STANDARDIZATION AND STRENGTHENING THE FUNCTIONALITY OF HOSPITAL MANAGEMENT BOARDS IN CENTRAL HOSPITALS: EVIDENCE OF A DEVELOPING ECONOMY

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Abstract

Zimbabwe's public hospitals have been criticised for the declining standard of health service delivery for the past three decades with fingers pointed towards the hospital governance system. In response to the criticism, the government of Zimbabwe, through the Ministry of Health, has begun the process of making structural changes to the entire hospital governance system (Moyo, 2016; Sikipa, Osifo-Dawodu, Kokwaro, & Rice, 2019). The aim of the study is to examine the processes of appointing hospital management board (HMB) members in central hospitals of Zimbabwe. The study sought to explore the standardization, strengthening, and performance of HMBs in central hospitals of Zimbabwe with a focus on six central hospitals which include Harare, Chitungwiza, Parirenyatwa Group of Hospitals, United Bulawayo Hospitals (UBH), Mpilo, and Ingutsheni. The study employed a mixed-method design using the questionnaire and interviews to collect data. The target population included 66 board members. The census approach was used meaning that all members of the population formed the sample size. The study revealed that 67% of hospitals had functional HMBs with a quorum despite lacking a clear policy to evaluate their performance. The gaps identified required policy review to strengthen the appointment and performance of HMBs.

Keywords: Standardization, Strengthening, Performance, Governance, Appointment

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1. INTRODUCTION

Public hospitals of Zimbabwe have experienced service delivery challenges for several decades with the criticism directed towards the hospital board members' failure to properly govern (Mazikana, 2019). At the centre of the criticism lies the process of appointing the board of directors to address matters of standardization, strengthening, and functionality of central hospitals. While there is a vast literature on the process of board appointments in the private sector, there is limited literature on the processes of appointment of hospital board members. For example, recent literature by Guldiken, Mallon, Fainshmidt, Judge, and Clark (2019), Cocciasecca, Grossi, and Sancino (2021) argue that the process of board member appointment is well defined in the private sector

while the public sector is yet to fully embrace it, presenting as a hindrance to effective governance of public hospitals. The examination of processes of the hospital management board (HMB) members in central hospitals is unique, since the inception of hospital management boards in central hospitals of Zimbabwe. Public hospital corporatization assists in ensuring efficiency and effective hospital management, both financially and operationally (Dubas-Jakóbczyk et al., 2020). The new leadership practices are of paramount importance, hence the inter-disciplinary requirements of health care require intersectoral involvement in the promotion of health (Gilson & Agyepong, 2018). Central hospitals in Zimbabwe are under scrutiny from various stakeholders, such as the government, citizenry, and financial partners to ensure good corporate governance practices.

Governments in developing countries have pursued techniques and strategies to strengthen the performance of their public hospitals. One key strategy adopted by some governments is through granting autonomy to public hospitals. The hospital autonomization is aimed at strengthening public hospitals to generate revenues, whilst reducing subsidies from the central government. Public hospitals are afforded the opportunity and incentive to generate revenues (Võ & Löfgren, 2019). However, despite boards of directors being created in those public hospitals, limited success has been realized on policies that grant autonomy (De Geyndt, 2017).

There is a great need to engage HMB members of diverse backgrounds. Health leaders who lead health institutions with high levels of quality governance expertise had the propensity of building strong relationships with external partners and even bringing in-depth board knowledge of the external policy environment (Jones et al., 2017). However, the processes of identification and engagement of hospital board members are deemed to be lacking transparency. The boards of state-owned enterprises usually serve the interests of multiple stakeholders, however, their appointment is in the best interest of the responsible Minister who, in turn, overrides other stakeholders' interests which is common in the Zimbabwean context (Matamande, 2018).

Hence, the study examines the processes followed in appointing board members across the six central hospitals of Zimbabwe. Public appointments of board members is a fundamental tool of public governance as it offers a system through which public organizations are directed and controlled. The way public hospitals in Zimbabwe have been managed over the years has left a lot of unanswered questions on the credibility of the process of board appointments, hence studying the board appointment process in Zimbabwe could introduce fresh ideas towards improving hospital efficiency in Zimbabwe. This study could also add up to the scanty literature that focuses on hospital board appointments.

HMBs play a critical role in providing the oversight function towards effective hospital governance. In hospital leadership and management circles, HMBs entail a critical structure in hospital management that provides an overall function to the top executive and senior management teams of hospitals through the adoption of innovations and strategic management (Ngongo, Ochola, Ndegwa, & Katuse, 2019).

According to Cristian and Monica (2017), governance in health systems takes into consideration the stakeholder involvement in the decision-making process, variations in rules or processes that have an effect on the authority and accountability for health policies, organizations, and service provision. The reforms that might have an effect on health service delivery and governance activities include parameters, such as authority, accountability, openness, participation, and coherence.

