



CHALMERS
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The Significance of Trust in a Change Process

Case study of Kolandoto Hospital becoming a council designated hospital

Master's thesis within the Industrial Ecology programme

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Picture illustrating the main entrance of Kolandoto Hospital in Kolandoto, Tanzania

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ABSTRACT

There is a need to improve the access to healthcare in Tanzania, especially the maternal healthcare. The main reasons for the inaccessible healthcare are high prices and lack of health facilities in rural areas. Kolandoto Hospital is a former mission hospital in the north of Tanzania, which, due to financial constraints and in order to continue to provide quality healthcare to its patients, initiated a collaboration with the Tanzanian government in 2009. The collaboration implies that the hospital becomes a Council Designated Hospital, CDH, which means that the government supports the hospital with funds and in return the hospital should provide services to vulnerable groups for free or at reduced price. In this transition the hospital faces practical, financial and organizational changes. Trust has been shown to be a key factor when managing change in organizations. The government's involvement in the change process also makes it relevant to look at the importance of trust in the government.

The aim of the study is to support the hospital's initiated, but not completed, transition by investigating the possibilities, risks and fears related to the process as well as how trust is affecting the change process. This is done through a qualitative case study, including interviews with actors connected to the process, carried out during eight weeks at the hospital.

According to the study, the major issues regarding the transition are financial issues and the division of responsibilities between the government and the hospital. Also communication was found to be important, both in relation to trust and in order to reduce the risk of disappointments if the high expectations on the process are not met. The results show that there might be a gap between the interviewees' stated trust in the government and "actual" trust that translates into action. This gap is shown through what we perceive as a certain passivity of the hospital management in relation to government promises. A more proactive approach on behalf of the hospital might have a positive effect on moving the CDH-process forward. A positive attitude towards change among the interviewees was also identified, which might compensate for the perceived gap and be important for the success of the process.

Key words: Trust, change process, organizational change, health care, Tanzania

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Preface

This study was conducted during spring 2016 and included eight weeks of field study in Kolandoto, Tanzania. The master's thesis is done in collaboration with Kolandoto Hospital as a part of the Healthy Hospital project, which is a collaboration between several Swedish aid organizations. We are grateful for the dedicated support from the Healthy Hospital project team, especially from Mr. Mikael Mangold and Mr. Jon Gunnarsson Ruthman.

The field study could not have been performed without help from Kolandoto Hospital. We want to thank all the staff and patients participating in the study, and Mr. Robert Isack for helping us find patients to interview. For help with translation during interviews we also want to thank Mr. Therance Ndisanga. Especially, we want to thank to Dr. Elimineki Katani, Mr. Samson Challow and Mr. Metsela 'Nkaka' Charles for all the help during our stay in Kolandoto.

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Abbreviations

AICT - African Inland Church of Tanzania

CBM - Christian Blind Mission, a German international Christian development organization

CCM - Chama Cha Mapinduzi (Party of the Revolution), the dominant ruling party in Tanzania

CDH - Council Designated Hospital

CHMT- Council Health Management Team

DMO - District Medical Officer

HGC - Hospital Governing Committee

IAA - I Aid Africa

LGA - Local Government Authorities

MDG - Millennium Development Goals

MHSW - Ministry of Health and Social Welfare

MSD - Medical Store Department

NGO - Non-Governmental Organization

RBF - Result Based Financing

RHTM- Regional Health Management Teams

1 Introduction

In the year 2000 the world leaders agreed upon eight development goals in order to create a sustainable future for the citizens of the world (United Nations Secretary-General 2006). The eight Millennium Development Goals, MDGs, were established in order to reduce extreme poverty and to improve the lives of the world's poor. These have recently been replaced by the Sustainable Development Goals (United Nations 2016). Since then the world has made significant progress in achieving many of the Goals, but the progress has been far from uniform across the world, or across the eight goals (United Nations Secretary-General 2006). There are huge disparities across and within countries, and the poverty is greatest in rural areas. In Sub-Saharan Africa many of the countries have a widespread shortfall for most of the MDGs due to continuing food insecurity, a majority of the population living in poverty and alarmingly high child and maternal mortality (United Nations Secretary-General 2006).

In Tanzania all MDGs have not been achieved yet, but the country has made progress in some indicators, such as the fourth goal of reduced child mortality. However, for the goal of improved maternal health, the country is lagging behind. To reduce the maternal mortality, access to health facilities and educated healthcare workers is crucial. Reasons for the inaccessible healthcare are high prices and lack of health facilities in rural areas, among others (UN Millennium Project and Sachs 2005). The citizens of Tanzania have identified health and medical care as the third most important problem in the country, after water supply and infrastructure (Global Barometer 2005).

Kolandoto Hospital is a hospital in the Shinyanga region in Northern Tanzania. The hospital was earlier a Mission hospital but has initiated a collaboration with the government in order to become a Council Designated Hospital (CDH). The collaboration means that the hospital becomes the district hospital of Shinyanga and with that it is supposed to provide some services for free to vulnerable groups. In the process of becoming a CDH, Kolandoto Hospital is facing a practical, financial and structural change within the organization. In an organizational change, trust is said to be key factor in order to be successful (Morgan and Zeffane 2003). Also, since the government is involved in this change process trust in government can be seen as an important factor as well. Trust is stated to be important in both organizations and societies since it is a central ingredient in relationships (Neves and Caetano 2006).

1.1 Purpose and Research Questions

Kolandoto Hospital faces practical, financial and organizational changes by becoming a CDH. The process of becoming a CDH is initiated, but not yet completed. The aim of the study is to support the transition of the hospital becoming a CDH and to investigate possibilities, risks and fears related to the process as well as how trust is

affecting the change process. This is done through a qualitative case study carried out during eight weeks at the hospital premises.

In order to fulfill the aim of the study the following questions will be answered;

- What are the changes connected to Kolandoto Hospital becoming a CDH?
What are the practical, financial and organizational requirements needed?
- What perspectives, including expectations, goals and worries, do the different actors involved have on the CDH process and how do the perspectives relate to each other?
- What is the significance of trust in a change process like Kolandoto Hospital becoming a CDH?

This Master thesis is organized as follows: Section 2 contains background information on Tanzania, its healthcare system and Kolandoto Hospital. In Section 3 theories of trust and its significance to society and organizations are introduced. Section 4 describes the methodology of the study and Section 5 the hospital as the CDH in Shinyanga region. Furthermore the study participants' perspectives on the CDH-process are presented in Section 6 and the interviewees' perspectives on trust, both in general and in relation to the process of becoming a CDH, are presented in Section 7. Thus, Section 6 and 7 presents the result of the study. Lastly, Section 8 contains an analysis of the result, Section 9 discusses the result in connection to theory, and the conclusion of the study is presented in Section 10.

2 Tanzania and Kolandoto Hospital

Tanzania is situated on the east coast of Africa, just south of the equator. The country is more than twice the size of Sweden and it borders to eight other countries. Tanzania is a union republic between the Christian dominated mainland and the Islamic islands of Zanzibar in the Indian Ocean. The union parliament in the capital Dodoma legislates for the whole union, but mainly for the mainland. The islands of Zanzibar are self-governed with their own constitution, parliament, government and president. According to the constitution, Tanzania is a one-party state, but through an amendment in 1992 a multiparty system was put in place (Utrikespolitiska Institutet 2015). The currently ruling party CCM has dominated the political scene since it was founded in 1977, although the opposition at the islands has gained supporters also at the mainland during the last years (Utrikespolitiska Institutet 2015). Tanzanian law does not guarantee freedom of expression, however, since the country became a democracy in 1992 the media climate has improved, although it has taken a turn for the worse since 2010 (Utrikespolitiska Institutet 2015). Of the Tanzanian population, 58,7% state that they do not know the meaning of “democracy” and 42,9% somewhat or strongly disagree with having freedom of expression (Global barometer 2005).

There is a large ethnic diversity in Tanzania, with about 120 different ethnic groups. At the mainland the Bantu people are in domination, where Sukuma is the largest with 5,5 million people (Utrikespolitiska Institutet 2015). The Bantu people also live at the islands of Zanzibar, together with citizens of Arabic descendants. Regarding religion Christianity has most followers and the second largest religion is Islam. There are also traditional or native religions as well as some Hindus. Since the 1990s there have been some tensions between Christians and Muslims in the country. Tanzania might be the only country in Africa where the majority of the population has a national identity that is stronger than the feeling of belonging to an ethnic or language group (Utrikespolitiska Institutet 2015). The national language of Kiswahili is one of the reasons, but there is also a strong sense of social responsibility for the own group.

Tanzania belongs to the poorer half of the African countries, despite decades of aid and loans from outside the country (Utrikespolitiska Institutet 2015). Tanzania has large natural resources in minerals, especially in gold, which stands for one third of the export, but it is also rich on natural gas. The industry sector in Tanzania has had a slow development, the currently most important industries are food, textiles and tobacco. Agriculture is an important sector and stands for over one fourth of the Tanzanian BNP. Most Tanzanians do not have a formal employment, and a majority are small-scale farmers or work in the informal sector with street trading as an example. Despite a major growth rate within mining, tourism and the finance market during the last years, the rural residents have remained poor since the growth in the farming sector has remained low.

Unemployment is high in the country, especially among young people and women in the larger cities. About two thirds of the population in Tanzania is under the income limit for poverty, but starvation is not a normality (Utrikespolitiska Institutet 2015). In 2005, 9.7% of the Tanzanian population were illiterate, 57% had completed primary school and only 4,8% had completed secondary school (Global Barometer 2005). Large problems in the education system are lack of teachers and teaching materials (Utrikespolitiska Institutet 2015). Tanzania also has a very high birthrate and nearly half of the population is under 15 years old.

2.1 Healthcare System of Tanzania

Tanzania has a decentralized healthcare system divided into three functional levels: council (primary level), regional (secondary level) and referral hospitals (tertiary level). The council has the authority for planning, implementing, monitoring and evaluation of health services. The District Medical Officer (DMO) in each district is the head of the Council Health Management Team (CHMT) and has to answer to the Local Government Authorities, LGAs (The Ministry of Health and Social Welfare 2015). The CHMTs have the responsibility to implement health policy whereas the Regional Health Management Teams (RHTM) are responsible for interpreting health policies at the regional level as well as supervising the performance of the CHMTs. Finally, the Ministry of Health and Social Welfare (MHSW) is responsible for policy formulation, supervision and regulation of the primary and secondary healthcare services, as well as a direct role in the tertiary health facilities (The Ministry of Health and Social Welfare 2015).

There are about 6,518 health facilities in Tanzania, 70% of them are publicly owned (The Ministry of Health and Social Welfare 2015). 85% of the Tanzanian population gets their health services from the primary health facilities. But these facilities face a lot of challenges including poor infrastructure, not enough of skilled staff and important medicines. The biggest challenge, according the MHSW, is the shortage of skilled staff. This affects the availability and readiness of the health facilities to provide good healthcare to the people (The Ministry of Health and Social Welfare 2015).

The healthcare structure in Tanzania is underdeveloped in many regions. There are a lot of private hospitals and different organizations are running well functioning health structures in underdeveloped regions. Instead of building new hospitals where there is a need (where they do not have a governmental hospital), the government funds already existing hospitals in council, district and regional levels.

2.2 The Village of Kolandoto and Kolandoto Hospital

Kolandoto is a village located in the Shinyanga province in the north of Tanzania, about 750 km northwest of Dar es Salaam. The village has a population of

approximately 10 000 inhabitants and centers around Kolandoto Hospital. Missionaries founded Kolandoto Hospital in 1913 and donations from aid organizations have allowed the hospital to grow from a small medical reception to a large hospital in the region (Röda Korsets Högskola, 2015). Kolandoto Hospital is a district and teaching hospital, with about 500 students and 182 beds and is specialized in eye care. An organization chart of Kolandoto Hospital is shown in Appendix I. There are different types of professions working at the hospital; doctors, nurses, medical attendants as well as support staff like cleaners, electricians etc. The hospital also has a management team led by the medical officer in charge. The management team also includes a hospital accountant, hospital secretary and hospital patron/nurse officer in charge.

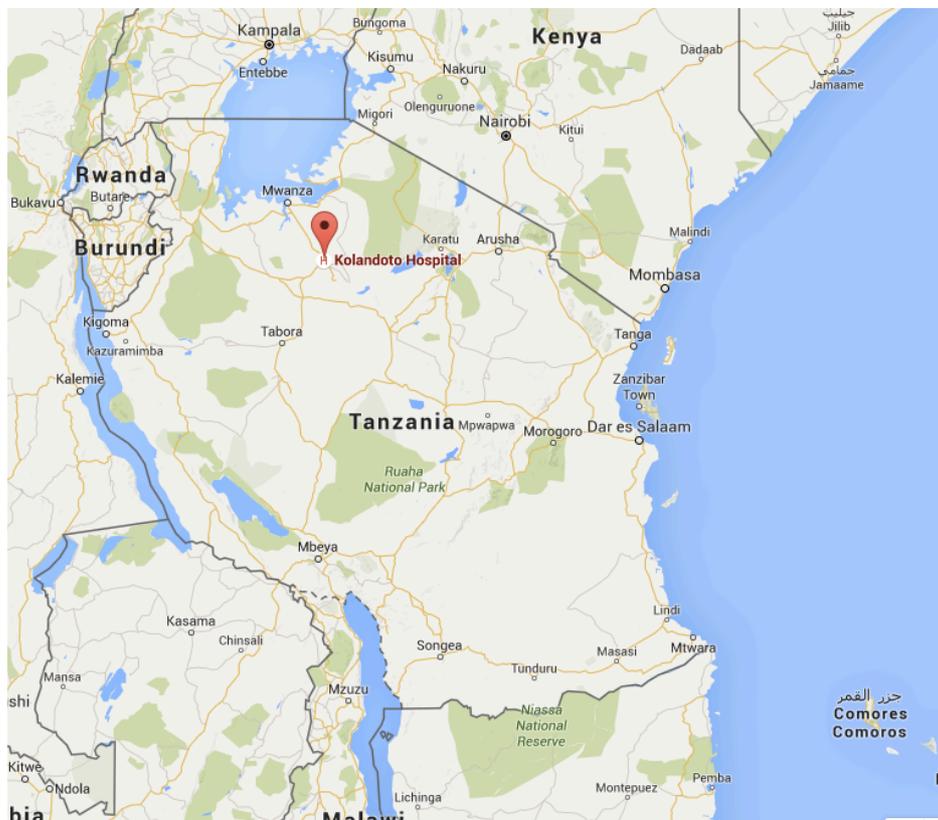


Figure 2.1 Location of Kolandoto (Google Maps, 2016)

2.2.1 The Financial Situation at Kolandoto Hospital

Prior to the initiated process of becoming a CDH the hospital income was depending on patient fees and aid donations. With a decreased number of patients, the income was not enough to provide staff with salaries or cover the medicines or medical supply. In order to continue to provide good healthcare to the patients Kolandoto Hospital needed a change. The hospital therefore initiated, together with the government, a transformation from a mission hospital to a CDH, which includes increased financial support from the government.

The financial support from the government consists of the government covering some staff salaries, credit at the Medical Store Department (MSD) and a basket fund for operational costs. About half of the staff at the hospital receive their salaries from the government today (2016), the rest should receive their salaries from the hospital. For those employed by the government, the salaries are paid directly from the central government. Also the funds for medicines and medical supplies are sent from the government as a credit to use in the MSD. The basket fund is redirected from the municipality where a percentage of the total health budget is earmarked for the district hospital, which is Kolandoto Hospital.

2.3 Council Designated Hospital

A CDH is the main hospital in a district and it is run in collaboration with the government, but with its own management. Becoming a CDH entails governmental support and in exchange the CDH provides some services, for vulnerable groups, for free or at a reduced price. The entailed governmental support is supposed to improve the healthcare and access for the patients through drugs funded by the government, more doctors and nurses employed and reduced patient fees. In order to obtain the title CDH, requirements established by the government have to be fulfilled.

2.4 The Healthy Hospital Project

The hospital has been collaborating with I Aid Africa (IAA) and with the Swedish Red Cross for educational purposes during several years, and through the collaborations a need for improved infrastructure and stable power system was discovered. Hence, IAA together with Engineers Without Borders and Architects Without Borders initiated the project of Healthy Hospital in year 2014.

In a wider context the project addresses issues that are relevant for all hospital design projects in development contexts – the human right ‘quality of health’, which includes quality of healthcare in general, regardless of financial situation. It also includes underlying factors of ill health, such as insufficient access to quality water, adequate sanitation and healthy environmental conditions.

In the first phase, conducted during spring 2015, a full survey of the hospital's infrastructure was carried out where problems like insufficient access to quality water and an unreliable power supply were identified (Berg and Kallus 2015). These problems are considered a health risk for the patients and were, together with the strategy of the hospital becoming a CDH, the main focus of the engineering part of phase two.

Kolandoto Hospital becoming a CDH was the focus of our fieldwork, although we also performed practical solutions for improved water quality as well as a renovation of the waste zone area of the hospital.

