticipate that its implementation will be marred with numerous challenges, ranging from inefficient management of the entire system of health, defective allocation of financial reserves, scant human resources, ailing infrastructure, the soaring strain of disease and escalating medical malpractice-claims (Mokone, 2019). It has hence been suggested that medical malpractice litigation may be an impediment to the actualisation of the NHI scheme (Kollapen, 2017) as millions of Rands are wasted on settling medical negligence claims rather than being funnelled towards the discharging of the NHI scheme's pilot programs.

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