In global and national contexts, stakeholder involvement is of paramount importance on board resolutions and greatly influences accountability by the entity. In the case of Flemish hospitals in Belgium, the decision-making process differed among hospitals. Specifically, the hospitals with active stakeholder committee involvement showed meaningful impact on the operational level in all hospitals. However, the results from the study entail that there is a need for more research on the connection between stakeholder involvement and hospital governance (Malfait, Van Hecke, Hellings, De Bodt, & Eeckloo, 2017). In the case of Romania over the past three decades (1990–2019), efforts have been made in order to standardize hospital classification, hospital governance structures, management, modern reimbursements mechanisms, and regulatory requirements (Duran, Chanturidze, Gheorghe, & Moreno, 2019).

The application of governance structures or instruments in Romania faced a number of impediments which include misalignment by responsible authorities in the decision-making capacity of hospitals, policy inconsistencies, limited managerial autonomy, outdated and inconsistent regulatory frameworks. The study conducted in Romania proffered that some of the challenges are due to internal forces like limited operational, strategic and financial capacity in hospitals for them to exhibit better financial and good governance systems. Globally healthcare reforms are typically achieved through a policy change which is generally attained through interventions like operational efficiency, effective financial utilization, transparent processes, procedures, and practices. There is no doubt that policy changes or reforms are very critical because of the undeniable politically challenging, complex, and worrying environment in the globalized world today (Braithwaite et al., 2017).

The study of health leadership in the African context or settings was conducted through careful consideration of experiences in public hospitals and health leadership development of different countries (Gilson & Agyepong, 2018). As the study results will show, the current leadership practices in the central hospitals largely impact negatively on staff incentives, expertise, and patient treatment. This situation indicates that the status quo of health leadership should be transformed in order to make the central hospitals more responsive to the health nations of the citizens. The results on leadership development showed that it is not enough to train individuals but rather focus should be on developing an organizational context or structure that sustains contemporary leadership practices. The study suggested that given the inter-disciplinary set up of health care which is broadly categorized into curative and preventive services, hence an integrated effort to improve health care performance and governance.

In Southern African countries, health care systems are undergoing different stages of realignment in terms of governance structures, effectiveness, and efficiency. The governance structures and processes were conducted in South Africa through a study of public hospitals with a view to determining the effect of hospitals and hospital governance for the determination of health service delivery (Fusheini, Eyles, & Goudge, 2016). The study results revealed that apart from good governance being a key element in service provision, there is also a need for stakeholder assessment and the design of appropriate interventions. In the practice of good hospital governance, leadership political will, provincial influence, good hospital structures, and processes are important facets in hospital management. This is because these factors inherently render freedom in the execution of policies and plans that lead to the achievement of health strategic goals or outcomes. In an effort meant to improve public sector delivery and democracy, Botswana has embarked on reforms to address the governance issues. The decentralization of service provision as a governance strategy for encouraging participatory development was adopted in Botswana, however, the government retained the centralization of the coordination of state administration. It is further noted that the governance of public hospitals in Botswana has remained embedded in a hierarchical organizational structure with highly centralized tendencies. In practice, all public or government hospitals in Botswana report to the Ministry of Health head office, a situation that provides limited management and operational autonomy (Mooketsane, Bodilenyane, & Motshekgwa, 2017).

In Zimbabwe, the health governance system is undergoing structural reforms. The implementation of the reforms is the appointed health centre committees for rural health facilities, advisory boards for district and provincial hospitals, and hospital management boards for central hospitals. It is noted that in order to achieve sustainable services in health systems, respective countries, health institutions and health managers should embrace good governance principles, processes, and practices. However, in carrying outboard work, the hospital boards in the middle and low-income countries often encounter various problems which include, among others, inadequate authority to govern, failure to engage competent individuals to serve in boards, inadequate information which compromises decision-making, lack of board evaluation mechanisms and that some board members do not even know about their duties and responsibilities (Sikipa, Osifo-Dawodu, Kokwaro, & Rice, 2019).

Central hospitals in Zimbabwe have a structure that was designed to meet good governance principles. In China, the hospital administrators, local leadership, and hospital commissions concurred that power over the management of public hospitals should be given to administrators (Nong & Yao, 2019). It comprises the hospital's independent board members, the chief executive officer (CEO), and three executive directors who include the clinical director, operations director, and finance director. The hospital board has the overall function of policymaking and oversight role of the hospital operations. The hospital governance concept adopted different models in European countries. The micro-level hospital governance is most ideal for the routine operational management of staff and services, whilst the meso-level involves policy-making where decisions are made at the institutional level free from government interference (Rechel, Duran, & Saltman, 2018). Nevertheless, the hospital management boards are not answerable for the daily functions of the health institutions.

The hospital management board is mandated to monitor the performance of the executive management. The CEO of the central hospital, among other leadership functions, is responsible for development, administration, and giving direction to the institution. Furthermore, the CEO continuously monitors and evaluates the effectiveness, efficiency, appropriateness, and quality of planning, monitoring, and evaluation methods in place. The CEOs and boards are obliged to deliver government policy, hence the central government routinely scrutinizes performance against targets. The CEO is expected to meet the set targets, failure of which dismissal is proffered (Janke, Propper, & Sadun, 2019). In other words, this means that it is the duty of the CEO to ensure that service delivery methods, standards and operational procedures, identification of risks and opportunities for improvement, design and enforce appropriate actions is put in place to achieve the required health care services. Thus, the CEO assures that both clinical and administrative activities are in compliance with Health Professions Authority standards and the Ministry of Health and Child Care (MoHCC) policy guidelines. From the governance perspective, a CEO contributes to decision-making and participates in board meetings through presentations of the hospital performance and issues for the board's consideration. The CEO is held accountable by the board in pursuance of the hospital's mission, through the implementation of annual budgets and operational plans (Friedman & Rabkin, 2018). In this regard, the CEO has the overall responsibility for the implementation and enforcement of the board's resolutions.