3 Theories of Trust and its Significance

Prior to the study, Kolandoto Hospital management team had identified trust towards the hospital as an important factor related to the process of becoming a CDH. Therefore, the significance of trust was included in the aim of the study. In this section we will present different definitions and conceptualizations of trust. This section also includes the significance of trust in societies, organizations, as well as towards the government. Lastly, we will present how trust is related to the case of Kolandoto Hospital becoming a CDH.

3.1 Different Ways to Define and Conceptualize Trust

Trust can be defined as a belief in others' good intentions, meaning that others do not intend to harm you but will respect your rights and carry out obligations (Igarashi et al. 2008). Trust can also be defined as "the belief in the ability of an individual to meet a mutually beneficial expectation" (Murphy 2006, p. 432) or as proposed by Mayer and Davis (1995, p. 712) "the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party". According to Murphy (2006), trust can be viewed as a complex social phenomenon or process shaped by knowledge, emotions, reputation, appearance, gender identities, place-specific institutions, and power relations. Trust within societies can in general also be defined as "the expectation that arises within a community of regular, honest, and cooperative behavior, based on shared norms, on the part of other members of that community" (Irohama 2012, p.259).

One way to conceptualize trust is by using generalized and particularistic trust (Rothstein and Eek 2009, Igarashi et al. 2008) or by using the identification by Humphrey and Schmitz (1998) presented by Murphy (2006), of three levels or mechanisms of trust: micro-level, meso-level and macro-level. Murphy (2006) also identifies three different groups of conceptualization of trust in the literature: 1) transaction-cost; 2) sociostructural and 3) constructivist views on trust (Murphy 2006). According to Murphy (2006), many also believe that trust is a combination of these categories.

3.1.1 Generalized and Particularized

Generalized trust is a general belief in human benignity and that most people can be trusted despite some exceptions. It is also suggested that trustworthiness is an aspect of human nature (Igarashi et al. 2008). The opposite to generalized trust is particularized trust which means that people are likely to trust others if they have a personal relationship. The particularized trust is based on a sense of security arising from the knowledge and predictability of a person (Igarashi et al. 2008). The particularized trust only includes faith in one's close circle, where each group in a

society care for its own interests and places little faith in the good intentions of others (Rothstein and Eek 2009). Within the society those with particularized trust may be as involved as those with generalized trust but their activities and good deeds will be restricted to their own kind (Rothstein and Uslander 2005).

3.1.2 Three Levels of Trust

The description of the three levels of trust presented in this section is based on Murphy (2002).

Micro-level trust is characterized by one's confidence in the reputation, competence, or capacity of the person that is being trusted. Micro-level trust is created through shared experiences and through one-on-one interactions between people. Micro-level trust is also called 'earned trust' since it requires hard work to create, but can result in strong ties between individuals. The strong tie "enables the creation of shared identities, reputation, common purpose, and tacit forms of knowledge that cannot easily be transferred outside the relationship or a community" (Murphy 2002, p. 594). Positive effects from micro-level trust can be shared success, mutual respect, friendship, knowledge, common understanding, or observed competence. In turn these outcomes promote innovation and improve the efficiency of exchange relations.

Meso-level trust is based on individual characteristics. A person ascribes characteristics like ethnicity, religion appearance, wealth, speech, education, neighborhood of residence, family ties, and connections to prominent persons inside or outside the community to trustworthiness. Meso-level trust can be seen as an efficient but not always accurate way of identifying trustworthy people since it is based on first impressions and relates to stereotypes. Meso-level trust has both positive and negative qualities. The stereotypes associated with the ascriptions are important in a relationship until micro-level trust is created. In some cases, ascriptions may be used to a larger extent and be associated with groups of people that can or cannot be trusted.

Macro-level trust is connected to one's belief in laws and formal institutions. It is present when someone is motivated to trust by the general belief in the goodness of humankind or when someone believes that a person's accountability is ensured through the legal system or other formal institutions. Macro-level trust is important for the creation of connections to people outside one's primary community, especially when building relationships across social, religious, racial, and cultural boundaries. Therefore, a person's level of macro-level trust is connected to his or her readiness to absorb new ideas and openness to different types of people.

According to Murphy (2002), it is also important to consider different people's perspectives on what a trustworthy individual looks, sounds and acts like as well as the confidence of the trusting person to ensure the trusted individual's accountability.

The levels of trust should be viewed as levels that may overlap depending on the individual and the situation.

3.1.3 Transaction-cost, Sociostructural and Constructivist Views on Reasons for Trust

The following description of three different perspectives of trust, and how trust comes to be, is based on Murphy (2006). The first perspective is the transaction-cost explanations, where trust is a rationally calculated input that promotes risk taking and collaboration by individuals. This perspective includes two explanations, where the first is that trust is a rationally constructed governance mechanism which makes people conduct repeated transactions more easily even though there are incomplete information about the other actors' real intentions. Trust is viewed as a generalized characteristic of a society with focus on understanding how political, economic and social agencies and actors can promote the development of trustworthy institutions like property rights, contracts or legal system that promote innovation, entrepreneurship and investment.

The second transaction-cost explanation is about how the development of the institutions, norms, and property rights enhance the general level of trust in a society. Here trust is viewed as being an evolutionary outcome of history, where effective institutions help create a trusting environment through protecting property rights as well as preventing cheating, opportunism, or defection.

Another way is to look at trust as a structurally embedded asset or property of relations, organizations and networks, which enables cooperation and mobilizing of resources, and shapes interaction patterns within economies, industries and firms. Organizational theorists and economic sociologists generally use this view, where trust is an organizing principle for business networks and an important part of long-run economic performance. Trust is said to generally contribute in a positive way to economic development, but organizational theorists have also found that trust can lead to negative consequences if it is of exaggerated exclusionary character and results in networks that are resistant to change, incapable to obtain new information or involved in illegal activities, like cartels.

The third perspective is the one of the constructivist, where trust is viewed more as a social outcome and focus is on how agents construct trust through communication and interpersonal negotiation. Here factors, such as cognitive, emotive, communicative and contextual, are said to enable trust to develop. Trust is seen more as a moral and subjective construct which arises when one person meets the expectation of a relationship and when his or her perceived role is recognized and verified by the other, and not as a rational choice per se. Within this perspective, trust can be seen as a stage of a relationship, which is situated between self-verification and emotional attachment. Feelings can be seen a representation of morality, trustworthiness and

honesty. Also, a person's capability to control emotions according to the norms of the social situation enhances the chance of achieving trust.

3.2 The Importance of Trust in Societies

Trust is fundamental for many interactions in society and the literature on trust provides multiple arguments why high levels of trust is important and beneficial for society at large, as well as in the lives of individuals. Trust has also been shown to be important for a large number of social outcomes such as optimism, economic prosperity and population health, outcomes that are usually presumed to be important in a society (Rothstein 2011). Macro-level trust is particularly important since it builds bridges between communities, both across local-, cultural-, political-, and social differences and across the spatial divides that separates regions (Murphy 2002).

Trust is a significant contributor to relationships and is important on the societal level since it strengthens the bonds between individuals. Trust between people in a society can be seen as a link between the population and bonds across economic- and ethnic groups and religions (Rothstein and Eek 2009). According to Rothstein and Uslander (2005), trusting people are more tolerant towards minorities and to people who are different, and the appearance of generalized trust reflects a concern for others. The generalized trust is, according to Rothstein and Uslander (2005), caused by economic equality and equality in opportunities in life. In societies with high levels of economic inequality and with few or inefficient policies for increasing equality of opportunity, there is less concern for people of different backgrounds (Rothstein and Uslander 2005). Also Mayer and Davis (1995) argue for the significance of inequality and opportunities, that the specific consequences of trust will be determined by contextual factors such as people involved, the balance of power in the relationship, the perception of the level of risk, and the alternatives available to the trustor. Trusting people also tend to experience personal happiness and be more optimistic about their own ability to influence their life chances (Rothstein and Uslander 2005, Rothstein and Stolle 2008).

If the intention is to increase the level of generalized trust in a country the primary is how well the country is doing collectively, rather than how well anyone is doing individually, according to Rothstein and Uslander (2005).

3.2.1 Trust Related to Economic Development

Trust has been viewed as a “cheap” but vital factor for establishing social relations and guaranteeing future transactions (Murphy 2002). Trust is also a significant contributor to economic development since it enables risk taking by business people and it is a key factor in the constitution and development of economic spaces (Murphy 2006, Rothstein and Stolle 2008). Trust is an important part of shaping networks and structuring the behavior of economic actors as well as simplifying the complexity of

network interactions (Murphy 2002). Further, micro-level trust is important in societies since it is seen as a requirement in order to reduce transaction costs and thus to support economic growth (Rothstein 2011).

Trust is a binding and bridging mechanism, which is important in social relations in order to exchange information and create collective knowledge (Murphy 2002). According to Murphy (2002), it also seems like the degree of trust in communities and regions can affect the industrialization process. The level of trust can either slow down or accelerate the building of networks and social capital, which in turn enables efficient transmission of information, knowledge and ideas (Murphy 2002). For local development trust is described as an important contributing factor since it affects the creation of clusters, stabilization and legitimization of place identities, the creativity and innovativeness of firms, and the historical development of commercial and business networks (Murphy 2006).

3.2.2 Trust and Social Capital

Another concept that often occurs in discussions on trust is the term "social capital". Social capital is by Rothstein and Stolle (2008) defined as generalized trust together with participation in various types of networks and norms of reciprocity. In a society with high generalized trust among the people transaction costs will be lower and many forms of mutually beneficial cooperation will therefore take place, opportunities that would not have been possible if social trust was lacking (Rothstein and Eek 2009). In this way social trust can be seen as an asset or a social capital (Rothstein and Eek 2009).

Attitudes of generalized trust extend beyond direct interaction between people and involve people who are not personally known to each other. Therefore also the generalized trust on macro-level is a central component in social capital and a vital component of healthy civil societies (Murphy 2006) since the ability of transforming networks and social contacts into assets depends on the quality of the trust in them (Rothstein and Eek 2009). The membership in networks do not automatically lead to social value since individuals can be members of networks with untrustworthy agents, which can be destructive for the development of social capital (Rothstein and Stolle 2008).

3.3 The Importance of Trust in the Government

Trust is by Irohama (2012) explained as a catalyst of democratic institutions and lack of trust can lead to political instability, erosion of public confidence and loss of legitimacy of governments. Public trust, or trust in the government, is described as essential for achieving freedom in each and every nation and is reached through stability, peace and development. Trust is depending on an individual's evaluation of the political sphere based on policies, programs, promises, honesty and justice related

to the government (Iroghama 2012). Cities, regions and countries tend to have democratic stability with well-performing democratic institutions, more open economies, greater economic growth, and less crime and corruption if the society have more trusting people (Rothstein and Uslander 2005, Rothstein and Stolle 2008). Further, people who in general believe that most people in their society can be trusted on an individual level also tend to have a more positive view of the democratic institutions, participate more in politics and be more active within the society (Rothstein and Uslander 2005). Trust is legitimating governments and political institution and contributes to social cohesion (Murphy 2006). Macro-level trust is according to Rothstein (2011) a requirement for the legitimacy of the state and therefore critical to democratic governance. In order to produce macro-level social trust in a society the state is critical due to its legality, impartiality, and accountability (Rothstein 2011).

Governments are one of the most important institutions for promoting generalized trust but can only fulfill the role if the citizens consider the state to be trustworthy, and also the capacity of a state to generate interpersonal trust is influenced by its trustworthiness (Levi 1998). Citizens are more likely to trust the government and respond with trustworthiness when the government is delivering on its promises, even in situations where it is difficult to monitor. When citizens feel they are treated with respect and “can articulate a return for their compliance they are likely to perceive government as reciprocating their trust” (Levi 1998, p.93). The perception that a government is untrustworthy is an indication that it fails to keep promises but also that government representatives have distrust in the population (Levi 1998). By being trusted the citizens are more likely to trust the government, which in turn makes the government trustworthy. According to Levi (1998) trust in the government is also affected by its representatives and “a trustworthy leadership is an effect of charisma, the demonstration of effectiveness, and the willingness to take an ethical stance” (Levi 1998, p.86). Also, the possibility for the government to generate interpersonal trust will decrease if citizens doubt the commitment from the government in enforcing laws and if the information and guarantees are not credible (Levi 1998). Levi (1998) also presents an example of how trust is built by government institutions and, according to her, the creation of bureaucratic arrangements that rewards competence and relative honesty of bureaucratic agents creates trust since it reduces the incentives for corruption and increases the probability of cooperation and compliance, as well as economic growth (Levi 1998).

According to Iroghama (2012), political trust in Nigeria stems from factors such as interpersonal trust, media, interest in public affairs, religious members, political participation, individual wellbeing, economical performance, and handling of corruption issues. The most influencing variables for trusting the government is interpersonal trust and the handling of corruption issues, especially corruption is by several studies documented as the main determinant of citizens’ distrust in government (Iroghama 2012). According to Levi (1998, p.90) “citizens are more

likely to trust a government that ensures that others do their part” and that proves its capability to secure the compliance of the otherwise non-compliant. Also by involving citizens in the policy-process a government can enhance its reputation of fairness (Levi 1998). When becoming aware of issues and being included, citizens are more likely to compromise but there is also a risk for distrust towards the government, especially if the government is proved to be untrustworthy in the process.

Iroghama (2012) further describes that one of the interesting finding in the study is the correlation between trust and being a religious member, which emphasizes the role of religion in Nigeria. A non-religious person is more likely to trust the government than a person who belong to a religious organization and highly religious people are less trusting than non-religious according to Iroghama (2012). “One of the emphases of religion is the teaching that believers should not trust in creation, but rather, God Almighty. With this in the minds of believers, trusting in man or the government is sharing belief with God” (Iroghama 2012, p. 266).

3.3.1 Trust in Corrupt Societies

Corruption leads to greater inequality, which in turn leads to lower levels of trust and in corrupt societies, government employees will spend more time lining their own pockets than serving the public (Rothstein and Uslander 2005). A corrupt society will have fewer resources to spend on social programs, and the public will also have less confidence in government. For example, people are only willing to pay high taxes if they believe that they get a reasonable value back in form of services and benefits (Rothstein and Uslander 2005).

A high level of generalized trust is strongly correlated with a low level of corruption according to Rothstein and Eek (2009). People in corrupt societies seem to develop mistrust, envy, pessimism and cynicism towards people in general, which results in low generalized trust. Instead people in corrupt societies develop particularized trust (Rothstein and Eek 2009).

3.4 Trust in Organizations and Organizational Changes

It is widely reported that trust is important when managing change in organizations and research have shown the importance of interpersonal trust for sustaining individual and organizational effectiveness (Morgan and Zeffane 2003). Mutual trust between employees and management within an organization is a key factor for organizational change, and is best reached through consultation, participation and empowerment (Morgan and Zeffane 2003).

3.4.1 Trust Within an Organization

The employee's trust in the organization is related to the perceived organizational support towards the employee (Neves and Caetano 2006). Trust that the organization will fulfill its obligations is created when employees perceive that their organization supports their behavior and needs and the level of support from supervisors is seen as an indication of the support from the organization, according to Neves and Caetano (2006). The moral obligation of the managers is to act with consistency, honesty, integrity and competence, which together with concern is expected even in situations of conflict, crises and disagreement (Morgan and Zeffane 2003). The perception of the management's actions leads to various degrees of trust or lack of trust in the management from the employee's (Morgan and Zeffane 2003).

Trust creates lower levels of stress and work-family conflicts, which reflects the importance of its presence in organizations (Neves and Caetano 2006). Trust has also, as a central ingredient in relationships, been proved to positively affect organizational commitment (Neves and Caetano 2006). Organizational commitment is defined as the involvement in, and relative strength of an individual's identification with, an organization. Employees with high commitment are shown to perform better at work, present more organizational citizenship behaviors and be less absent (Neves and Caetano 2006). Also, trust is a way to bridge intergroup and interorganizational "structural holes" and therefore also help organizations to deal with operational flexibility and constant change (Morgan and Zeffane 2003). It is by Mayer and Davis (1995) also suggested that people's ideas about why organizations act like they do influence the extent to which they trust these organizations.

3.4.2 The Importance of Trust in Organizational Changes

Also the implementation of organizational change is affected by trust in the supervisor or management (Neves and Caetano 2006). Morgan and Zeffane (2003, p.65) conclude in their article that "workplaces with no change report a much higher level of trust in management", thus "it is change alone that provokes the decline in trust for management". They also state that employees' negative experience of organizational change might increase the cynicism about change (Morgan and Zeffane 2003). There is a significant fall in trust in management when the employees are not consulted about the changes according to Morgan and Zeffane (2003). Both the performance of non-managerial work and the introduction of new technology have significant effects on trust, whereas changes in plant and equipment do not. Although, the most important factor is major structural changes at the workplace, such as downsizing (Morgan and Zeffane 2003). The result from Morgan and Zeffane (2003) study also show that employees are more likely to have a positive reaction to change where it "most closely and beneficially affects their work, including status, responsibility, involvement, job satisfaction and work/family balance" (Morgan and Zeffane 2003, p.66). When employees find themselves in sudden, strategic changes that directly

affect their wellbeing, they have a higher tendency to withdraw trust for the system as well as key actors in it (Morgan and Zeffane 2003).