In the Zimbabwean context, a lot has been reported on health systems concerning lack of customized laws that are specifically for the unique health set up, lack of procurement planning, incompatible selection criteria, poor supply chain relations, and improper development of product specifications (Shonhe & Bayat, 2017). This is despite the fact that there are functional hospital boards in all central hospitals, hence the need to explore the boards' functionality. Literature extant and qualitative studies have put more emphasis on the views and experience of management staff and clinicians and not the boards for a good health governance system in health facilities (Bismark & Studdert, 2013).

The public hospitals' reforms in Zimbabwe have mainly focused on leadership and management. At the time of this study, it was now mandatory that all central hospitals have functional hospital boards to ensure good governance in health care delivery. It is stressed that every central hospital should have an effective board that is mandated to develop an ethical code that is applicable to employees, executive management, and the hospital management

board itself. In addition, the central hospital management board should comprise seven non-executive and four executive directors (Health Service Act, Chapter 15:16). However, the selection process and responsibility of the appointment of hospital board members are not well articulated in the Health Service Act. This is a concern since central hospitals provide a public service that serves the interests or needs of citizens and various stakeholders for the societal common good.

It is often said that the "fish rots from the head" and in this regard, this means that if the hospital board is ineffective, then ultimately less might be expected from the followers, and this being management at all levels. This suggests that hospital boards ensure the success of the entity. Despite numerous researches on hospital good governance, significant gaps still remain in the area of senior leadership positions and hospital performance (Sarto & Veronesi, 2016). Against this background, this research is an attempt to contribute towards strengthening transparency on the appointment of hospital boards.

The structure of this paper is as follows. Section 2 reviews the relevant literature. Section 3 presents the methodology used to collect and analyze data, detailing research approaches, study population, study sample, and data collection tools. Section 4 provides the study results while Section 5 entails a discussion and interpretation of the study findings. Section 6 provides the conclusion of the study focusing on implications, limitations of the study as well as perspective for the future research and recommendations for the study.

2. LITERATURE REVIEW

The board is considered to be the link between the shareholders and monitor management. The board wields several responsibilities which include controlling, strategic decision-making, advisory, and resource mobilization (Madhani, 2017). According to Chen et al. (2016), the role of the board of directors is widely described as monitoring and evaluation. The general assumption by policymakers is that decentralized health systems enhance service delivery through improvement in authority, autonomy, accountability, and community participation (Tolera, Gebre-Egziabher, & Kloos, 2019). In the next three sub-sections, the aspects of the appointment of the hospital management boards are discussed.

In practice, the owners or shareholders of the health care organizations have the mandate to appoint a governing board that is responsible for the achievement of the entity's purpose for existence. Furthermore, the governing board has the mandate to appoint the senior management. Hence, the board has got the responsibility for setting the strategy and monitoring performance whilst the senior management does the implementation of strategies (Stoelwinder, 2019). In most developing countries, the government is fundamentally assisted by the Ministry of Health, to keep its authority directly or indirectly, for instance on the recruitment, selection, and appointment of board members for public hospitals (De Geyndt, 2017).

In the case of Victoria Hospitals in Australia, the Minister of Health has the mandate to create an independent commission, which is the Board Appointments Advisory Commission. The Board Appointments Advisory Commission has the responsibility of ensuring that the appointment process and recruitment of board members for public hospitals and public health service boards are done based on certain laid down skills, such as possession of strategic leadership, strategic decision-making, and strategic planning in a relevant field (Duckett, 2017). A study conducted in Uganda with a focus on promoting proper accountability in the system of recruiting hospital managers revealed that boards are appointed by the central government to monitor the functions of the hospital executive directors. However, there is a dual supervisory role in that the Health Services Director for the District also supervises the hospital directors (Bakalikwira, Bananuka, Kaawaase Kigongo, Musimenta, & Mukyala, 2017). Hospital managers are motivated in the discharge of their duties through flexibility and opportunities for decision-making (Barasa, Manyara, Molyneux, & Tsofa, 2017). In the case of Ghana, the appointment of board members in public hospitals is done in accordance with Act 525 (1996). The appointment of board members or directors for public hospitals in Ghana is done by the Ghana Health Service Council. These three studies in Australia, Uganda, and Ghana indicate the importance to have independent hospital boards with a full mandate to monitor and evaluate the executive management of hospitals.

The recruitment of public servants in Zimbabwe has been compromised due to politicization and bureaucratic power which have brought some challenges in issues of public administration (Musopero & Lee, 2021). Most Latin American countries continue to recruit public managers by way of political appointments with highly skewed discretion in the decision-making. Therefore, there are no proper formal selection criteria except for age and formal education with a university degree requirement. It is imperative that the appointment occur whether or not the position requires a high level of technical or policy expertise. It was also noted that there are no formal performance agreements which means that board assessment in this regard is not systematic or may not be carried out at all (Cortázar Velarde, Fuenzalida, & Lafuente, 2016). Lesotho adopted the recruitment of public servants based on merit in an effort to fight corruption which has an influence on the practices and conduct. However, despite the adoption of the Westminster model, the appointment of Principal Secretaries and other senior officers is still politically motivated (Rakolobe, 2019). Hospital board members' recruitment in Zimbabwe should therefore be strengthened to reflect on transparency and openness.

In Latin American countries, the recruitment of public managers hinges on political-based criteria. This is largely a way to reward those who would have participated in political campaigns and are needed to foster alignment of government policies to political agendas (Cortázar et al., 2016). However, the selection of the CEO is usually endorsed by the board of directors (De Geyndt, 2017). In the case of the English National Health Services (NHS),

the hospital boards in the individual public hospitals are given the mandate to appoint and reward individual CEOs in an autonomous fashion (Janke et al., 2019).

In the English NHS, the hospital boards use guidelines from the central government which is the regulator on making senior appointments, thus including the CEO. The board chairperson and the committee responsible for the appointment, make use of private-sector human resources consultants for the selection and appointment of the CEO. However, during the recruitment and selection of the CEO, the board chairperson and the committee have the discretion to consult or include government representatives who are responsible for overseeing the NHS. The appointment of the CEO is based on their experience, which is either of leading private sector organizations or NHS organizations. Furthermore, the remuneration of the CEO is set by the board (Janke et al., 2019).

3. RESEARCH METHODOLOGY

3.1. Research design

The study used a mixed-method to collect data. The quantitative method gathered data from 66 participants using a Likert scale questionnaire to identify the board management practices while the qualitative data was gathered through open-ended interviews from 9 purposively selected participants to collect data on the lived experiences of present board members within six selected central public hospitals in Zimbabwe. The interviews complemented the questionnaire, thus, the interviews were done after the administration of the questionnaires, in order to address issues that could not be addressed by the quantitative method (Rahman, 2017).

3.2. Study population and data source

As already pointed out earlier, a total of six central hospital management boards were studied with each comprising seven non-executive and four executive board members. In other words, 42 and 24 non-executive and executive board members respectively constituted the population at the central hospital level, this being 66 study contributors. The common aspect of the study participants in this category is that they are responsible for ensuring good governance practice in their respective central hospitals in the country. To consider commonality is the most important determinant to select a population in a given study as propounded by Blumberg, Cooper, and Schindler (2006).

3.3. Sampling technique and sample size

The sample selection of research participants was drawn from Parirenyatwa Group of Hospitals, Harare and Chitungwiza Central Hospitals in the Northern Region and United Bulawayo Hospitals, Mpilo and Inguthseni Central Hospitals in the Southern Region. Furthermore, for quantitative data, all the six central hospitals were included.

The sampling technique for the quantitive study was a "census" enatailing all the 66 executives formed the sample size. The purposive sampling technique was employed for the qualitative study to select 9 executives using a minimum of a 5-year board experience as the inclusion and exclusion criteria (Creswell, 2014; Sekaran & Bougie, 2013). Thus, for one to be in the qualitative sample, a minimum of 5 years was required.

3.4. Data collection technique

The questionnaire was distributed physically to the boards' secretaries to facilitate further administration to the respondents during board meetings. Data was captured directly into SPSS Statistics version 25 for quantitative data, while for qualitative data interviews were conducted in respective institutions or workplaces across the two regions, and results from the 9 members were either recorded using the voice recorder or manually captured on the interview schedule. Data from the interviews were transcribed using transcribing software and then captured in the NVivo version 12 software for analysis.

4. RESULTS

The data from the field was analyzed through use of SPSS Statistics 25, thus coming up with univariate, bivariate, and multivariate analysis tables for example the descriptive and inferential statistics. Furthermore, the use of analysis software resulted in the formulation of several statistical tables that assist in the analysis and interpretation of the data collected for instance the frequency tables, correlation matrices, and principal component analysis. The NVivo 12 was used to analyze data collected from the interviews conducted. Data were coded and entered in a bid to come up with themes that assist in the analysis and interpretation.

Process of appointing hospital board members in central hospitals

The process of appointing the board of directors should ensure diversity in terms of, among other attributes, gender, the board size, and separation of duties of the CEO and chairperson. Firms with a large board size, more female directors, and separation of CEO and chairman positions are more likely to engage in corporate social responsibility (Liao, Lin, & Zhang, 2018).

The appointment of board members in respective institutions was further analysed in Table 1 below to establish the appointing authority of board members at the institutional level.

Table 1. Appointing authority at respective institutions

Respondent	*Appointing authority*
Board chair 1	Ministry and President and Head of State
Board chair 2	Minister of Health and Child Care
Board chair 3	Minister of Health and Child Care and Health Service Board
Board chair 4	Minister of Health and Child Care
CEO 1	Minister of Health and Child Care
CEO 2	Minister of Health and Child Care
CEO 3	Minister of Health and Child Care
CEO 4	Minister of Health and Child Care
CEO 5	Minister of Health and Child Care
CEO 6	Minister of Health and Child Care

Source: Field data (2019).