To succeed with an organizational change process, communication is an important part since it provides justification, enhances a sense of employee adequacy and clarifies changes in the role of the employees (Neves and Caetano 2006). Communication also provides employees with information on what changes that will take place and consequences in relation to that and, thereby, it creates a sense of control (Neves and Caetano 2006). When the employees feel greater involvement in the change process, via direct consultation by supervisors or higher managers, they express a higher trust in the management (Morgan and Zeffane 2003). Whereas when the consultation is done through indirect communication, through colleagues, meetings or by the union, trust in management fall (Morgan and Zeffane 2003). Thus, the employees experience of direct and open involvement in a change process is “likely to improve perceptions of ‘honesty and integrity’” of the management and compensate for the negative effects of change on trust (Morgan and Zeffane 2003, p.69). Also Neves and Caetano (2006) concludes that employees with a low perceived control over the change together with low trust in the supervisor have the lowest levels of organizational commitment (Neves and Caetano 2006). With low perception of control over the change, trust in the supervisor is more important for organizational commitment (Neves and Caetano 2006). Employees with higher perceptions of control are already prepared for the change and the need for trust to enhance their commitment to the organization is unnecessary. “These employees are highly committed to the organization, regardless of their level of trust in the supervisor, since they believe they have some control over the major change that is affecting their work” (Neves and Caetano 2006, p. 360).

Thus, trust is important when managing change in organizations, not necessarily in a direct way, but through factors of communication, involvement and the feeling of control over the situation from the employees.

3.5 Trust in Tanzania

The Global Barometer (2005) is a major study examining trust within countries, among other topics. According to the Global Barometer (2005) the generalized trust in Tanzania is low and 85.1% of the Tanzanians agree with the statement “you must be very careful in dealing with people”. Only 12.7% of the people agree with the statement “most people can be trusted” (Global barometer 2005). The particularized trust is higher and 90.9% say they have quite a lot or a great deal of trust in relatives and the corresponding number for neighbors were 82% (Global barometer 2005).

The trust in the government is higher and as many as 87.9% of Tanzanians say they have quite a lot or a great deal of trust in the parliament and 80.2% say they have quite a lot or a great deal of trust in the local government (Global barometer 2005). In

2005 the level of people with quite a lot or great deal of trust in the president amounted to 98.2%. At the same time only 37,5% strongly or somewhat agreed that “citizens have the power to change the government they do not like” and 41,5% somewhat or strongly agree that “the government treats everyone equally”. When it comes to corruption, 15.5% state “almost every or all officials are corrupt”, 52.8% say “not a lot of officials are corrupt” and 16.6% say “hardly any officials are corrupt”.

3.6 Trust Related to Kolandoto Hospital becoming a CDH

Kolandoto Hospital is facing an organizational change when becoming a CDH and, based on previous research, trust is believed to affect the process. The significance of trust within societies and the importance of trust related to organizational changes, as presented in this section, are believed to have an impact on the success of the implementation of changes. The process of change at Kolandoto Hospital is also in close collaboration with the government and might therefore affect, or be affected by, the hospital’s relation to the government. Trust in the government is a requirement for its legitimacy but is also described as necessary for political stability and development (Iroghama 2012).

There are several conceptualizations of trust, as presented in this section. We let the research participants define what trust means to them. The interviewees’ definitions of trust, and experiences of the change process at the hospital, in relation to previous research was used to examine the significance of trust in the process of Kolandoto Hospital becoming a CDH. Since the presented concepts of trust do not necessarily stand in conflicts to each other, and the aim is to examine the significance of trust rather than prove a theory, we have chosen to use multiple concepts in the study.

4 Methodology

In order to support the transition of Kolandoto Hospital becoming a CDH the methodology of a qualitative case study was used. Data was collected during eight weeks of fieldwork at the site of Kolandoto Hospital in the spring of 2016, mostly through documentation, observations and semi-structured interview with people connected to the process.

4.1 Case Study

According to Yin (2003) the research strategy suitable for a study depends on the type of research question, the degree of focus on contemporary events and to what extent the investigator has control over actual behavioral events. This study aims to answer how and why questions in a contemporary structure where we lack control over people's actions, which makes case study a suitable methodology (see also Baxter and Jack 2008). According to Yin (2003, p.12) “the essence of a case study, [...] is that it tries to illuminate a decision or set of decisions: why they were taken, how they were implemented and with what result”. Based on this purpose the study will be conducted as an intensive case study in order to understand and explore the situation from the perspectives of people involved in the case (Eriksson and Kovalainen 2008).

Through the case study methodology, the researchers can preserve holistic and meaningful characteristics of the situation, such as organizational and managerial processes (Yin 2003). The case is to be contextualized by examining the situation of Kolandoto Hospital and perspectives related to the process of the hospital becoming a CDH.

4.2 Empirical Data Collection

Various sources of evidence relevant in a case study are highly complementary according to Yin (2003), and therefore it is recommended to use as many sources as possible in a case study. In this study, four of Yin's six sources of evidence are used and further described below: documentation, archival records, interviews and observations. The multiple sources, both primary and secondary, were used in order to maximize the perspectives on the issue with Kolandoto Hospital becoming a CDH. At the end of the field study we held a workshop where representatives from the hospital management and staff participated. This helped validate preliminary results.

4.2.1 Documentation and Archival Records

Documented policies, internal records, manuals, agreements and reports are documentation relevant for the study. Documentation is a confident source since it is exact, stable and unobtrusive (Yin 2003). According to Yin (2003), the most important use of documents is to corroborate and augment evidence from other

sources and it is argued that this kind of documents are useful even if they are not always accurate since they can be used to confirm or question the information from other sources. There is a risk in case studies that the access to documentation can be limited (Yin 2003), and in the case of Kolandoto Hospital the documentation is not extensive. Also, according to Yin (2003) there could be a risk that the selection of archived documentation in an organization is bias, this is also a risk in the case of Kolandoto Hospital. What is written on paper does not always correspond to reality, so one needs to view the documentation with skepticism.

4.2.2 Interviews

As the study is of qualitative nature and strives to understand Kolandoto Hospital and their processes in becoming a CDH purposeful sampling was used for the selection of interviewees, by choosing participants relevant to the research questions. Relevant groups of participants are: people working at the hospital: hospital management team, doctors, nurses and medical attendants. We also included related actors such patients, one aid coordinator as well as one government official at the local health department. All included participants contribute with their personal experience of being or working at the hospital and/or different perspectives on the process with the hospital becoming a CDH.

A guided approach was used in the interviews where topics to be covered were specified by the researchers in advance in order to increase the comprehensiveness of the data and make the data collection systematic (Mikkelsen 2005). The semi-structured interviews were organized in three different themes; the background of the interviewee, the process of the hospital becoming a CDH, and the issue of trust. The interviews were conducted as focused interviews following a certain set of questions, but remained of open-ended nature which imply questions that requires more than one word answers (Yin 2003).

Main questions for each category of profession were established for the interviews, see appendix II. In order to make the questions understandable and leave the answer to the participant, the questions were conducted to be simple, open ended and neutral. Although, to collect some information more closed and complex questions were asked (Eriksson and Kovalainen 2008). In order to ask questions in an unbiased manner both what and how questions were used during the interviews (Eriksson and Kovalainen 2008). The researchers emanated from the predefined structure of questions but with variation in word and sequence. The questions were also customized to the situation of each interviewee.

To minimize the risk of misinterpretation of the questions related to trust due to the researcher's Swedish perception of the term, the interviewees were asked to define what trust mean to them and why trust is important. By doing so more room was given to the voices of the respondents, which reduced the researchers' own biases.

4.2.3 Observations

By visiting a case study site, an opportunity for direct observation on behaviors and environmental conditions are created (Yin 2003). In parallel to the data collection practical engineering projects were conducted during the field study at the Kolandoto Hospital. Observations were made continuously as the researchers conducted practical projects together with the hospital and also stayed at the site for a period of eight weeks. The observations allow informal interaction and a better contextual understanding, which is valuable throughout the process.

Observations were made as a part of assessing the significance of trust to the process. As mentioned, the interviewees were asked to define what trust mean to them. This could then be put in relation to whom they during the interviews expressed trust towards and through observations we were in some cases able to observe how they acted on the stated trust.

4.2.4 Workshop

The workshop, in the end of the fieldwork, aimed to a) present the preliminary results and validate them and b) through the results contribute to the hospital's decision process. At the workshop different perspectives were highlighted as well as several interpretations of the, from the interviews, identified issues at the hospital.

After a discussion about the identified issues the participants were asked to think strategically about how the hospital can manage the challenges. The goal with the workshop was (1) to find strategies and tools to increase the transparency from hospital management and staff to patients, as well as the management to the staff and (2) to find strategies and tools to increase the motivation for the staff at the hospital.

4.3 Conducting the Study

The study was conducted during eight weeks and included collection of documentation, interviews with both staff and patients, a workshop as well as observations.

4.3.1 Documentation Collected

The documentation used in the study includes information about the CDH process, staff levels, salary levels, finances etc. The documentation was used to clarify the situation at the hospital and as a complement and confirmation to the oral information given by the interviewees. The documentation was also used to initiate questions to ask the interviewees.

4.3.2 Conducting Interviews

According to Brinkmann and Kvale (2015) the first few minutes of an interview are decisive. A good contact is created by the interviewer showing interest, listening, understanding and respecting what the interviewee is saying and with the interviewer clearly explaining what he or she wants to know (Brinkmann and Kvale 2015). Also to encourage the interviewees to feel comfortable to express their point of view, the setting of the interview stage is important (Brinkmann and Kvale 2015).

To have a grasp of the researcher before the interview begins allows the interviewees to talk freely and expose their experiences and feelings to a stranger (Brinkmann and Kvale 2015). Before starting the interviews, the researchers presented information about themselves, the aim of the study and the aim of the interview. Also the themes of the interview, the time frame as well as the structure of the interview were presented. The interviewee was also asked if he or she was comfortable with the interview being recorded. In connection to this the issue of confidentiality was discussed. The researchers informed the interviewee that if consent were given to the recording the only people with access to the material would be the interviewers and the supervisor of the study. In the study no names would be used, but instead profession or title. Before starting the recording (if consent was given), the researchers made sure that the interviewee felt comfortable to interrupt them if anything was unclear during the interview.

The interviews were done as secluded as possible, but there were not many places to choose from. The interviews with hospital staff were conducted in the conference room at the hospital when available, otherwise in the living room of the researchers' guesthouse. A secluded spot at the hospital area was used for the patient interviews. All the interviews with staff and management at the hospital as well as the interview with the aid coordinator and the government representative have been recorded and transcribed. When it comes to the interviews with the patients six out of nine were recorded, but during all interviews notes were carefully taken. Since consent was not given by the interviewee the three remaining interviews were not recorded.

The closing of the interview is also an important step in the interviewing process, the interview should be rounded off by a debriefing (Brinkmann and Kvale 2015). After the last question the interviewee was given the possibility to clarify, further develop or ask questions about the interview or concerns related to the interview. This gave the interviewee the chance to bring up issues that he or she had been worrying about during the interview (Brinkmann and Kvale 2015). The issue of confidentiality was yet again discussed, and the interviewee was asked if there was anything said during the interview that he or she did not want to be included in the study. Lastly the researcher thanked the interviewee for participating in the study.

The interviewees participating in the study are presented in Appendix III. All interviews with hospital staff were done in English. The length of these interviews

varied between 30 minutes to two hours depending on the role of the interviewee and also on how talkative the interviewee was. Interviewees were selected among the hospital staff in order to get as much variety as possible in gender, age and hospital department. Five of the interviews are so-called key respondents because of their position at the Kolandoto Hospital and/or specific knowledge about the process of the hospital becoming a CDH. During the interviews the researcher asked the key respondents about the history of the hospital as well as the history of the CDH process. They were also given the chance to suggest other persons to interview. Furthermore, since the hospital staff receive their salaries from different sources, the government and the hospital, it was desired to have participants from both groups.

Nine patients were interviewed with various gender, age and reasons for visiting the hospital. The patients were found in different departments and also included relatives to patients. The patient interviews were conducted with interpreter from Swahili to English. The interpreter was an exchange student from Rwanda, currently studying at Chalmers, Sweden. The local language in the area of Kolandoto is Sukuma but since the interpreter only spoke Swahili the patients chosen for the interviews needed to speak Swahili. A nurse from the hospital helped to locate patients who spoke Swahili at the hospital area for the interviews.

4.3.3 Practical Engineering Projects

During the fieldwork two practical projects were conducted at Kolandoto Hospital. The waste zone at the hospital was renovated and the drinking water was chlorinated. The renovation of the waste zone consisted of a new roof over the incinerator and new security equipment was acquired. The major practical project was the installation of a Dosatron at the water pump station at the hospital in order to purify the drinking water through chlorination.

The practical projects are relevant to the study in the way that they affected the relationship between the researchers and hospital management and staff. Because of the practical projects the researchers also became consultants and project managers in some situation.

4.3.4 Performing the Workshop

The workshop was initiated with a short presentation of the findings from the interviews. The strengths and weaknesses of the hospital connected to the CDH process, trust related to the transparency at the hospital, including the patients, staff and management as well as the motivation and incentives for the staff. Also the aim and goal with the workshop, as well as why the participants were invited was presented and to make everyone feel comfortable to share their ideas the participants were also encouraged to express their opinions. After the initial presentation the participants were asked to discuss the findings and express whether they agreed on

them or not. During the workshop the participants also discussed possible solutions on the agreed upon issues.

Twelve of the interviewed staff at the hospital were invited to the workshop. Five staff members ended up participating in the workshop. During the whole session notes were taken and later compiled into a PM, see appendix IV. The workshop PM was presented at the noticeboards at the hospital so staff not participating were able to access the information.

4.4 Analysis Methodology

A majority of the conducted interviews, 27 out of 30, were recorded and thereafter transcribed. The three interviews not recorded are all patient interviews. The recording and transcribing creates a more accurate rendition of the interviews (Yin 2003). During all interviews careful notes were taken, but especially during the interviews that were not recorded. The researchers processed the transcribed material by collecting the answers to each question at the same place in order to get an overview of the material and to systematically interpret the result. We used an iterative process, in order to identify common patterns among the interviewees, put different perspectives in contrast to each other as well as identify perspectives that stood out.

4.5 Quality of the Study

In this section the quality of the study is discussed, issues connected to language barriers, conducting interviews as well as performing a workshop are included.

4.5.1 Language Barriers

Language barriers can be a challenge when conducting interviews. Even when it comes to communication in English there is a risk of misunderstandings since neither the researchers nor the people participating in the study have English as their first language. When doing interviews with an interpreter there is always a risk for misunderstandings, also the interpreter can affect the answers through having personal opinions about the subject. According to Mikkelsen (2005), nothing can fully substitute conducting an interview in the indigenous language, but since that was not possible in this study the interviews were conducted in English, the second language for both the interviewer and the interviewees, or in the patient interviews with an interpreter from Swahili to English.

There was no access to a professional interpreter during the field study. Because of confidentiality issues and risk of the presence of the translator affecting the answers a hospital staff did not translate the interviews. Instead another student involved in the practical projects assisted the researchers as a translator. The translator did not speak the local language of Sukuma instead the interviews had to be conducted in Swahili,

which somewhat limited the selection of patients. Due to the lack of professional interpreter the interviews were not translated word by word, but through summaries of the interviewees' answers. This might have resulted in the researchers not obtaining all information as well as missing subtleties in the language.

4.5.2 Quality of Conducted Interviews

The practical aid work conducted at the site was done in collaboration between aid organizations and Kolandoto Hospital. The will of the aid recipients to keep the donors satisfied could have resulted in biased answers in interviews. The field study and related practical implementation of engineering solutions on site also resulted in personal relationships with some of the interviewees. This might in some cases have contributed to making the interviewees feel more comfortable during the interview sessions.

The number of interviewed staff receiving their salaries from the hospital and not from the government are few. During the fieldwork several attempts to interview more members from this group were made, but for several reasons only three interviews were conducted. One reason was that the majority of this group had lower education and therefore often scants knowledge in English. Also, the selection of interviewees was often made with the help from members of the hospital management and therefore sometimes resulted in them selecting staff members they knew or had contact information to.

The number of interviewed patients is lower than planned, nine in total. Various challenges arose before and during these interviews. It was difficult to find patients to interview, both because of their health but also because of language barriers. Many of the interviewees had difficulties answering the interview questions, possibly because of education level. Also the interpretation of the interviews affected the number of interviews conducted since the interviews were very time consuming. The interpreter had limited amount of time since he also had other obligations to the hospital.

4.5.3 The Quality of the Workshop

The time for the workshop was decided together with the medical officer in charge, in order to suit as many of the participants as possible. Twelve of the interviewees were invited to participate in the workshop and the invitation was extended to them through the hospital management. Unfortunately only five of the invited participants showed up for the workshop. It was discussed whether we should move the workshop or not because of low turn-up but due to time constraints the workshop was held as scheduled. This resulted in fewer participants than expected. The low number of attendants may affect the result from the workshop and more extended discussions may have been possible to achieve with a larger group.

4.6 Research Ethics

In all research there are ethics to consider, especially in qualitative interview studies as stated by Mikkelsen (2005) “Interviews are interventions placing the interviewer in a role for which an ethical framework is needed”.