Ten (10) responses in Table 1 above indicate that 8 (80%) proffered that board members are solely appointed by the Minister of Health and Child Care, whilst 1 (10%) indicated appointment by the Minister of Health and Child Care and the Health Service Board. Furthermore, only 1 (10%) indicated appointment of board members through the Ministry and President and Head of State. CEO 1 was very clear on the appointment of hospital board members or directors saying that, "*The appointing officer for directors is the Honourable Minister of Health and Child Care*". This was buttressed by Board chair 1 who stated that "*Well the board itself was appointed through the Ministry… So as a board we are duly appointed by the President and Head of State*".

The identification and engagement of board members was illustrated in Tables 2 and 3 below.

Table 2. Identification and engagement of board members as revealed by CEOs

Explain how each non-executive director (including the chairperson) was identified and engaged		***Attributes***									
		Central hospital						***Region***		***No. of years as a board member***	
Identification and engagement process	***No. of interview participants who mentioned the same***	***UBH***	***MP***	***HRE***	***PARI***	***CHT***	***INGU***	***N***	***S***	***1–5***	***More than 5***
Appointment by Honourable Minister	5	✓	✓		✓	✓	✓	✓✓	✓✓✓	✓✓✓	✓✓
Via formal vacancies	3	✓	✓				✓		✓✓✓	✓✓	✓
CEO Solicit for CVs from perspective board members in the province	2	✓	✓						✓✓	✓	✓
Drawn from various disciplines	2		✓		✓			✓	✓	✓	✓

Source: Field data (2019).

The analysis in Table 2 above revealed that the process of identification and engagement of board members is conducted through direct appointment by the Honourable Minister of Health and Child Care.

Five respondents from UBH, Mpilo, Parirenyatwa, Chitungwiza, and Ingutsheni indicated the appointment through the Honourable Minister of Health and Child Care. This was reinforced by CEO 4 who revealed that *"They are appointed by the Minister of Health and Child Care. The letters of appointment are sent to the institution. The board members are a mixture of different skills for example lawyers, accountants, medical and others…".*

The identification and appointment of board members are done through formal vacancies and prospective board members submit their CVs as revealed by CEO 1 who was quoted saying:

"*The appointing officer for directors is the Honourable Minister of Health and Child Care. So when there are vacancies in a board they identify eminent persons with various skills and usually they look for people who are eminent persons, professionals or business people in their own skills and with experience in the health sector. Out of that list, he will then discuss with his team in head office, the permanent secretary and the principal directors. Usually I think they use to also get clearance board members from the OPC, Chief Secretary's office. Because these are government entities and the people who are there need to be cleared by the government but I am not so sure if that is still happening but it's usually the process. At times also there is a database in the OPC where eminent persons and professionals either apply or they are nominated there is a database…*".

Table 3. Identification and engagement of board members as revealed by board chairs

Explain how each non-executive director (including the chairperson) was identified and engaged		***Attributes***									
		Central hospital						***Region***		***No. of years as a board member***	
Identification and engagement process	***No. of interview participants who mentioned the same***	***UBH***	***MP***	***HRE***	***PARI***	***CHT***	***INGU***	***N***	***S***	***1–5***	***More than 5***
Appointment by Honourable Minister	4		✓	✓	✓		✓	✓✓	✓✓	✓✓✓✓	

Source: Field data (2019).

The analysis in Table 3 above revealed that all board chairs for Mpilo, Harare, Parirenyatwa, and Ingutsheni concurred that the Honourable Minister is responsible for the appointment of board members. Board chair 2 was quoted saying, "*They were appointed through the Minister of Health and Child Care…*".

The organizational board of directors is one of the most important subgroups within most modern organizations, performing critical advisory, monitoring, and resource dependency roles. Furthermore, board diversity is positively associated with the market valuation (Ntim, 2015). Hence, the selection for hospital management board members should be conducted in a transparent and independent manner to achieve effectiveness in performance.