4.6.1 Aid Work Ethics and Research in Development Contexts

To be involved in an aid project with an ongoing collaborating with the hospital may affect the relationship with the respondents. The will of the aid recipients to keep the donors satisfied can affect the answers from the interviewees and according to Mikkelsen (2015), there is a risk that some interviewees will make up stories to please the interviewer.

As described by Wolf (1996) the most central dilemma in fieldwork is power and the unequal hierarchies or level of control during fieldwork. Wolf (1996) further describes three interrelated dimension in fieldwork: (1) power differences that arises from the positions of the researcher and the research participants such as class, nationality, life chance and urban-rural backgrounds, (2) power exerted during the research process such as the research relationship and unequal exchange and (3) power exerted during the writing and presentation of the fieldwork. The researchers were aware of these dilemmas and tried to keep them in mind during the whole study, in order to create an as equal environment as possible.

When visiting and supporting Kolandoto Hospital as representatives of an aid organization there is a risk that the collaboration undermines the trust in the government. In general, for this kind of study there is also “the risk that a Eurocentric perspective prevails since full honor has far from been paid to excellent studies undertaken by scholars from the south in their own societies” (Mikkelsen 2005, p. 345).

4.6.2 Ethics when Conducting Interviews

According to Brinkmann and Kvale (2015) qualitative research can create tension between wanting to gain knowledge and ethical concerns, they also state that interview research is full with moral and ethical issues. It is a dilemma between the researchers wanting the interview to be as deep as possible without violating the interviewees’ privacy, and on the other hand to be as respectful to the interviewee as possible without risking getting material that is superficial (Brinkmann and Kvale 2015).

The researchers are responsible for reflecting on the possible consequences for the people taking part in the research as well as the group that they represent (Brinkmann and Kvale 2015). Questions about trusting authorities, like the government, hospital management and for patients’ even doctors and nurses could be viewed as sensitive.

As an outsider it is difficult to know what is considered sensitive in a context or culture and if the interviewee is exposed to any risk by answer questions in a honest way. To prevent this, the interviewees were asked in the end of the interviews if there was anything he/she did not want to be used in the study at all, with one exception no was always the answer.

Informed consent involves having a voluntary participation from the people participating in the research as well as making sure they know that they can withdraw from the research at any time (Brinkmann and Kvale 2015). The principle implies informing the research participant about the purpose and main design of the study as well as possible risk and benefit from being a part of the research (Brinkmann and Kvale 2015). This is done in order to avoid causing harm to the participant (Brinkmann and Kvale 2015). Even if no names are used in the report, it can be discuss if it is still possible to figure out who said what from professions or titles. In order to protect the interviewee further the researchers have chosen to use the expressions “staff member” or “interviewee” when stating information from the interviews that, from the researcher's point of view, could be seen as sensitive.

5 Kolandoto Hospital as the CDH in Shinyanga Region

In this section we present the process of Kolandoto Hospital becoming a CDH, based on interviews with hospital staff, DMO, aid coordinator and documents regarding the process. The requirements and agreement connected to the process is described as well as remaining steps of and how the hospital is lobbying in order to fully become a CDH.

5.1 The Process of Kolandoto Hospital Becoming a CDH

The goal with Kolandoto Hospital becoming a CDH is to stabilize the finances and by that be able to pay all salaries, but also to increase the access to medicines and improve the quality of services. Another goal is to lower the patient fees, especially for vulnerable groups since the people that normally attend the hospital are complaining that the price is too high. With lower patients fees more people could come for treatment and by that the hospital will collect more money. Furthermore is improved water and electricity supply, and the possibility of building a casualty unit in the future mentioned as goals with the process, as well as to minimize the congestion at the regional hospital in Shinyanga. One of the employees also describes the goal with becoming a CDH as, “we have to meet the changes, the past and the present. We want to be in the present, with the development” (Nurse).

The process of Kolandoto Hospital becoming a CDH was initiated in 2009 by both the hospital management and the government. At this stage the hospital income was depending on patient fees and aid donations, “the number of patients was decreasing and the collected money was not enough to cover the operational costs” (Hospital Management member). The desire to become a CDH was also affected by earlier contact with the government, which asked the hospital to provide some services for free in exchange of financial support. Before starting the process the government had started to pay some salaries since the level of care at Kolandoto was increasing, especially after a renovation and improved equipment in the operation theaters at the hospital, “after that the government became more and more interested in the hospital”. A presumption in order for Kolandoto Hospital to be a CDH was also the lack of district hospital in the Shinyanga region.

In 2009, a request from the hospital management about becoming a CDH was sent to the AICT, the owner of the hospital. After an agreement from the owner the request went to the Shinyanga municipality where the District Health Management Team, DHMT, handled it. The DHMT found it possible for Kolandoto Hospital to become a CDH, which lead to a signed Memorandum of Understanding late in 2009. In parallel with the DHMT handling the request, the government also sent officials who evaluated the hospital and stated a number of qualifications in order for the hospital to qualify as a CDH. According to the medical officer in charge, the government

representatives found that the hospital had all qualification during the inspection, but things like renovation of some buildings, a better storage unit and a better pharmacy needed to be fixed. The hospital also missed staff in some areas and had too many in others.

After the request was approved by the DHMT it was sent to the Minister of Health and Social Welfare, MHSW. In 2010 the MHSW wrote an official letter to the hospital and approved the hospital to start operating as a CDH. In 2013 the AICT and the government signed an agreement stating Kolandoto Hospital as a CDH. The last step in order to fully be a CDH is for the government to announce to the public that Kolandoto Hospital is a CDH. Before the government can do the announcement both parties should have fulfilled their obligations according to the CDH agreement.

5.2 The CDH Agreement

The documentation regarding the CDH process is not comprehensive. Policies or recommended steps included in the process might exist but have not been located despite attempts. According to the aid coordinator “the CDH process is not a process with a number of guidelines, it is not a controlled process”. However, Kolandoto Hospital possesses a written agreement stating it as the CDH of Shinyanga Municipal Council as well as documentation regarding staff levels and an auditing session connected to the CDH process. The AICT and the Government of the United Republic of Tanzania sign the CDH agreement 14th March 2013. In the CDH agreement it is stated that the government desires to use Kolandoto Hospital as a CDH and the AICT has also consented to the hospital being utilized and operated as a CDH (Agreement 2013).

In connection to CDH agreement (2013), both the government and Kolandoto Hospital have requirements to fulfill. According to several members of the hospital management as well as members of the rest of the staff, the hospital has completed their part of the CDH agreement except for establishing a mixed board with representatives from the government and the church, but the government has not completed their. The hospital is supposed to receive funds for all medication, medical equipment and staff salaries according to a CDH staff level policy, in order to fully be a CDH but that is not done at the moment. In exchange, the hospital has to provide certain services for free to vulnerable groups. This includes services to pregnant women, vaccinations, tuberculosis care, HIV care, chronic disease care for elderly, services for children under five years as well as certain level of emergency care. In contrary to the view of the hospital management, the DMO states that the hospital is a full CDH already, regardless if the requirements are fulfilled or not. Further she states that the government is complaining about the fact that the hospital has not lowered the patient fees for vulnerable groups yet.

5.3 Announcing Kolandoto Hospital as a CDH

In order to fully become a CDH the hospital should receive funds from the government every quarter. When the hospital is receiving all promised funds, enough medicine from the MSD and enough staff according to staffing level, the municipal director and medical officer in charge can announce to the public that the Kolandoto Hospital is a CDH and the patient fees will be lowered. If the hospital is announced as a CDH before all requirements are fulfilled from the government's side, the hospital will have a lot of patients due to the lower patient fees but the service will be poor because of the lack of medicines, staff, beds and insufficient infrastructure. That is why the hospital is waiting to be announced as a CDH, according to the hospital management team. Although, some staff members state that there is a problem with politicians already telling people that Kolandoto Hospital is a CDH.

The medical officer in charge hopes that the hospital can be announced as a CDH in 2016. He sees it as a good sign that government representatives are starting to come and see what they are doing at the hospital and what they are missing. He has seen a change of personnel at government positions at the district level after the election, previous people at the government positions "were not strong enough to push the issue" he states. In contrary to the view of the hospital management the DMO does not know anything about an announcement and states that the hospital is a full CDH already, "otherwise the government would not support them at all" she states.

5.4 Lobbying

On and off every year members of the hospital management team are meeting government representatives at the district level to lobby for the hospital becoming a full CDH, and for the government to fulfill their obligations, according to the medical officer in charge. Kolandoto Hospital has also sent several letters to the government to remind them of what should be done. The medical officer in charge states that the hospital has done everything they have been told to do, "now we are waiting for the efforts on the other side". Some has also stated that it can be very difficult to get a straight answer from government representatives on issues concerning the CDH process and that they often refer to another department or person for answers.

To summarize, the goal with Kolandoto Hospital becoming a CDH is first and foremost to stabilize the finances. The process was initiated in 2009 and Kolandoto Hospital is now a CDH according to the CDH agreement with the Tanzanian government, but all requirements in the CDH agreement are not fulfilled. To fully become a CDH the hospital should receive funds from the government every quarter, which is currently not the case. Therefore hospital is waiting to receive all funds promised before being announced as a CDH and lowering the patient fees.

6 Perspectives on the CDH-Process

Different perspectives have been raised during the study in connection to the process of Kolandoto Hospital becoming a CDH. In this result section we present the staff members expectations and worries about the hospital becoming a CDH. This is done in connection to several issues, like organizational changes, the financial situation of the hospital, staffing levels, access to medicines and medical supply as well as the communication within the hospital.

6.1 Expectations Connected to Becoming a CDH

The process of Kolandoto Hospital becoming a CDH is described as slow by a number of interviewees, but it is also stated that the process is moving forward. According to the hospital patron “the government is eager for Kolandoto Hospital to become a CDH”. He also states, along with others, that there are no obstacles on the hospital’s side in the process of becoming a CDH, but that the government has not fulfilled its obligations yet. The slow process could be due to bureaucracy, personal interests of government workers and lack of political will. Among the interviewees there are also some who are not informed about the Kolandoto Hospital becoming a CDH and about the requirements connected to the process.

The general view is that the hospital becoming a CDH is seen as a positive thing among the interviewees and many positive changes are expected. When the hospital reaches full status the government is expected to provide the funds that have been promised, as well as salaries, drugs and equipment. The hospital secretary expects that “even when we get more patients the quality of the service will be good because we are getting the drugs, medicine and all equipment that is needed for the patients”. Therefore she also expects the time frame for the service to be shortened. An increased level of staff is also expected, and the hospital will need different specialists and improved infrastructure. According to the hospital secretary the hospital “can give service to a higher number of population” when it reaches full CDH status, especially to those with low income because the patient fees will lower. It will also be beneficial since the patients will be able to receive specialist care.

Even if the hospital becoming a CDH is seen as a positive thing, there are some identified worries connected to the process. The worries are mainly related to the staff, workload and financial issues. According to one employee, the result of the process depends on the staff transferred to the hospital, and how they will accept instructions. According to one nurse “all employees have to adapt and be devoted to work harder” when the hospital becomes a CDH. The staff have to get used to work in a situation where they will run into shortage in medical supplies and medicines, according to the same employee. Also, the staff will need to be prepared to treat patients from different areas, “with different behavior and attitudes” (nurse). Some interviewees have stated that there are some bad examples of CDH implementations

from other hospitals, one employee states that he has “heard from other CDH hospital that there are no regular funds from the government” nor medical supplies and medicines (Nurse). These hospitals also got an increased number of complaints from patients because of the lack of medicines and medical supplies.

To summarize, the expectations on the process are mainly positive, and the predicted improved financial situation, access to medical supply and drugs will make it possible for the staff to provide better service to the patients. The services will also be accessible to a bigger part of the population when the fees are lowered. However, there are also some worries connected to the higher pressure on the staff and hospital infrastructure due to the increased number of patients. Also there are worries on what will happen if the patient fees are lowered but the government still fails to deliver funds.

6.2 Organizational Changes Connected to the CDH-Process

Some of the employees expect changes within the administration when the hospital becomes a CDH. “There will be two sides of the administration, the mission and the government, how they will be able to come together and do good things we will see” (Nurse). According to the medical officer in charge, the organization structure will remain since the leadership of the hospital is still decided by the AICT, and also the staff will remain in their positions after becoming a CDH. In contrary, one employee expects the higher positions to be taken by people from the government when the hospital becomes a full CDH.

According to the CDH agreement (2013) a Hospital Governing Committee, HGC, shall govern the hospital. The HGC shall include 10 members, 6 whom should be appointed by the church, including one member from the community, and 4 members appointed by the government. This is the one requirement not fulfilled by Kolandoto Hospital and the hospital currently has a board appointed by the AICT and is waiting for the full CDH status before appointing the new HGC, since there are no funds available at the moment (Hospital Management member).

According to the DMO, the policies for providing health services are the same for both mission and government hospitals and thus no changes will be needed when Kolandoto becomes a CDH. In contrary, the medical officer in charge states there will be a new mixed policy with some changes compared to the current policy when the hospital becomes a CDH, “there will be a harmonization of the government policies and the policies from the mission”. Another interviewee states, “the church and the government have different policies, this could result in a lot of challenges” (Hospital Management member). Also the education levels within the hospital hierarchy are expected by some to be different when becoming a CDH. One nurse states that “now

you can be someone's boss but still have a lower education”, when the hospital becomes a full CDH this will be according to the government policies.

6.2.1 Differences between Church Hospitals and Government Hospitals

A concern related to the hospital becoming a CDH is the risk for a clash between the two organizational cultures, from being a mission hospital to collaboration with the government. It is mentioned that other mission hospitals have reported some behavioral changes of the staff after becoming a CDH. According to some staff members at Kolandoto Hospital workers employed by the government do not have the same attitude as the mission staff. One nurse states “how you treat the patients is different at government hospitals”. The ambition of a mission hospital is to care for the patient in “Christian faith and with love” (Nurse). In order for healthcare workers from both government and mission to become one unit there has to be a harmonization, according to the hospital patron, and this is a challenge that Kolandoto Hospital has to face. Although not all staff members are concerned with this issue, “some people might think there is a difference between government and mission staff, but we all work at the same place” (Medical attendant). Some interviewees also expect the government to have more power over the hospital when the hospital is a CDH because the hospital will implement things that the government wants. For instance, the church does not like healthcare workers who get pregnant before marriage but normally the government does not care about those things, so it will be a challenge for the hospital leaders and the church to handle this issue.

The fear of corruption is another worry with being involved with the government. According to the medical officer in charge, there are some people in the health sector who take bribes, they are few but they exist. It is stated that there is a difference between staff at government hospitals and staff at Kolandoto Hospital since the government staff needs to travel to work and therefore might want the patients to pay for their food and travel costs. At Kolandoto Hospital almost everyone lives nearby so this does not become an issue, according to the medical officer in charge. Though, corruption might not be an issue in the future since the new government is trying to take care of the problem, according to some of the employees.

To summarize there are different expectations on the organizational changes, and the involved actors do not have the same perception of becoming a CDH. When Kolandoto Hospital becomes a CDH there has to be a harmonization between the mission and the governmental staff, which is said to be a challenge for the management. In connection to the collaboration with the government also a fear of corruption has been raised. It is also stated that religion is important for the hospital.

6.3 The Financial Situation at Kolandoto Hospital

The economy at Kolandoto Hospital is depending on funds from the government, as well as patient fees and aid donations. The hospital is according to the CDH agreement (2013) supposed to receive funds for medication, medical equipment and staff salaries. Despite this the hospital still does not receive all funds, staff or medicine they should according to the hospital secretary. Also the DMO confirms that Kolandoto Hospital does not get all the money it is supposed to, for example for the funds to the MSD. In this section the financial situation at Kolandoto Hospital is presented together with perspectives on the lack of funds from the government. The consequences related to the strained economy and how the level of patients is affecting the finances as well as how these aspects will change when becoming a CDH is also presented.

6.3.1 Funds from the Government

The funds for medicines and medical supplies come directly from the government to the MSD as a credit for the hospital to use. The local government provides the basket fund, and out of the 58 million sent from the government health basket fund 26% is earmarked for the CDH in the region.

According to the CDH agreement (2013), “the government shall assume full responsibility for the recurrent expenditures and other related services of the hospital according to the fiscal budget”. It is also stated by the hospital management that the requirements connected to becoming a CDH are not related to the payments, regardless of the hospital’s achievements the funds are supposed to come. After the CDH agreement was signed the government started to support the hospital with money, but then the payments partly stopped. Staff employed by the government are receiving their salaries, but the deposit at MSD is currently small and the hospital is not receiving the health basket fund. During the financial year 2015-2016 (July to June), the first payment of the basket fund was done in April 2016.

6.3.2 Consequences and Reasons for not Receiving Enough Funds

Kolandoto Hospital has a lot of economical commitments, but when payments from the government are missing the hospital cannot meet them because the income from the patient fees is too small to alone cover all expenses. Today, the hospital fails to pay salaries because of the shortage of money and it is also stated that the hospital sometimes fails to pay taxes or the deposition to pension funds. Also, the running costs, such as the prize on drugs and fuel, have gone up and at the same time “there are days where there are no operations” (Doctor) which result in the hospital spending more than it earns. One staff member makes a comparison with another hospital in the area, smaller than Kolandoto Hospital, but that makes more than twice the money because of a strict accounting department she states.