Table 4. Board member selection criteria

Respondent	*Selection criteria*
Board chair 1	"The Minister of Health did his own search I suppose through his offices of people in the private sector and also in the medical fraternity who could comprise the board. Then these names were then sent through to the Office of the President. Then from there for approval in the Office of His Excellency of the Republic of Zimbabwe."
Board chair 2	"They were appointed through the Minister of Health and Child Care basing on their skills and experience in the health sector. The clearance to appoint board members is obtained through the Office of the President and Cabinet."
Board chair 3	"Well, I don't know, I was approached by the then minister that he intended me to go and help the management board of Harare hospital. It was through the Health Service Board I understand. Two of the guys were from the previous board I think to carry institutional memory, one is a lawyer and a lady who is a nurse by profession. They are two medical doctors. Then CEO was also a medical doctor. There is a lawyer and is a long serving retired civil servant, who knows about housing and amenities."
Board chair 4	"The minister asks for possible nominations from senior health officials in the ministry. Then from those submissions he then appoints people."
CEO 1	"So when there are vacancies in a board they identify eminent persons with various skills and usually they look for people who are eminent persons, professionals or business people in their own skills and with experience in the health sector. Out of that list he will then discuss with his team in head office, the permanent secretary and the principal directors. Usually I think they use to also get clearance board members from the OPC, Chief Secretary's office. Because these are government entities and the people who are there need to be cleared by the government but I am not so sure if that is still happening but it's usually the process. At times also there is a database in the OPC where eminent persons and professionals either apply or they are nominated there is a database. The Chief Secretary's office and what usually then happens at times actually people are requested there is an advert in the public media which advertises for people to submit their names for consideration on appointment to boards. So there is that database on the one hand but not every time you don't get those people every time you require then the minister as the appointing officer also goes and identifies eminent people he and his team and they come up with the list and they appoint."
CEO 2	"The CEO solicits or request for curriculum vitaes from prospective board members. The prospective board members or directors should be members from the community, thus within the province. Cadres to be short listed should have the relevant experience, members of the business community and experts in capacity building. Prospective cadres selected might include doctors, nurses and other health professionals. The CEO in consultation with hospital management then forward names to the Permanent Secretary and Minister of Health and Child Care. However, according to previous experience some names suggested at hospital level are left out or not considered in the final list from the Minister. Even some board members in the list from the Minister are not from the region."
CEO 3	"The letters of appointment are sent to the institution. The board members are a mixture of different skills for example lawyers, accountants, medical and others."
CEO 4	"The identification I am not so sure because that is the responsibility of the Minister. We were not consulted. The minister is the one who identifies them. He asks for their CVs to then enable him to make his decision. So in our case the board members that I know, the chairperson was picked from the community where she was involved in education where she was running schools. The other board members are doctors, they are three. The other board member is a business person and then the other one is a commissioner."
CEO 5	"Board members are appointed through the minister of health and child care basing on their experience, skills or expertise. They are drawn from various disciplines for example nursing, medical doctors, lawyers and other professions."
CEO 6	"Not so sure but what I know is that they are appointed by the Minister of Health and Child Care. However, Chitungwiza Central hospital does not have a substantive CEO since the former CEO Dr. Obadiah Moyo was appointed Minister of Health and Child Care in September 2018. An advert for the CEO was done towards end of year 2018."

Source: Field data (2019).

The analysis of 10 respondents' answers in Table 4 above entails that board members are identified through the Minister of Health and Child Care based on their experience, skills, or expertise. Board members are solicited from both the public and private sectors. The board members are composed of various professional backgrounds which include medical, finance, legal, community leaders, and business. CEO 2 was quoted saying, "*The CEO in consultation with hospital management then forward names to the Permanent Secretary and Minister of Health and Child Care".* Board chair 1 and CEO 1 also mentioned the involvement of the President of the Republic of Zimbabwe and the Office of the President and Cabinet being involved in the selection process of board members, respectively.

5. DISCUSSION

5.1. Examining the process of appointing HMBs members in central hospitals of Zimbabwe

From the findings presented, it is evident that 5 dimensions emerged with regard to the process of appointing hospital management board members in central hospitals. These are as follows:

1) appointing authority for board members;
2) selection criteria for board members;
3) gender balance of the board;
4) board composition and educational requirements;
5) board involvement on the appointment of the CEO.

Each one of these is discussed in the next subsections, respectively.

The Health Service Act (Chapter 15:16), Section 19, provides for the establishment or appointment of hospital management boards. The Minister of Health and Child Care as guided by the Health Service Board has the mandate to appoint board members.

The analysis of research results shows that the majority of board members are duly appointed by the Minister of Health and Child Care. The appointment of hospital management board members by the President and Head of State was revealed in the research results. This situation might cause challenges in terms of good corporate governance practices. The results further indicate three sources from which board members are appointed, thus the Minister of Health and Child Care, Health Service Board, and the President and Head of State.

The National Code on Corporate Governance of Zimbabwe provides insights into the board of directors' appointment, thus, "All directors should be appointed through a formal, robust and transparent process that reflects broadly the diversity of shareholders" (Chapter 3). The most important stakeholder in public health institutions is the general public or citizenry which suggests that their interests should be reflected in a transparent manner. Generally, once the President and Head of State are involved in the appointment of board members, then the appointments become political, or in other words, board members would be considered as political appointees. Political appointees serve the interests of the ruling elite, thus in the case of board members, they would lack independence in their good corporate governance practice.

The Minister of Health and Child Care is the one responsible for the appointment of HSB board members, thus in accordance with the Health Service Act (Chapter 15:16). Furthermore, the HSB board members are selected under unclear selection criteria, and this is probably because the Act is silent on the selection process. Then the Minister as well in consultation with the HSB is responsible for the appointment of hospital management boards. The Minister is a political appointee, hence the President and Head of State are obliged to make such appointments. Thus, the individuals who are appointed as board members in both the HSB and hospital management boards might not be in line with the good corporate governance practice, highlighting non-compliance with the principles of transparency and accountability.