The hospital finances were prior to the initiation of the CDH process also depending on aid donations. According to the accountant, the donations from NGOs and external aid donors have decreased after the initiation. This because the NGOs believe that the incomes to the hospital are higher and more stable now when collaborating with the government. Since the hospital does not receive funds from the government as promised at the moment, the lack of aid donations further strains the hospital economy. The accountant explains that he sometimes wants to give up and leave everything because of the lack of support, but then nothing would happen and the situation would remain the same.

According to the hospital secretary, the government wants to support the hospital, but the problem is that there is not enough money. It is stated that the hospital will probably receive funds if the government has them, “we do not know what problem the government is facing” (Hospital Management member). Several employees have stated that it is the financial issues within the government that are hindering the government to fully implement what has been promised, also a lot of money was spent on the election of 2015 and the reelection of CCM. In relation to the election it is also mentioned that a lot of the support to the health services, like the basket fund, comes from donors outside of the country and “maybe they are afraid to bring their money during the election” (DMO). Other reasons mentioned for the lack of funds provided to the hospital is that the tax collection was low during the previous government, and that the previous president took money away. Although, it is stated by some of the interviewees that the current president is doing a good work in collecting taxes. “What we are seeing is that the government has started to collect enough funds to run the government” (Hospital management member).

6.3.3 Number of Patients at the Hospital

The number of patients has been reduced from 90-100 to 50 patients per day over the last years, and because of that also the income to the hospital has been reduced. The reason according to the hospital secretary, is the current competition among hospitals in the area, patients choose the cheapest treatment or cannot afford treatment at all.

The hospital accountant expects the number of patients to double when the hospital becomes a full CDH and the patient fees goes down, and several hospital staff members share his expectation. Due to the free services for vulnerable groups it is expected to be a lot of children deliveries, compared to now, and the pediatric department will maybe have four times as many children. There are a lot of sick children, but their families cannot afford treatment one staff member state, and the same is said about pregnant mothers. One doctor states that when the hospital becomes a CDH “I will need to work extra time, because we will have a large number of patients”. With an increased number of patients it might also be necessary to review the current routines at the hospital.

To summarize, the financial situation at the hospital is strained due to lack of funds from the government and decreased number of patients. This results in the hospital not being able to meet their obligation like paying staff salaries. The lack of funds from the government is explained to be due to the financial issues within the government and the election in 2015.

6.4 Staff Levels and Salaries

In this section we present the interviewees' perspectives on staffing levels and staff salaries at the hospital. Also, requirements for being employed by the government as well as the motivation and promotion possibilities for the staff are presented.

6.4.1 Perspectives on Staff Levels

The hospital staff number is supposed to be minimum 198 in order to be a CDH, but currently there are only 134 employees at Kolandoto Hospital. The hospital management and the DMO agree on the staffing level for a CDH and this is also confirmed by documentation. However, the DMO states that the government usually does not pay all employees at a CDH, but she agrees that there is shortage of staff and explains that the local government representatives are aiming to cover the gap, at least to some extent. The hospital management, together with the DHMT, makes requests to the central government to provide Kolandoto Hospital with more staff in order to cover some of the shortage. The hospital has received staff from the government at several occasions before, but the number is dependent on the government's funding capacity. The medical officer in charge explains that the MHSW is also complaining about the staff levels and that the government hospitals do not have enough staff either.

It has been stated by several hospital staff that there are too few skilled staff at the hospital. There has to be at least four nurses to cover all the shifts, but some shifts are at the moment covered only by medical attendants and "it is not fair to the patients" (Hospital Management member). It has also been stated that the expected increase of patients in relation to the number of healthcare worker at the hospital will result in increased workload because of the shortage of nurses and therefore the staff level must increase. When the hospital officially starts to be a CDH the hospital patron along with several staff members expect there to be enough nurses to serve the patients properly, which will improve the service at the hospital.

6.4.2 Perspectives on Staff Salaries

The CDH agreement (2013) between the government and Kolandoto Hospital states "staff employed by the church working in the hospital prior to this agreement shall remain employees of the church. The government shall only pay for staff in accordance with 1999 staffing levels for health facilities (by the MHSW) or as may be

amended from time to time”. However, according to the medical officer in charge the government is obligated to provide salaries to all hospital employees.

The staff members at the hospital are employed and paid by the government or by the hospital. The staff paid by the government always receive their salaries, while the staff paid by the hospital do not. The lack of payment causes great suffering to the affected employees, some also state that to not receive money for your work is demoralizing. The management states that the non-payments depend on the lack of funds, which is beyond their control. The explanation to the affected staff is that the hospital does not have enough money, and according to the medical officer in charge the management also tells the staff “we get salaries from patient fees so we need to take care of the patients and increase the number of patients to get more funds”. One employee states that the management tells her to wait and “that if God will, you will receive your money” (Medical attendant). The hospital accountant explains that the affected employees always receive a little bit of their salary, “otherwise they would not survive”. Despite the major financial concerns the hospital is facing at the moment several interviewees state that this will change for the better when the hospital fully becomes a CDH, and then all employees will be able to receive their salaries.

6.4.3 Employee Qualifications

In order to be employed by the government the staff have to meet some qualifications. Currently, both secondary and professional education is needed, and proved by certificates, and you have to be under 45 years old in order to be employed. Several employees at the hospital do not have the qualifications in order to be employed by the government. According to the hospital secretary and the medical officer in charge, all staff working at the hospital should receive their salary from the government, but after the CDH agreement was signed the government changed the requirements for being employed by the government with the result that all staff at Kolandoto Hospital members do not fulfill them. From the hospital management team's perspective the obstacle for all staff being paid by the government are the qualifications mentioned above, but the government representative states that the government never intends to pay all employees, “some are supposed to be paid by the government and some by the hospital” (DMO).

Since the government will not employ people who do not fulfill the requirements their salaries have to be paid by the hospital. According to the hospital medical officer, the government has encouraged the management at the hospital to fire staff lacking qualifications. In the government’s opinion the hospital has too many of the support staff, like cleaners etc. The hospital wants the staff soon retiring to have the chance to work until then and also, the management does not want to “chase away” those who have been working at the hospital for a really long time. Another issue is that the management does not have the possibility to fire people at the moment. Due to the unpaid salaries the management cannot let them go until they have received what the

hospital owes them. This also goes the other way around, the employees that have not received their salary for a long period of time want to stay at the hospital since they will never receive their money if they leave.

With more staff paid by the government the financial load on the hospital would be reduced, but the obstacle is that some staff do not have the required qualifications. Although, it is also an obstacle for the government to find staff that possess all qualifications, which explains the shortage of educated staff. At the moment the hospital management is advising those that are missing education at the hospital to go back to school.

6.4.4 Promotion and Motivation

Before the hospital started the process of becoming a CDH, there was no procedure for assessing staff performance and no promotion procedure. The church promoted the staff, according to the rules and regulations from the owner AICT, but after signing the CDH agreement (2013) the hospital has to follow the government regulations concerning these issues. According to the DMO, it is possible to be promoted every third year if you meet the criteria of education and performance, but it is explained by the hospital secretary that the hospital is still in training for using these policies and has not started applying them yet.

At the hospital there is a problem with encouragement of the staff, because some staff members have not received their salary for several months and cannot do their job properly, according to a management member. “At the moment the hospital cannot always provide motivation to the staff” (Hospital Management member). To increase motivation also the interviewees have mentioned the possibility of further education, courses and seminars. Kolandoto Hospital is sending few staff members to seminars at the moment, but when becoming a full CDH the number of seminars and number of healthcare workers going to seminars will increase, according to one employee.

To summarize, the level of staff is too low at the hospital, and especially the number of educated staff. This is due to the shortage of educated healthcare workers in Tanzania but also to the requirements of employee qualifications from the government. That the hospital is not able to pay salaries to all employees is a major issue and affects the staff, their families and the hospital negatively. Also the possibility to promotion and motivation in general are raised as important issues for the staff members, although change is expected when fully becoming a CDH.

6.5 Medicine and Medical Supply

According to several employees, the hospital does not have enough drugs to cover the patient flow. According to the medical officer in charge, the hospital is supposed to receive money for all medication at the MSD, and also in the CDH agreement it

seems like the hospital should receive funds for medical supplies. “Subject to the provisions of clauses 17 and 18 the government will be responsible for providing funds required for running the hospital and operating other approved services [...]. The funds will be distributed quarterly to the hospital“ (Agreement 2013). Today the government approximately funds drugs for 5 million TSH (2000 EUR) monthly, though, according to the medical officer in charge, the payment should be 10 million TSH (4000 EUR) monthly based on the population in the catchment area (240’000 people).

Furthermore, when the hospital orders drugs at the MSD it often happens that the drugs are out of stock. The money at the MSD are locked so when the drugs are out of stock at the store, the money cannot be used to buy drugs elsewhere. Instead the hospital has to use patient fees to buy medicines at the local market. Another issue is the process of buying medical equipment, and it has been stated to be a slow process that affects the work at the hospital in a negative way. Although, it is said by some to be easier to buy equipment at Kolandoto Hospital compared to the regional hospital because of the bureaucracy of the government. With the expected increase of patients the hospital will have even more difficulties providing enough drugs in the future, but according to several of the interviewees enough medical equipment and drugs are expected to be available at the hospital when fully becoming a CDH, which will improve the services.

6.6 Infrastructure at the Hospital

One of the requirements, mentioned by the DMO, includes departments needed at the hospital. The medical officer in charge also confirms this. In order to be a CDH the hospital needs to have an Out-patient Department (Health Center). The hospital also needs an In-patient Department, X-ray and Ultrasound Department, Physical Therapy, theaters and different wards. Another requirement mentioned by both parties is that the hospital has to have a minimum bed capacity of 180 beds. These requirements are all fulfilled. Also, a stable water and power supply is also mentioned as a requirement to become a CDH.

At the moment, there is a problem with the power supply at the hospital. The hospital is depending on electricity from the large power company Tanesco, which has big problems with power cuts. During power failures the hospital is using a generator, which is expensive to run because of the fuel price. The hospital is also in need of a casualty unit according to several interviewees but the funds provided from the central government do not allow the hospital to construct new buildings. The funds are only allowed for reparations, according to the medical officer in charge, which makes it difficult for the hospital to build a casualty unit. Although, it has been found that some of the staff at the hospital do expect the government to support with infrastructure when the hospital fully becomes a CDH. The expected increased level of both patients and staff will challenge the existing infrastructure. But the medical

officer in charge also states that there will be four hospitals in the area at that time so hopefully the patients will be spread out so an overload of patients can be avoided.

6.7 The Communication within the Hospital

The information flow at the hospital is mostly through clinical morning meetings with the responsible of the departments. The rest of the staff members receive information through forwarded information from the responsible of each ward, if there is new or important information to share. The same is done after management meetings with representatives from the departments. The staff also get information at staff meetings, where the staff also have the possibility to share ideas, raise issues and speak to the leaders. The staff meetings are supposed to be held quarterly but the number of staff meeting seems to vary. Depending on who you ask, the hospital had two or three meetings last year, but one of the employees states that he has been included in one staff meeting during his three years at the hospital.

Between the staff, the views differ on whether the information from the management is enough or not. Some of the staff state that they receive enough information while some want more. To have more staff meetings is suggested, and it is stated, “we rarely get proper information on what changes are going on” (Nurse). The transparency is also raised as an issue, “the leaders should be transparent with every issue that is going on” (Doctor) and that “usually what happens if the leaders are not transparent is that the workers do not trust them”. Even though it is a hierarchical organization, when at work we still need everybody's ideas, the same doctor states. A majority of the interviewees experience that the management listens to them, but some feel they are not always heard, “I don't think we have a good way of giving or handling information” (Nurse). It is also said that the management does not like when the staff raise issues regarding money, “I don't know why, but maybe because the money is not handled in a proper way” (Nurse). It is also described that if the communication within the staff is bad, the service to the patients will be very poor.

To summarize this section, there are major financial constraints at the hospital, which affects both the possibility to provide quality healthcare and the wellbeing of the staff. The level of staff, and especially the lack of educated professionals, is mentioned as an important issue. The staff and management also agree that there is a lack of medicines and medical supply. Lastly, communication and access to information within the hospital are mentioned as important issues.

7 Interviewees' Perspectives on Trust

In section 7 we present different perspectives on trust from the interviewed staff members at the hospital as well as the interviewed patients. The interviewees' definitions of trust are presented as well as their perspectives on trust in connection to the government, trust within the organization of Kolandoto Hospital and trust from the patients towards the hospital.

7.1 Trust Defined by the Interviewees

Trust is by many of the interviewees defined as “keeping promises” and “being honest”. Several employees also mention behavior as a basis for trust, “I trust somebody because of how he treats me. If he listens to my problems and then solve them I can trust him” (Nurse). It is further stated that “if he is not a thief then I can trust him” (Nurse) and “trust for me is something you do and it becomes true, like a doctor who gives me medicine and I get cured” (Patient). Trust is also defined as “to believe in someone” (Patient), and another interviewee explains trust as “I can trust someone if they trust me” (Nurse). Many of the interviewees also describe trust as a scale where you can trust from nothing to hundred percent.

The Christian faith is also affecting the definition of trust and some of the interviewees describe God or Jesus as central parts of their trust. One medical attendant states “I trust only Jesus” on the question “What does trust mean to you?”. Family bonds are another reason to trust someone and one patient explains, “I trust my wife because we built a life together”. Several participants also had difficulties defining what trust means to them when asked in the interviews.

7.2 Trust in the Government

In this section, perspectives on trust towards government according to both staff members and patients, are presented. The level of trust, reasons for the existing trust and factors affecting the trust in the government are described. Also the importance of trust in the government and trust in the government to provide healthcare and keeping obligations towards Kolandoto Hospital is presented.

7.2.1 The Level of Trust in the Government

Almost all interviewees state they do trust the government, but there are some variations in the reasons why. According to several interviewees the trust in the government is depending on its performance, and many also believe the performance to be quite good. Other reasons for trusting the government is that it builds schools, roads and protects the population from war. Others also state they trust the government when things are done according to policy. Several hospital staff members say they trust the government because it pays their salaries, and also because it

sometimes provides the hospital with equipment. Even though many interviewees say their trust towards the government depend on its performance, one staff member states “nothing can make me not trust the government” (Nurse).

Even though almost all interviewees state they do trust the government, some say they do not trust a hundred percent. Explanations are the “human factor” within the government organization and when the government lies or does not keep promises, like building more hospitals. Irregular funds to the hospital and a slow CDH process are also mentioned as reasons for not having total trust in the government. One patient states that he does not trust the government in the sense that he pays his taxes and he still waits for the government to provide the services it has promised. Several hospital staff members state that increased transparency and more follow up on government programs would increase the trust in the government.

It is described by several interviewees that if things are done according to plan, the government has the ability to perform well. According to one doctor “the government in Tanzania has very good plans, but bad implementation”. Another employee compares trust in the government with the relationship to a father, “you have to trust your father because you have no power to force him to do anything” (Nurse). There are also a few of the interviewees who do not know whether they trust the government or not and have difficulties answering questions connected to this issue.

7.2.2 The Importance of Trust in the Government

All interviewees agree that it is important to trust the government. To some it is important because the government is the leader and “we are all one country”. Furthermore, one interviewee states it is important to trust the government because it is concerned with the majority of the people. Some interviewees see it as their “obligation and responsibility” to trust the government, even if it does fail in some areas. A number of the hospital staff state that you have to trust your employer and to go against your employer will do no good. One employee thinks it is important to trust the government because “it provides us with salaries, if we do not trust it the payments might stop” (Nurse). According to the medical officer in charge, if the hospital is not trusted by the government it will not give them funds, equipment or offer training”. “If I do not trust the government the government will not trust me” some interviewees’ states and lastly one staff member states “if you do not have trust in the government, who can you trust?” (Nurse).

7.2.3 Factors Affecting the Trust Towards the Government

If the government provides more infrastructure, hospitals, schools as well as improve the education system the trust would increase, “right now the quality of the education system is very low, the children cannot read and write” (Patient). To have all healthcare services available is also mentioned as an important factor for trusting the government as well as having affordable treatment to the people. For some, the

behavior of the healthcare staff and how well the government “controls” the government workers also affects the trust towards the government.

Higher salaries for healthcare workers as well as whether the government provides the salaries in time or not is mentioned by both hospital staff and patients as something that affects the trust towards the government. One staff member states, “when the government does not give me my salary and it goes up to six months, why should I trust it?” (Doctor). According to him, when the government does not pay the salaries in time that “initiates bad habits” since healthcare workers might have to find other ways to earn a living and sometimes tries to take money from the patients. Also better opportunity to get higher education is something that would improve the trust towards the government, according to several staff members. One of the nurses states, “if I can see that the government is concerned with our issues, I will trust it more”.

One patient states that he trusts the government because “the government is constructed by the people of Tanzania and therefore it is in their interest to move the country forward”. The medical officer in charge explains, “I trust the government because we share things. We are in the same boat and work as a team and as a nation”. One medical attendant says he trusts the President because he has only lived in Tanzania and does not know anything about the outside, so “I trust what I can see”. Another medical attendant states that he trusts the government because Tanzania is a more peaceful country compared to Kenya, where he also has lived.

Several of the interviewees state that they have more trust in the new President than in the previous. “This President is strong, he has done some changes and now the people are working well” (Nurse) and it is stated that the effectiveness of the government is increased because of the new President. Another staff member also describes the new President as a “hard working, trustworthy and open man”. It is explained that the previous President lied, “he promised to provide water but left the poor without”, according to one patient. The new President has only been at his position a few months but the changes are big according to several interviewees. Some mention that there is a difference regarding tax collection, transparency and there are stronger regulations when it comes to healthcare with the new President. “Now we get information from radio and TV, and are fully informed” according to one nurse. It is also stated “the new President has already fired people who were not doing a good job” (Nurse) and one staff member states that in the past the government was corrupt and his trust was low, but after the election the government is trying to fix the corruption issue, so therefore his trust is raising, although it is still low.

7.2.4 Trust in the Government to Keep its Obligations

A majority of the staff members do trust the government in keeping its obligations to the hospital. One reason mentioned is that the government tries its best to fulfill the obligations, and several members of the hospital management say that even if the

government is not fulfilling its obligations now, they trust that it will fulfill them in the future. It is also mentioned that processes where the government is involved are generally slow. One staff member does not believe that government knows about the problems at the hospital, but if the management informed the government it would help the hospital (Medical attendant). Some of the management members also state that it is difficult to trust the government now since the government continues to promise, but fails to deliver. Only three of the hospital staff state that they do not trust the government in keeping its obligations to the hospital, “I can say personally I don’t think they are keeping their obligations” (Doctor). It is also stated in connection to government not fulfilling its obligations that “it could be personal, someone within the government could try to hinder things” (Hospital management member).

7.2.5 Trust in the Government to Provide Quality Healthcare

The trust towards the government in providing quality healthcare to the people of Tanzania is varying among the interviewees. Many of the interviewees, both healthcare workers and patients, state they do have trust and believe that the government is trying its best to provide quality healthcare. According to one patient, the government takes care of the people when they are ill and one staff member trusts the government in providing quality healthcare because the “large number of Tanzanians are not complaining” (Medical attendant). The planning, follow-up and monitoring by the government are mentioned as contributors to the trust. “The government set the guidelines and then implements what the guideline says, and they evaluate after the implementation” (Hospital Management member). However, bad implementation is mentioned as a part of the problem in government programs.

According to several hospital staff as well as the DMO, the government does not allocate enough money to health services in their budget compared to other areas. Also, according to a nurse the government sometimes fails to distribute what they have budgeted and the medical officer in charge states that “it happens that people are diverting funds”. Several staff members also mention that bribery exists among healthcare workers, mostly at the government hospitals, and that it affects the trust in the government in providing good healthcare. One patient states that “the government gives good service on the healthcare side, the challenge is the doctors and corruption at governmental hospitals”. It is also explained “some healthcare workers take bribes from the patients. They are few, but there are some” (Hospital management member). Also, there are issues of bribery related to the lack of drugs. One patient states “sometimes you see a car bring medicines to a hospital, but when you come to the hospital it is out of medicine because some employee has sold it”. A hospital management member describes that he does not have much trust in the government providing healthcare because “the government has said several times that people over 60 years should get free healthcare all over the country”, but this has not happened yet. Other reasons mentioned for the lack of trust in the government providing good healthcare is the delaying in services and also lack of qualified staff.

Also when it comes to providing healthcare, the trust in the new president is higher compared to the old. Several of the interviewees say that they have more trust in the government providing good healthcare service now, but since the president is still new some say that it is difficult to know if there is going to be a difference.

To summarize, almost all interviewees state that they do trust the government but not always a hundred percent. Many say their trust towards the government depend on the government's performance, and important factors are keeping promises and being transparent as well as providing services to the population.

All interviewees agree that trust in the government is important, and it is said to depend on nationalistic values and several interviewees also think it is an "obligation and responsibility" to trust the government. The trust towards the government in providing quality healthcare is varying among the interviewees. Many believe that the government is trying its best, though many agree that the government does not allocate enough money to health services. A majority of the staff members also trust the government in keeping its obligations to the hospital. Although, some state that it is difficult to trust the government in this aspect since the government continues to deliver what has been promised. Bribery among healthcare workers is also mentioned as something that affects the trust towards the government. It is also stated that they have more trust in the new President than in the previous.

7.3 Trust Within the Hospital

The staff members' perspectives on the existing level of trust within the hospital are presented in the section as well as the importance of trust within the hospital and what affects the trust between coworkers.

All of the interviewed staff emphasize that it is important to trust each other within the organization, "if you trust each other you can work smoothly and communicate well" one nurse states. Another reason is that trust is important in order to work with different kinds of people. Without trust nothing would be done and there would be misunderstandings and collisions according to several employees. If the employees do not trust the accountant or the medical officer, or if the management does not trust the employees, things will not move forward, according to one of the doctors. Many of the interviewed staff members agree that providing quality service is one of the main reasons for the significance of trust between colleagues at the hospital, "we are dealing with individual's life so there is no room to tampering with it" (Nurse). Several employees describe that trust is important in order to work in symbiosis, and trust is mentioned as an indicator of collaboration "if you trust each other it shows you are working together" (Nurse). Another nurse explains that if you trust each other you will feel free to ask each other for help.

In order to be able to trust colleagues within the hospital, the performance and behavior of co-workers are important factors. One hospital management member states that it sometimes happens that staff members do not deliver quality care to patients, which means, “you cannot trust them”. At the same time several staff members state that if you trust someone they will deliver what is expected as well as the other way around, “if you do not trust somebody, he or she cannot trust you either”. The current level of trust at the hospital is differently described among the interviewees. A number of employees explain that the staff at the hospital trust each other most of the times, and one medical attendant states, “I trust every worker here”. Many of the employees also mention that they have trust in the hospital management and its members, “I trust the medical officer in charge because I like his decisions” (nurse).

It is also described that the teamwork and trust between the employees at the hospital is affected by the private relationships among the staff members. Many of the workers at Kolandoto Hospital are friends or married couples, “I have to trust the wife of my friend” (Hospital management member). Many of the staff members are also from the same tribe, and therefore trust each other according to the medical officer in charge. It is also said by a few that whether you have trust in someone or not is individual between two people and one nurse explains that he trusts his friends but not all staff members. Another employee also describes “I do not have a hundred percent trust toward all coworkers, because sometimes people do not go directly to you if they think you are doing something wrong, instead they talk to the management”.

The payment of salaries is mentioned by a number of employees as an issue affecting the level of trust at the hospital. Since those paid by the government always receive their salaries while the staff paid by the hospital do not always get paid, it is stated, “you cannot expect these two groups to be on the same trusting level” (Hospital management member). “If I receive my salary from the hospital I will trust more” one of the affected employees states (Medical attendant). This is also affecting the work performance of the affected staff members, “they cannot go to their workplace and perform well during these conditions” (Doctor). One of the affected staff members explains that if she would receive her salary “I will be able to do my job better because I will feel better in my mind” (Medical attendant). To increase the trust it has also been mentioned that “everybody at the morning meeting should speak their mind” (Nurse) because when the staff can see that the management cares about their issues the trust from the rest of the staff will increase. Everyone also needs to respect each other in order to increase the trust because “you cannot trust someone who is not respecting you or denying you your rights” (Doctor).

The hierarchy within the organization of Kolandoto Hospital may also affect the level of trust within the hospital. One employee describes that “you can trust someone if they hold a certain position, for example the management, if they stick to guidelines and do proper work” (Doctor). Also in connection to hierarchy it is stated “as a

manager I cannot be there all the time so I have to trust someone at my position” (Nurse) which also is confirmed by several other nurses in charge. The medical officer in charge says that “when I put someone in a position at the hospital I need to trust that he is a hard working person”, he also exemplifies that “I have been changing accountant, if I see he is not working well, then I do not trust him and I need to put a new person at the position”.

To summarize, trust is emphasized to be important within the organization since it enables good collaboration, and makes the work go smooth. In order to trust colleagues, performance and behavior are important factors, but also personal relationships. It is also important to trust coworkers because if you trust someone they will deliver what is expected of them, but the opposite will happen if they feel mistrusted. The interviewees state that the staff trust each other most of the times, and many also mention that they have trust in the hospital management. Payment of salaries is affecting the level of trust at the hospital and also the hierarchy within the organization may affect the level of trust as well the respect to each other.

7.4 Trust from Patients towards the Hospital

In this section we present different views from both staff and patients on the trust from the patients towards the hospital. The interviewees’ perspectives on why it is important for patients to trust the hospital are presented as well as levels of the existing trust towards the hospital and reasons for and factors affecting the patient's’ trust towards the hospital.

That the patients have trust in the hospital is important according to all interviewed staff members. The patients have to trust the doctors and nurses in order to recover, “they have to accept the services they are given. If they do not, the service will be useless” (Nurse). Also, if the patients do not trust the hospital to give them quality care they will not seek care and the bad reputation will be passed on, according to several staff members. This also evokes risks for the patients since “they will die at home if they do not seek help” (Nurse). Furthermore it is mentioned that trust from the patients is important “because when the patients trusts me they feel comfortable to ask me anything” (nurse), and then the quality of the service can be improved.

7.4.1 The Level of Trust and Reasons Behind the Trust

According to the employees, “patients do trust the hospital, that is why they come here”. The hospital has a good reputation in the area of providing quality care and communicates well with the patients, “if one person comes to the hospital and gets good healthcare, they will spread the word” (Medical attendant). Furthermore, the importance of the healthcare workers practicing Christianity is mentioned. The fact that the hospital is a mission hospital ensures the patients that the service is given as prescribed, without some element of bribery (Hospital management member).

All interviewed patients state they trust Kolandoto Hospital to provide good healthcare and express that they are satisfied with the care they receive at the hospital, even if the cost is very high according to some. All of the interviewed patients, except one, have trust in the staff at the hospital, “I trust the doctors and nurses because the patients get all the medicine they need” (patient) and “the nurses and doctors here are very helpful” (patient). The one interviewed patient with low trust explains that he does not trust the nurses, “I have tried to call the nurses, but they do not have time to help me”. Other reasons mentioned for trusting the hospital are: “I trust them because they do not lie” (patient) and “I trust them because they forward information between shifts” (patient). The patients also trust the management of the hospital, “I trust the management because the performance by the doctors and nurses reflects the management” (patient). According to one of the patients, the security at the hospital is an important reason for him trusting the hospital, and also the clean environment is mentioned as an important reason.

Suggestions on how to increase the trust from the patients are for the hospital to have an ambulance, a telephone line and a reception where the patients could go. For the patients to trust the hospital the patient fees have to decrease, “some patients do not trust Kolandoto Hospital because of the high costs” (Medical attendant). Also according to some of the patients reduced fees will increase the trust towards the hospital. However some patients state that the hospital have nothing to improve.

7.4.2 Enough Staff and Equipment

In order to increase the trust from patients both the staff and the patients think the management should increase the number of workers, since there is currently a shortage of both nurses and doctors. “If you have enough human resources also the care will be fast and provided by the qualified one” (Nurse). Also, different professions available at the hospital are important to gain trust from patients, “if you have specialists, for instance gynecologist and physician people will come here and they will trust” (Nurse). Furthermore, in order to increase the trust from the patients it is necessary to have enough medicine and modern equipment according to staff members. Many patients come a long way for medical treatment and when the hospital cannot provide drugs it is very costly and inconvenient for the patients, which makes them dissatisfied with the treatment, according to several staff members. “When the doctor prescribes medicine it must be in store, telling the patients to go somewhere else to buy the medicine reduces the trust” (Hospital management member).

7.4.3 Salaries and Service Time Frame

Although most patients trust the hospital staff, trust in the hospital will be reduced if the hospital continues to fail to pay the staff, according to some employees, “sick people start to not trust the hospital, because the nurses have many problems on their

minds because they do not get paid” (Medical attendant). Patients also mention higher salaries for the healthcare workers as a way to improve the service and increase the trust. In order to provide high quality services the timeframe for treatment is also mentioned as an important factor, “they come from far away, you have to treat them when they come so they can go home in time” (Nurse). It is explained by one of the patients, “I trust in the nurses and doctors, for example I went to the doctor and asked him to help, he said he would come at a specific time and he did”.

7.4.4 Communication, Transparency and Healthcare Education

In order to have trust from the patients, transparency and communication is important. “Being transparent with what care the patient is receiving as well as with the cost of the service increase the trust from the patient” (Nurse). It is also explained that “mission workers have soft language, and are welcoming and polite, compared to government hospital where they have harsh language” (Doctor). One patient states that he trusts the hospital because the staff have the ability to communicate in a way the patient understands. Also, the fact that many of the patients are illiterate and uneducated makes it important to communicate well and on the right level (Hospital management member). Because of this the hospital also “goes to the periphery areas and educate about the importance of coming to the hospital” (Hospital management member), which affects the trust in the hospital. The importance of encouraging the patients to stay at the hospital if needed is also explained. It is very costly for the patients to get medical treatment, but sometimes the circumstances make it necessary for patients to stay in the wards for several months. “Sometimes patients expect quick cures, if they do not receive it, they go home and use alternative medicine”, according to the medical officer in charge. This makes good communication important.

To summarize section 7, staff members believe trust from patients to be very important since they otherwise will not accept the service, which could jeopardize their health. The hospital has a good reputation in the area and communicates well with the patients, which affects the trust. Also the fact that the hospital is a mission hospital is an important factor for trusting the hospital. All but one interviewed patients state they trust Kolandoto Hospital to provide good healthcare and are satisfied with the care they receive at the hospital. Although there are some possible improvements as well as factors affecting the trust mentioned by both patients and staff. It is important for the hospital to have enough drugs, equipment, staff as well as specialists. Higher salaries for the healthcare workers, lowered patients fees and effective care are other important factors affecting the trust from the patients. Lastly, good communication, transparency towards the patients as well as and the hospital giving healthcare education to the population can increase the trust in the hospital.

8 Analysis

In this section we will include an analysis of the results presented above. The analysis aims to answer the previously stated research questions, 1) what are the changes related to become a CDH? What are the practical, financial and organizational requirements needed? 2) What perspectives, including expectations, goals and worries, do the different actors involved have on the CDH process and how do the perspectives relate to each other? 3) What is the significance of trust in a change process like Kolandoto Hospital becoming a CDH?

8.1 Requirements Connected to the Process

To answer the first research question, although it is partly answered in the previous sections, the result shows that there are some requirements connected to becoming a CDH. The most important ones, from the hospital's side, are to have the required departments, and decrease the patient fees for vulnerable groups. From the government's side the requirements include providing funds, enough staff, medical equipment and medicines. It has also been shown in the result that these requirements are not directly connected to the hospital becoming a full CDH since an agreement already exists, stating the hospital as a CDH, without all the requirements being fulfilled. Many perspectives on the requirements differ between the actors involved and therefore will be further presented and analyzed in this section.

8.1.1 Practical Issues Connected to the Process

The CDH process is an informal process and the parties involved have different opinions on where in the process the hospital is, as well as what steps should be included when becoming a CDH. The CDH agreement is vague and it is difficult to interpret what is included in the different paragraphs as well as what party is responsible for fulfilling each requirement stated in the agreement. Also, statements from both parties contradict one another on who is responsible for the different paragraphs in the agreements, though actors interviewed often agree on the existing problems at the hospital, like too low staff level. The different opinions on what requirements exist and who is responsible to fulfill them can depend on a number of factors. As stated, the CDH agreement is inexplicit and very few other documents connected to the CDH process have been found at the hospital or at the local government office. Another reason that may add to the confusion is that the interviewed government representative was temporary on the position as DMO when the interview took place. Also several other government employees at the offices in Tanzania are new at their positions because of a major staff turnover at the governmental offices after the election last fall (2015). Due to this, information about the CDH process of Kolandoto Hospital might have been lost as well as knowledge about oral agreements between the hospital and the local government. Since the CDH process is an informal process and dependent on negotiations, promises to the hospital

might have been made at meetings with governmental representatives, promises that cannot be proven by the hospital later on. An example of the confusion about the CDH process is that the DMO considers Kolandoto Hospital a CDH already, and does not know anything about the announcement related to the hospital becoming a CDH. Therefore she thinks that the hospital should fulfill the requirements related to being a CDH. The hospital management on the other hand states that there will be an announcement when both parts fulfill the requirements, since the hospital will not be able to lower the patient fees before the government provides enough funds to the hospital.

As shown in the result there are different opinions on what party that is responsible for the different requirements. When the division of responsibilities is unclear, no one can be held responsible for not fulfilling the requirements, which hinders the process from moving forward. Also, some interviewees have stated that it sometimes is hard to get straight answers from government representatives concerning the CDH process and it seems like the responsibility for the healthcare also might be pushed around within the government organization. The lack of clarity on who is responsible for what in the CDH process might affect the trust in the government, but not necessary in a negative way. Without a clarified responsibility no one can be held accountable. Still, it is clear that the lack of structure within the process hinders the process from moving forward.