The research results have indicated that the identification and selection of board members vary by institution, which is an indication that there is no clear policy framework on the selection criteria for board members. In fact, the Health Service Act (Chapter 15:16) is silent on the process involved in the selection of hospital management board members. The Minister of Health and Child Care has the prerogative to identify, select and appoint board members. The Health Service Act (Chapter 15:16), stipulates that "The Minister shall establish a hospital management board for each Government hospital which shall be the responsible authority for the hospital concerned. One shall be the superintendent or chief executive officer of the hospital, who shall be the chairperson of the board. The remaining members shall be appointed by the Minister, through the Board for their professional or managerial skills" (Section 19). The provisions of the Act are not in tandem with the requirements outlined in the Zimbabwe Code on Corporate Governance of 2014, which stipulates that "All directors should be appointed through a formal, robust and transparent process that reflects broadly the diversity of the shareholders. Where appropriate, the nomination committee should be established with clear terms of reference on how to invite and recommend the nomination of new directors by the Board and the election and re-election by shareholders".

The study results have exhumed that there is no clear policy on the selection criteria or process. Board chair 1 is not clear on how board members are identified or selected, as quoted, "*The Minister of Health did his own search I suppose through his offices of people in the private sector and also in the medical fraternity who could comprise the board*". Furthermore, sentiments to proffer ignorance on the selection criteria were echoed by Board chair 3, as quoted, "*Well I don't know, I was approached by the then Minister that he intended me to go and help the management board of…*". Due to a lack of clarity on the selection criteria and process, then the selection procedure will be prone to corruption and nepotism which results in compromised good governance practice in which transparency, fairness, independence, and openness are highly likely to be limited.

The study results further revealed that hospital management board members are not subjected to any interviews or thorough scrutiny by an independent committee to identify their suitability to occupy the public office as board members. The opaque selection criteria and process leave the Minister to make his/her personal decision which might not be in the best interest of stakeholders. CEO 3 proffered that, "*The identification I am not so sure because that is the responsibility of the Minister. We were not consulted. The Minister is the one who identifies them. He asks for their CVs to then enable him to make his decision*". Respondents from both executive and non-executive board members denote that no adverts are circulated in the media to invite prospective board members. Again this goes against the corporate governance concepts of transparency, fairness, and openness.

The study results have revealed that hospital boards composition is not gender-balanced. The Constitution of Zimbabwe, Amendment (No. 20) Act 2013, subsection 245 advocates for gender equality. This finding shows that public and private institutions should ensure gender quality in their governance structure. For the 45 respondents to the questionnaire and interviews, 36 (80.0%) are male whilst 9 (20.0%) are female. Public sector institutions should be the advocates and lead national policies and programmes.

In terms of board composition, the results revealed that the majority of board members have a medical background. Other professions with a fair representation are administration and finance, whilst the least represented is legal. The Health Service Act (Chapter 15:16), Section 5, only refers to the composition of the HSB in that one of the board members should be a person registered as a legal practitioner in terms of the Legal Practitioners Act (Chapter 27:07). Since hospital management boards are considered to be an extension of the HSB, then the terms should apply. However, for the four hospitals with functional boards, the legal representation can be said to be 50% since they are two legal practitioners from different institutions. In terms of hospital management the board representation, considering the skills mix, it can be concluded that it is satisfactory since the majority of board members have a medical background. Board members with medical backgrounds can be deemed to articulate hospital or medically related matters better compared to non-medical, although other professions are vital to contributing in areas of their expertise. A hospital setup is a complex system, hence all professions matter to ensure good health service delivery. Furthermore, most of the board

members are holders of postgraduate degrees in their respective professions, as evidenced by 94.3% of them who fall under this category. The selection and appointment of board members with higher degrees actually fulfil the requirement outlined in the Health Service Act (Chapter 15:16), Section 19, subsection 2 (c).

5.2. Board involvement in the appointment of the CEO

The study results revealed that hospital management boards are not involved in the appointment of the CEO. Rather the CEO is considered as an active member of the board, who is included among the seven board members. The inclusion of the CEO and recommendation for a chairperson of the same board is clearly against the dictates of good corporate governance principles. The Zimbabwe Code on Corporate Governance of 2014 stipulates that "The chief executive officer and other senior executive officers of the company should be appointed by the Board and accountable to it" (Section 123). Furthermore, the Public Entities Corporate Governance Act (Chapter 10:31), Section 17 provides terms and conditions for the appointment and accountability of the CEO of a state entity. This further clarifies that the Health Service Act (Chapter 15:16) is not in tandem with good corporate governance practices. It is quite certain that this situation can bring conflicts in the carrying out of good governance practice in the respective health institutions. While the CEOs are part of hospital management boards, the study results discovered that they were not the chairpersons but rather, the boards are chaired by independent non-executive board members. This might be an issue that authorities have identified as a flaw in the Act pertaining to the functionality of the hospital management boards. Nevertheless, this discretional governance practice that CEOs are not chairpersons of the boards is something that is yet to be re-aligned at law through necessary legal amendments.

6. CONCLUSION

The research has established that the hospital board members are appointed by three authorities, thus the Minister of Health and Child Care, the Health Service Board, and the President and Head of State. In terms of the Health Service Act (Chapter 15:16), Section 19 (1), the Minister of Health and Child Care is responsible for establishing and appointing hospital management boards for all government hospitals. From this provision, it means that the Health Service Board and the President and Head of State should not be the appointing authorities and this will help to ensure independence and separation of powers in state institutions.

The analysis of the selection criteria in all central hospitals was discovered to have flaws in how the identification and recruitment process should be conducted. All board members in central hospitals were selected without transparent procedures, like dissemination of adverts in newspapers, shortlisting, and interviews to choose the best cadres to recommend for appointment by the Minister of Health and Child Care. Additionally, the study results have indicated that there is no independent committee involved in the selection of board members; an aspect that exposes the process to corruption and nepotism. A situation without an independent committee increases the high possibility of appointing board members who are incompetent and unethical leading to a scenario where board members' commitment and knowledge are limited for guiding the provision of health services.

In terms of the Zimbabwe Code on Corporate Governance of 2014, in Section 123, the CEO and other senior executives of the company should be appointed by the board and be accountable to it. Furthermore, the Public Entities Corporate Governance Act (Chapter 10:31), Section 17 (3) provides that the CEO should be appointed by the board of an entity after circulating adverts in the national newspaper, conducting interviews, and then appointing. However, the study results revealed that hospital management boards are not involved in the appointment of the CEO, rather the CEO is an active member of the board, who, surprisingly, according to the Health Service Act (Chapter 15:16), should be the chairperson of the board. At the operational level, all functional hospital management boards are chaired by an independent non-executive board member, however, the Act has not yet been amended.

It is clear from the study that the appointing authority for hospital board members is the Minister of Health and Child Care. The Health Service Board is mandated through the Health Service Act (Chapter 15:16) to ensure supervision, monitoring, and evaluation of hospital management boards. There is a need to ensure separation of powers between the appointing authority and the monitoring and evaluation.

The study established that the selection criteria for HMBs are not in compliance with the best practices of good corporate governance. This clearly shows the need for a robust and transparent system of identifying and selecting the best candidates through the circulation of adverts in national newspapers and formal interviews.

The literature reviewed and the study results presented have implications to policy and practice in hospital management boards in Zimbabwe. Training needs and orientations of new board members are some of the key issues that emerged which are currently not consistently practiced and there is no standard framework to guide the practice. The major identified gap is in the legal frameworks that regulate governance practice in the health sector including contradictions in the related policies and procedures.

The study has added value to the body of knowledge through journal articles that are health management related, hence literature available for other researchers. The scarcity in academic literature in public sector corporate governance in Zimbabwe requires further research to investigate the complexities faced by public entities' boards in discharging their mandate (Moyo, 2016). To the best of our knowledge and literature extant, the current study contributes immensely to healthcare governance since it is the first one to explore the standardization and strengthening of the functionality of hospital management boards in Zimbabwe.

Policy contributions of the study include the provision of training needs for newly recruited board members, in both the public and private hospitals, capacitating and strengthening through in-house training and orientation for the already existing board members as well as developing an operational manual for hospital management boards. In practice, the study revealed gaps that, when considered, can influence the legislature to amend the Health Service Act (Chapter 15:16) to be in compliance with good corporate governance best practices. It is now quite certain that the study can influence both internal and external auditors on how best to audit corporate governance matters.

The CEOs are active members of the hospital management boards, hence the anticipation of having six non-executive directors as respondents to the questionnaire was reduced to five per institution. However, the board chairs and CEOs participated in the interviews in their respective institutions as scheduled. UBH and Chitungwiza central hospitals did not have HMBs during the time of the study, since their terms expired in October 2017 and July 2018, respectively. This impacted negatively on the number of research participants or sample size. However, the available executive directors participated in the study, despite the unavailability of non-executive board members. Regardless of this, a fair sample (68%) of the entire board members inclusive of executive and non-executive directors in all central hospitals of Zimbabwe for the period from January to June 2019 was obtained.

The independence of the appointing authority, selection criteria for board members, and evaluation of performance for hospital management boards are crucial in ensuring the effectiveness of boards, hence the need for research on these factors. Furthermore, hospital management boards alone cannot guarantee the success of quality service delivery in hospitals, but the commitment and implementation by the executive management who are the implementers. The study results from the current research have revealed that most central hospitals have comprehensive strategic plans. On this aspect, future studies could focus on the implementation of the strategic plans by the executive management.

Recommendations for the study:

– There should be the separation of powers and when this happens, it will mean that the Office of the President and Cabinet and HSB should not be the appointing authority for hospital management boards. Rather, the Minister of Health and Child Care should be the sole appointing authority for hospital management boards as enunciated in the Health Service Act (Chapter 15:16).

– The hospital management boards for all central hospitals should be involved in the appointment of the CEO and other senior executive directors, like the director of finance, director of operations, and director of clinical services.

– An advert should be circulated in the national newspaper inviting prospective hospital board members.

– The requirements for prospective board members should be clearly stated in the advert, such as qualifications, knowledge, and experience in the health sector, and any other attributes.

– The selection process should consider the issue of gender balance as stated in the Constitution of Zimbabwe (No. 20) Act 2013, Section 246.

– Board members should be selected through a panel of the independent committee, as the involvement of the Parliamentary Portfolio Committee on Health and Child Care to ensure transparency of the process.

– Public interviews should be conducted in order to come up with the best candidates to be recommended for appointment to hospital management boards.

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