8.2 Perspectives on the CDH-Process and how they Relate to Each Other

The result shows that there are several practical, financial and organizational issues in connection to Kolandoto Hospital becoming a CDH. In order to answer the second research question, the interviewees perspectives, including expectations and worries, in connection to these issues as well as how they related to each other will be analyzed.

8.2.1 Financial Issues in Connection to the Process

The goal for the hospital with becoming a CDH was above all financial stability, but although several years have gone by, the financial situation has not been improved. The sources of income to the hospital are uncertain and irregular, especially the funds from the government but also from donors. According to the hospital accountant, the situation is even worse than before the process started. The government has not proven itself as a stable provider of funds, which is troubling since it makes the future of the hospital uncertain. However, the expectations on the process are generally high and the interviewees are hopeful for the future. The question is if the government will be able to perform as promised and deliver enough funds, or if the process will be a disappointment for the people involved?

There are several effects of the hospital's financial issues. When the government does not live up to its promises, the hospital budget does not add up. This can in itself create mistrust towards the hospital from staff and patients, and as shown in the result, it can be perceived as though money disappears. Also, the unpaid salaries to the employees at the hospital create an inequality among the staff members. This inequality is by employees stated to affect the trust in the management of the hospital. The financial issues are also related to the requirements for the hospital to fulfill, such as decreased patient fees and establishing a HGC, because without funds from the government the hospital does not have the ability to fulfill the requirements. Further, the financial issues are also connected to the uncertainty about announcing Kolandoto Hospital as a CDH, there are problems with politicians already stating the hospital as being a CDH, which implies that the patient fees are lowered. There is a worry among the staff that when patients come to the hospital and find the prices still high it creates mistrust towards the hospital and the hospital staff and makes them suspicious of the hospital staff being corrupt.

The patient fees are supposed to be lowered when the hospital fully becomes a CDH, which is very positive from a human rights perspective. At the moment many people cannot afford to seek healthcare when they need to and this costs people their lives. Lower patient fees will increase the access to healthcare, which increases possibility for Tanzania to reach the fourth and fifth millennium goal. However, an increased number of patients at Kolandoto Hospital as a result of lower patient fees might also be a risk, since it will challenge the infrastructure and therefore the possibility to provide quality healthcare if adjustments are not made.

8.2.2 Organizational Issues in Connection to the Process

The relation between the church and the government has been identified as a central part of the CDH process and differences between the two cultures are worrying to some respondents. Several interviewees state there is a risk for tensions between the different cultures when Kolandoto Hospital becomes a CDH.

Becoming a CDH implies an organizational change, but there are different perceptions and expectations on how much influence and power the government will have when the process is done. There are also different opinions on what power balance is desirable. Some of the employees state that the government will have an increased influence, but, according to the medical officer in charge, the leadership will remain with the hospital even after the process of becoming a CDH is completed. If the leadership of the hospital remains with the hospital, it could be argued that also the responsibility for the hospital remains with the church and current management team. Thereby, even though the financial situation is very strained at the moment, and the government has not distributed funds as promised, the responsibility for all employees receiving their salaries ultimately lies with the leadership of the hospital. One could also state that the government is responsible for the employees' salaries

when being a CDH since the government can be viewed as having ultimate responsibility for the healthcare in Tanzania and therefore also for the healthcare workers. From the researchers' perspective the different expectations on how much power the government will have over the hospital in the future mostly depend on the lack of information to the hospital staff about the process, although it might also be connected to the lack of information from the government towards the hospital. Also, many interviewees do not have enough information about the process to have opinions or expectations regarding the change, and this could also be a reason for the differences between the interviewees' expectations on the process.

For both patients and staff, religion is an important factor and the fact that the hospital is a Christian hospital seems to affect both the trust from the patients towards the hospital and the employees' trust in the leadership of the hospital. There is also a pride among many of the employees because of the religious culture at the hospital and the fact that the healthcare workers are spreading a religious message when doing their jobs. A distrust of other religions among several of the interviewees has also been observed and religious belief might therefore be seen as an important aspect in what makes a person trustworthy.

8.3 The Significance of Trust in the CDH-Process

This section aims to answer the third research question, "what is the significance of trust in a change process like Kolandoto Hospital becoming a CDH?". In order to do so, the interviewees' definition of trust is analyzed. Since becoming a CDH implies collaboration with the government, also the significance of trust towards government in connection to the change process is analyzed. Furthermore, the importance of trust in connection to factors such as salaries, transparency and communication within the process, is examined.

During the study some interviewees found it difficult to answer questions related to the CDH process, especially, when it comes to issues of trust. Probably this is due to the lack of information to the staff regarding the CDH process, its requirements as well as what is going on at the hospital in general. Several issues have been identified as important in the organization itself, and therefore it can be argued that these issues might be even more important in an organizational change, since it puts the organization and its members under pressure. Also, according to literature trust is said to be important to organizational change, not directly but through the importance of collaboration, communication and information. Therefore it is reasonable to make this connection also in this study.

8.3.1 Expectations on the CDH-Process

The expectations on the CDH-process are according to the result generally high among the interviewees and the organizational change at the hospital is generally seen

as something positive among the staff. Together with observations, this indicates a general view of change as something positive in itself. The positive attitude towards organizational change might also affect the trust in the management in a positive way.

If the expectations in connection to the CDH-process are met it will affect the hospital in a positive way, and possibly also the trust towards the government. Although, if not, the process could result in disappointment among the hospital staff and effect the particularized trust towards the government and the hospital management in a negative way as well as lower the positive attitude towards change.

8.3.2 The Interviewees' Definition of Trust

As presented in the result, there might be a bit of a contradiction between the interviewees' definitions of trust and their trust towards the government. Many interviewees define trust in the means of keeping promises, being honest and living up to expectations, but, as shown in the result, their trust towards the government is somewhat unrelated to its performance. Although, the definitions of trust presented by the interviewees are more consistent with their view of trust towards other people.

Based on the theory in section 3.1, the interviewees definitions of trust, and that trust is found to be something earned, or existing between family members, people whom they have relationships with or because of tribe connections, we argue that the stated trust can be seen as a particularized trust. According to the result the government is seen as one unit, which can be compared to a person the interviewees have a relation to. Thus, the particularized trust seems to be relevant towards people but also towards the government as an institution. Based on the definitions presented in the result, it can be argued that the interviewees do not trust people in general. This can, according to the theory in Section 3, indicate that the level of generalized trust is low. Therefore, we also want to argue that the trust towards government workers is based on generalized trust and thus, is low according to the result. The theory of particularized and generalized trust has proven to be useful when explaining the result of this study. The high level of particularized trust, rather than generalized trust, shown in this study is also consistent with the previous study of trusting levels in Tanzania (Global Barometer 2005).

The interviewees' definitions of trust can also be explained by the three levels of trust presented by Murphy (2002). Micro-level is also called 'earned trust' since it requires hard work to create, but can result in strong ties between individuals which is consistent with the definition of trust presented in the result. The definition of trust by the interviewees can also be argued to be based on meso-level trust since family ties, education level as well as tribe and religious belongings is mentioned as reasons for trust. On the other hand, we argue that the result does not indicate macro-level trust among the interviewees, which implies motivation to trust by the general belief in the goodness of humankind or the believe that a person's accountability is ensured

through the legal system or other formal institutions. Thus, this shows that Murphy's perspective is relevant in the study and can be used to explain the results.

8.3.3 The Interviewees' Trust towards the Government

It is shown in the result that there is a perception that lack of trust in the government cannot lead to anything good and the same is said about the employees' relation to the hospital as well as in the relationship between the hospital management and the government. Furthermore, there is a perception that not trusting the government will lead to the government losing its trust in the interviewees or in the hospital. The result also shows that not trusting the government can be perceived to lead to negative consequences, which might be a factor affecting the stated trust from the interviewees. Some might also see trusting the government as the only option even though they do not particularly expect any negative consequences from not trusting. The feeling of not having other alternatives is shown in the statements from several of the interviewees. This is also shown in the relation between the hospital management and the government in connection to the CDH-process. Although, for the hospital management and the government to trust each other is seen as important in order for the process to work well. Our perception is that the interviewees feel obligated to trust the government, even though they do not trust it 100 % due to the failure to deliver on all promises. This could be combination of being realistic and idealistic at the same time (aren't we all?), and might be explained by the "constructivist" perspective on trust, that trust is not a rational choice per se, presented in Section 3.

Despite that the government is failing to provide funds to the hospital as agreed, the hospital management has a passive approach towards the government from the researchers' perspective. The common view of the management team members is that they believe in future actions and implementations from the government's side, but the observation is that they do not prepare for the implementation before they really see that the actions will take place. Here, there might be a gap between the stated trust towards the government and the actions from the hospital. . This could be a sign that the stated trust towards the government might not reflect the "actual" trust. This supports the idea that trust is important in an organizational change process, not just in general but also in more particularized form. There seems to be a particularized trust towards the government, when seen as one unit or institution, but the result shows that it does not necessarily leads to proactive action, based on promises made to the respondents. This phenomenon could be a result of disappointments from earlier promises that were not met. The fact that there is a new government could in itself also contribute to passivity towards promises from the government since people do not know what to expect yet.

The result has shown that the general perception of the government is positive, but at the same time there is mistrust towards the people working within the government, like the healthcare workers. The result also shows that within specified areas, such as

trust in the government providing healthcare, the trust is lower. One reason for this might be that it is easier for the respondents to see flaws in the support from the government in the field of their own work. However, for many of the interviewees the perceived “bad employee behavior” within the government and mistrust in specific government services does not seem to reflect on the government as an institution and the trust remains high in the government as a whole. This might be an indicator on an “idealistic” trust in the government, but a lack of generalized trust in other people, such as health worker.

8.3.4 The Importance of Salaries

The result shows that the fact that many of the interviewees are paid by the government seems to affect the level of trust in the same and is sometimes mentioned as the single reason for trusting the government. The same thing seems to be the case for the hospital and the employees. The payments of salaries are important and one of few connections between the interviewees and the government. To receive salaries seems to make these interviewees loyal to the state and it overshadows other flaws that the government might have.

When the hospital cannot provide the employees with salaries there is a negative effect on the trust towards the management and it also highly affects the wellbeing of the concerned staff and the possibility to perform at work, which in turn affects the management’s trust towards these employees. This is an issue that also the patients have picked up on and when the healthcare workers do not receive their salaries, and therefore do not perform as well, it affects the patient’s trust towards these healthcare workers. Thus, the issue with unpaid staff affects the hospital in a negative way and therefore it might be argued that it has a negative effect on the change process as well. As the result shows, some of the respondents expect this issue to be solved by the hospital becoming a CDH. This is not showed to be the case yet, and it is not certain that it will happen, which can lead to a disappointment among the staff and by that negatively affect the trust in the hospital and the government.

Furthermore, there seems to be a connection between healthcare workers receiving no or low salaries and corruption within the healthcare system. Without payments the healthcare workers have to find other sources of income. Together with lack of medicines and in the position of power over the patients, corruption is a possible outcome. According to the result, corruption among healthcare workers is to some extent a reason for not trusting, if the salary issue is something that enable corruption there is a risk that the trust within the hospital and also from the patients is affected. It is important for the hospital to have trust from the patients in order to reach out to people in need of healthcare, and also in order to increase the number of patients at the hospital, and by that increase the collection of patient fees. This further shows the importance of trust in the process of becoming a CDH.

8.3.5 The Importance of Transparency and Education

Perceived transparency and access to information seem to be important in connection to trust towards the government. The interviewees appear to have a renewed and higher trust in the government due to the new president and perceived increased transparency as well as stated anti-corruption work, despite the fact that the new president only had been at his position for a few months by the time of the interviews. The bad experience of corruption within previous government does not seem to reflect badly on the new president or government and we find the trust in the new president to be remarkably high. According to the result this can be connected to the perceived increased transparency itself, but also to the general view among the interviewees of change as something positive.

The study has shown that the trust in the new president is high and he is described as a “trustworthy man”. According to Levi (1998), the government representatives and their characteristics affect trust in the same. Characteristics such as charisma, demonstration of effectiveness, and willingness to take an ethical stance create a trustworthy leadership. In the case of the Tanzanian president it is hard to state certain reasons for the expressed high trust but it could be due to the anti-corruption campaign that gives the impression of him taking an ethical stance. The interviewees have also stated that the president is taking action in several areas and that changes can be seen, therefore a perceived effectiveness can also be a part of the reason for the high trust in him as a leader.

We find that the level of education among the interviewees is one possible factor affecting the perception of the government and trust in the same. There is a tendency that interviewees with higher education have a more critical attitude towards the government’s achievements. Some of the patients, with lower education level or no education, explain that they trust what they can see and the lack of experiences of other countries and governments makes it difficult for them to put the Tanzanian government in context or compare to other states. A few of the interviewees do not know if they trust the government and have difficulties in responding to the questions. It might be that the lack of education and information channels media affects the stated trust in the government, although we cannot say for sure that this is the case because of too few respondents in the study.

8.3.6 The Importance of Communication and Information

The study shows that information, transparency and the feeling of involvement are important in order to have trust within an organization. Trust within Kolandoto Hospital is, according to the result, important because it enables communication and collaboration between the staff, which are requirements in order to provide quality service to patients. According to the literature, communication becomes especially important in a change process since it puts higher pressure on the relationships within

the organization. Therefore, it also can be argued that both communication and trust are especially important in the process of Kolandoto Hospital becoming a CDH.

Although the interviewees emphasize the importance of communication within the hospital and information from the management, from the researchers' perspective, the staff members have low requirements on what information that is of concern to them and therefore should be communicated by the management. This might be a sign that the staff are not used to get information and being involved in issues concerning the hospital, even if there are channels for informing the staff. As an example many of the interviewed staff members know little or nothing about the hospital becoming a CDH. The lack of information to the staff also affects the expectations of the changes with becoming a CDH. When the expectations on the process are not connected to what is implied in being a CDH, there is a risk that staff, or the hospital as a whole, will be disappointed with the result of the process. This could possibly affect their trust toward the hospital management, the government as well as the current positive attitude towards change in a negative way.

Also a high trusting level towards Kolandoto Hospital, and the whole healthcare system of Tanzania, is important from a human rights perspective. As shown in the result, some respondents indicate that if people do not trust the hospital they might not seek care. In the context of Kolandoto Hospital it can be argued that good communication with patients, both at the hospital and prior to illness, is important since the lack of education among people in the area makes it necessary to educate the patients about healthcare issues. To succeed with this it is crucial to communicate with the patients in a way they understand and can relate to. If so, the hospital and the hospital staff will gain trust from the patients and thereby the ability to influence them to seek medical care when needed, which can save lives.

9 The Result in Relation to Theory

In this section we discuss our results in connection to previous research on trust presented in section 3. The section includes discussion of the interviewees' trust in the government and trust in relation to organizational change and how this consists or contradicts with the literature.

9.1 The Interviewees' Trust towards the Government

Previous research indicates that the generalized trust in Tanzania is low. Furthermore the trust in the government is high compared to other countries, both according to theory and according to the study. Based on the result we argue that the trust in the government is a particularized trust. In the literature it is said that trust in government leads to government trusting the citizens, and the other way around. We want to argue that such a positive spiral is not created only through particularized trust in the government, there is also a need of generalized trust towards people, since the government consists of fellow citizens. Theory also states that government has an important role in promoting generalized trust within a country, but that is difficult when the government itself lack trustworthiness. We want to add that the same is true for the government workers.

Also, we find that there might be a gap between the stated trust and what we see as "actual" trust in the government, meaning a particularized trust that leads to proactive actions on promises from the government. Although, this is not something that has been brought up in our review of the literature about particularized trust, it seems to be important according to the result of this study. The gap between stated and "actual" trust was not intended to be investigated in this study but has been found to be a relevant factor in the result. More research is needed to answer the question, "under what condition does trust translate to proactive actions?"

9.1.1 Trust and Corruption

Corruption is according to the literature an important factor affecting trust and a high level of generalized trust is strongly correlated with a low level of corruption, according to Rothstein and Eek (2006). In consistence with the literature, the results show that corruption seems to highly affect the level of trust in the government, institutions and people. Thus, the definition of trust is based on being honest and not stealing, and also that corruption within the hospitals and government is said to affect the trust in the same. When the government actively opposes corruption, or state it does, the trust towards the government increases, according to the result. Also, according to the literature, people in corrupt societies seem to develop particularized trust rather than generalized trust due to the mistrust, envy, pessimism and cynicism towards people in general (Rothstein and Eek 2006). This can also be seen in the

result where the interviewees' trust is particularized and where some mistrust towards government hospital staff is detected.

9.2 Organizational Change and Trust

Trust is connected both to collaboration and to the level of control over a situation according to Neves and Caetano (2006). This is also consistent with the study where it is stated that trust can be seen as an indicator on how well you collaborate. Neves and Caetano also describe that when employees feel they lack control in an organizational change, the level of trust in the management is even more important in order to successfully implement changes. The organization of Kolandoto Hospital has a hierarchic structure, and the transparency towards the employees is not extensive. In that way the employees' trust in the management is important in order for individual staff to collaborate and for the hospital to succeed with the change process.

According to theory, organizational change that beneficially affect the work of the employees in areas such as status, responsibility and involvement are more likely to result in a positive reaction by the employees (Morgan and Zeffane 2003). This seems to also be the case at Kolandoto Hospital where the change to become a CDH is seen as a good thing because of the expected stability in the hospital finances, regular salary payments, increased level of staff, possibilities of promotion etc.

In addition, according to the literature, it is important for the employees to be consulted by the management in order to succeed with a change process. Morgan and Zeffane (2003) detected a significant decrease of trust when employees were not consulted about organizational changes. The literature also states that structural change itself in an organization can negatively affect trust towards the management. Here, the situation at Kolandoto Hospital seems to be in contradiction to the literature, and to respond with suspiciousness to organizational change may not be a universal phenomenon and might not apply for all cultures and countries. In the case of Kolandoto Hospital it can be argued that the positive attitude towards change in itself might compensate for the perceived gap of trust, where the stated trust is not consistent with the "actual" trust, in connection to the government within the change process. Therefore, the positive attitude might be just as important as trust in order to succeed with a change process.

10 Conclusion

The aim of the study is to support the transition of Kolandoto Hospital becoming a CDH, and to investigate possibilities, risks and fears related to the process as well as how trust is affecting the change process.

To be a CDH implies financial support from the government, including staff, medicines and a basket fund. The collaboration with the government also includes establishing a HGC and to provide some services for free to vulnerable groups. Although requirements related to become a CDH exists, they do not seem to be directly connected to the hospital's CDH status, since an agreement already states the hospital as a CDH without all requirements being fulfilled. However, to fulfill the requirements is important for the possibility to sustainably run the hospital.

That the requirements are not fulfilled partly depends on the unclear division of responsibilities between the government and the hospital. In order to have a successful implementation both parties need to agree on a common plan, the division of responsibilities and then fulfill their commitments. Furthermore, the major issue for the hospital, and the main reason for the CDH-process not being completed yet is the lack of funds and unstable finances. This is also a big concern for the future. The financial issues affect the quality of the healthcare at the hospital and the wellbeing of the staff, and an improved financial situation would have a positive effect on the trust among all involved actors. In a larger picture an improved financial situation would also lead to more people having access to healthcare. Another important factor affecting the CDH-process is communication within the hospital. When there is not a well functioning communication there is a risk that the expectations on the process do not match the outcome, which could lead to disappointment among affected actors.

When it comes to significance of trust, there might be a gap between the stated trust and the "actual" trust in the government. This gap is shown through what we perceive as a certain passivity of the hospital management in relation to government promises. A more proactive approach on behalf of the hospital might have a positive effect on moving the CDH-process forward. Among the interviewees a positive attitude towards the process and towards change in general has been identified. This positive attitude towards change might compensate for the perceived gap and can therefore be seen as important for a successful process, although, there is a risk that a failed change process might result in loss of both the positive attitude towards change as well as trust towards the management and the government. Therefore it is very important that the process succeeds and Kolandoto Hospital fully becomes a CDH.

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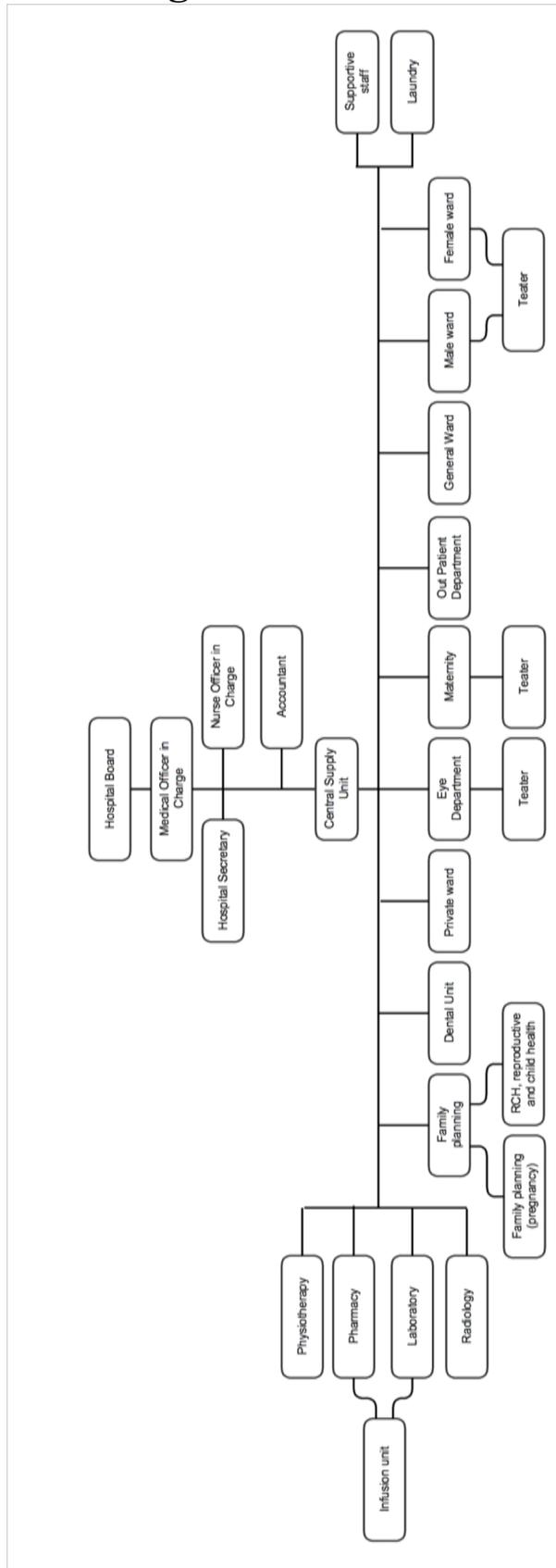
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Appendix I – Organization Chart



Appendix II – Interview Guides

Introduction to the interviews

We are engineer students from Sweden who are doing our master thesis here in Kolandoto and to support the hospital in the process of becoming a CDH. We will also look at the new Result Based Financing initiative. Will try to understand what the CDH process and the RBF initiative mean to the hospital, the staff and the patients. We also try to identify both positive and negative sides of this change. The reason for this interview is that we want to know your perspective on Kolandoto becoming a CDH and your view on the healthcare in Tanzania in general (hospital)/ The reason for this interview is that we want to know how you experience the care at this hospital as well as your view on the healthcare in Tanzania in general (patients). We will also have a workshop where we will present the results from the interviews.

The interview will take approximately one hour and be split into three parts, first some background information about you, than we will ask about the hospital, and finally we will talk about your trust in relation to the government, the hospital and the healthcare in Tanzania. Is it okay if we record the interview? It is just for me and Nathalie/Stina to listen to, no one else will have access to the tape. We will not use any names in the report or presentations, but instead we will use profession. If there is anything that you do not want us to use at all just let us now and we will not include it. Also, do not hesitate to stop us during the interview and ask us if there is something you do not understand or if you want us to slow done etc. Does this feel okay? Then we will start the recording...

Interview guide - Hospital management

Background:

- Can you please write your full name (paper)
- How old are you?
- What is your position at the hospital?
- How long have you been working here?
- Where did you work before?

The hospital, CDH, RBF:

- Please tell us how the process of becoming a Council Designated Hospital started?
- What was the goal with becoming a Council designated hospital?
- What requirements are connected with being a Council Designated Hospital?
- Are there any requirements that the hospital doesn't fulfill?
- How do you work with the requirements? Is there a plan on how to fulfill the requirements?

- (How) Are you personally involved in working towards the hospital having full CDH status? (lobbying for example) In what role?
- Who else at the hospital are informed or involved in this work?
- How do you think this process is going? Are there any obstacles or problems? Can you please tell us about concrete situations when you faced a problem/solved a problem?
- When the hospital gets full Council designated hospital status, what will change compared to how it is now? Please give us examples. (What will remain the same?)
- How do you think reaching full CDH status will affect you personally?
- Are you involved in the new RBF initiative that the hospital is a part of? What is your initial opinion about the system?
- What changes do you think the RBF initiative will bring to the hospital? To the people working at the hospital?

Trust:

- What does the trust mean to you?
- What kind of relationship do you have with the different stakeholders like the government representatives connected to the hospital? What has it been like to interact with government when trying to become a Council Designated Hospital? ex District regional officer?
- Do you trust the government in keeping their obligations and promises to the hospital in connection to being a CDH?
- Do you trust the government in doing a good implementation of the RBF initiative?
- Do you trust the government to provide the money promised to the hospital through the RBF system?
- Do you trust the government in keeping their obligations and promises to the hospital in general? (connected to personal relationships?)
- Do you trust the government in providing good healthcare to the people of Tanzania?
- Who do you think is responsible for providing the healthcare in Tanzania?
- Do you think it is important that people working at the hospital trust each other? Why/why not?
- Do you think it is important to have trust in the government? What makes you trust the government?
- Do you think it is important that the patients have trust in the hospital? Why?
- What makes them trust the hospital?

Interview guide - Employees

Background:

- What is your name?
- How old are you?

- What is your position at the hospital? What department?
- How long have you been working here?
- Where did you work before?

The hospital, CDH:

- Are you informed that the hospital is becoming a Council Designated Hospital (CDH)? How? What do you know about it?
- Do you know what is the goal with becoming a Council designated hospital?
- How do you think this process is going? Have you heard anything about any obstacles or problems?
- When the hospitals becomes a full Council designated hospital, what do you think will change compared to how it is now?
- How do you think the hospital being a CDH will/is affecting you and your work?
- What do you think about the hospital becoming a CDH? Is it a good thing? Why?
- Is there a difference between being run by the church or the government?
- Are you informed about the new Result Based Financing initiative? What is your initial opinion?
- What do you think will change with the RBF system? For you personally?
- Do you get your salary from the government or the hospital? Will that change with CDH?
- Is there a difference in getting paid from the state or getting paid from the AICT or the government?
- Are you satisfied with your salary?

Trust:

- What does trust mean to you?
- How do you get enough information from the management? For example about the CDH process? Do you think you get enough information?
- How do you do to raise an issue with a supervisor or the hospital management board? Do you feel like they are listening to your opinion? (How could that be improved?)
- Do you have trust in the government?
- Do you trust the government in keeping their obligations and promises to the hospital? For example when it comes to being a CDH?
- Do you trust the government in implementing the RBF initiative in a good way?
- Do you trust the government in providing good healthcare to the people of Tanzania?
- Who do you think is responsible for the healthcare in Tanzania?
- Do you think it is important to have trust in the government?
- What makes you trust the government?

- How can they increase the trust?
- Do you think it is important that people working at the hospital trust each other? Why/why not?
- Do you think it is important that the patients have trust in the hospital? Why?
- What makes them trust the hospital?
- How can the hospital work with increasing the trust from the patients?

Closing the interview

- Is there anything else you would like us to know?
- Do you have any questions for us?
- Is there anything you have said that you want to be confidential/ that we should not include in the report?
- Thank you so much for participating!

Interview guide – patients

Background:

- What is your name?
- How old are you?
- What do you do for a living?
- Where do you live? How long did it take you to get to the hospital? What transport did you use to get to the hospital?
- Why are you at the hospital? How long will you stay at the hospital? Have you been at the hospital before?

The hospital, CDH:

- How do you experience your stay at the hospital? How was the care here? How is the treatment from the nurses? How is the treatment from the doctors?
- How much do you pay for your stay here? Do you think the cost was reasonable?
- Have you been a patient at any other hospital? How was the treatment compared to Kolandoto Hospital? Why do you think there is a difference?
- Why do you choose the Kolandoto Hospital? Do you think it is a difference between governmental and mission hospitals?
- This hospital will eventually become a Council designated hospital, which means that the government will pay for medicines and staff salaries, what do you think about that? Do you think it will affect the patient's?

Trust:

- Do you have trust in Kolandoto Hospital to provide good healthcare? Why?
- Do you trust the hospital board at this hospital? Why?
- Do you trust the doctors and the nurses at this hospital? Why?
- What could be done in order for you to have more trust in the hospital?

- What do you think about the healthcare in Tanzania? How do you think the healthcare could be improved in Tanzania?
- Do you trust the government in providing good healthcare to the people of Tanzania?
- Who do you think should be responsible for the healthcare in Tanzania?
- What could be done in order to increase your trust in the healthcare in Tanzania?

Closing of the interviews

- Is there anything else you would like us to know?
- Do you have any questions for us?
- Is there anything you have said that you want to be confidential/ that we should not include in the report?
- Who else do you think we should talk to about this?
- Thank you so much for participating!

Appendix III – interviewees participating in the study

Profession	Referred to as	Department	Age	Gender	Paid by
Nurse, representative for NGO	Aid coordinator	I Aid Africa	30	Man	Not relevant
Hospital secretary	Hospital Management member	Administration	46	Woman	Government
Hospital accountant	Hospital Management member	Administration	47	Man	Government
Patron, Nurse officer	Hospital Management member	Administration	48	Man	Government
Anaesthesia nurse	Nurse	General ward	48	Man	Government
Senior doctor	Doctor	All departments	65	Man	Government
Medical officer in charge, Doctor	Hospital Management member	Administration, Eye department	52	Man	Government
Radiographer	Nurse	Radiology	76	Man	Hospital (contract)
Laboratory manager	Nurse	Laboratory	25	Woman	Government
Assistant patron	Nurse	Male ward	55	Man	Government
Nurse in charge	Nurse	Private ward	45	Woman	Government
Nurse in charge	Nurse	Female ward	32	Woman	Government
Medical attendant	Medical attendant	Private ward	41	Man	Government
Nurse in charge	Nurse	Eye department	50	Man	Hospital (eye)
Medical attendant	Medical attendant	Private ward	25	Man	Government
Medical attendant	Medical attendant	Male ward	32	Man	Government
Othera nurse officer	Nurse	Eye department	64	Man	Hospital (eye)
Nurse, mid wife	Nurse	Reproduction	37	Woman	Government
Medical attendant	Medical attendant	Reproduction	44	Woman	Hospital
District Medical Officer	DMO	Municipal	53	Woman	Government
Doctor	Doctor	Several departments	48	Man	Government

Appendix IV – Workshop PM

PM from the workshop with Kolandoto Hospital

During our stay here at Kolandoto Hospital we have interviewed members of the management, staff and patients. During the interviews many strengths of the hospital have been lifted. From the interviews with the patients we have understood that

- The staff of Kolandoto Hospital generally are giving good quality care
- The hospital has a good reputation.
- The patients appreciate the environment and the cleanness at the hospital
- You are kind and good in communicating with the patients and explaining things in a way that they understand.
- You are good in paying attention to the patient's needs and attending to them in an acceptable timeframe.

These are things that the staff and management in general also agree with.

From the interviews we have also found that the transparency towards the patient as well as towards the staff at the hospital, and motivation of the staff have the possibility to improve. We believe this to be very important in order to reach the overall goal of providing good healthcare. To be able to improve these areas we had a workshop with some of the interviewees. During the workshop questions related to these areas and possible solutions to the issues were discussed. They are presented below:

How can the transparency towards the patients be increased?

- Explain each procedure and step that is to be performed on each patient
- To have a receptionist would help the patient to find the appropriate department, also signs for direction can help the patient. Staff/receptionist with signs that says “ask me” can be used to direct them if they cannot read. For this responsibility the hospital should use existing staff.
- Have information boards with the services and prices offered at the hospital. The information boards can also be used to communicate other information that is needed for the patients. The information boards could be by the main entry and at the OPD.
- The existing idea boxes are for everyone, both patients and staff. In order for everyone to be able to use the boxes, more information about their existence is needed. Patients sometimes need to be orally informed since some patients are illiterate. The management at the hospital will open and empty the boxes every month instead of every 3 month, as it was before.
- In the future it would be good if it is possible for the patients to call the hospital.
- The hospital could be more open about the finances to the patients and have information about incomes and expenditures.

How can the transparency from the management towards the staff be increased?

- The management could have more regular meetings about what is going on at the hospital with the head of the departments and the head of the department can forward the information to the rest of the staff at the department.
- Have staff meetings quarterly. Each department can have meetings every twice week or every month.
- Give an announcement to the staff when the management meeting will take place so that they can give suggestions or issues to discuss before the meeting. The management should give feedback to the staff after the meeting.
- Make sure to always put important information, including financial information and reports from meetings, on the information boards.

How can the motivation of the staff be increased?

- Promotion is important in order to motivate staff (government have policies on how and when staff can be promoted).
- To motivate the staff it is very important to pay staff salaries in time.
- The hospital could provide certificates or write letters of recognition for staff that performs well.
- Offer funds for holidays, and get payment for overtime.
- Send condolences to staff that have lost a family member.
- Offering chances to attend short course or seminars, or attend tours and study visits to other hospitals for inspiration and motivation can be used to motivate the staff.

What is needed in order for everyone to get their salary each month? How can the income to the hospital be increased? Or the expenses decreased?

- To staff side: staff should know their responsibility and follow their duties. If everyone know their responsibility and provide good care the number of patients can be increased. All staff should be at the working place in time.
- To management side: should collect enough money to cover the expenditures, the expenditures should be according to the budget. The hospital needs to review the activities and select the necessary activities. The hospital also might needs to find other sources of income. Extra sources of income can be a pharmacy or a canteen for lunch, run by the hospital.
- More specialised doctors, in different areas are needed in order to get more patients.
- The new electronic system for paying will hopefully increase funds.