SAMRC RESEARCH CAPACITY DEVELOPMENT REGIONAL GRANT HOLDERS CONFERENCE 2026

FUNDING FOR IMPACT:

Strengthening Research Capacity for Translation, Implementation, and Health Impact

16 – 17 September 2026

iYunivesithi Walter Sisulu, Eastern Cape, South Africa

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Message from the Divisional Manager

Dr Abeda Dawood
Divisional Manager: Research Capacity Development

Dear Grant Beneficiaries, Postgraduate Student Beneficiaries, Research Management and Administration Staff, and Colleagues.

Greetings to all our emerging and established researchers! Molweni, Goeie more, and Good morning!

On behalf of the South African Medical Research Council (SAMRC) Division of Research Capacity Development (RCD), it is my great pleasure to welcome you to the 2026 SAMRC RCD Regional Grant Holders Conference.

This year's conference is themed, "**Funding for Impact: Strengthening Research Capacity for Translation, Implementation, and Health Impact**". This theme speaks directly to the work that we do through our RCD programmes. While funding research is an important part of building research capacity, our responsibility does not end there. We need to support researchers to develop the skills, partnerships and opportunities needed to translate their research into meaningful outcomes that can ultimately contribute to improving health and healthcare in South Africa.

The SAMRC Regional Grant Holders' conferences provide an important opportunity for us to come together, not only to showcase the research being supported through RCD funding, but also to listen and learn from our beneficiaries. We want to understand your experiences, the challenges you face, and what more we can do to support you in achieving the goals of your research. These engagements are particularly important in strengthening research capacity across institutions and creating opportunities for collaboration between researchers, institutions and the SAMRC.

This year's programme brings together researchers and students from iYunivesithi Walter Sisulu, the University of Fort Hare and Nelson Mandela University with presentations covering a range of health research areas. The programme provides opportunities to engage with research translation and implementation, capacity development initiatives, and the experiences of researchers working within different research environments.

I encourage all delegates to make full use of this opportunity. Share your work, ask questions, engage with colleagues, and most importantly, build connections. Some of the most valuable outcomes of these meetings may come from conversations held during a coffee break, a poster session, or a discussion after a presentation.

We hope that the relationships established here will grow into collaborations, mentorship opportunities and partnerships that strengthen health research capacity well beyond this conference.

We are also pleased to have a programme that brings together representatives from the SAMRC, universities, researchers, postgraduate students and other colleagues working towards a common goal. I would like to thank our keynote speakers, presenters, session chairs, facilitators, reviewers and all those who have contributed their time and expertise to ensure a successful conference.

I extend my sincere appreciation to Walter Sisulu University and our colleagues in the Eastern Cape for hosting us and for their contribution towards making this regional engagement possible.

To our beneficiaries, thank you for the work you continue to do and for allowing us to be part of your research journeys. I hope that this conference will provide you with new ideas, new connections and renewed motivation as you continue working towards research that makes a difference.

May this gathering strengthen existing partnerships, create new ones, and inspire research that moves beyond generating knowledge to achieving meaningful health impact.

I wish you all a productive, engaging and enjoyable conference.

Dr Abeda Dawood
Divisional Manager:Research Capacity Development

Message from the Executive Director

Dr Michelle Mulder
SAMRC Executive Director: Grant Innovation, Product Development and Research Capacity Development

It is my pleasure to welcome you to the 2026 South African Medical Research Council (SAMRC) Research Capacity Development Regional Beneficiary Conference, hosted in the Eastern Cape under the theme, **"Funding for Impact: Strengthening Research Capacity for Translation, Implementation, and Health Impact."** This conference brings together beneficiaries from iYunivesithi Walter Sisulu, the University of Fort Hare, and Nelson Mandela University, creating an important platform to showcase research, share knowledge, foster collaboration, and strengthen networks that advance health research and innovation in South Africa.

The recent shifts in the global research funding landscape have highlighted the importance of building a resilient and sustainable health research enterprise. This requires continued investment in people, institutions, partnerships, and research infrastructure to ensure that South Africa remains well positioned to address national health priorities, respond to emerging challenges, and maximise the impact of research for society.

While funding remains a critical catalyst for scientific progress, recent experiences have reminded us that equitable health research transformation requires more than ring-fenced funding alone. Long-term success depends on strong research teams, strategic partnerships, structured mentorship, flexible funding approaches, and sustained institutional support. Together, these elements create an enabling environment in which researchers can thrive, innovation can flourish, and research can be translated into meaningful health impact.

At the SAMRC, despite an increasingly challenging global funding environment, we are committed to strengthening research capacity across the entire career pipeline. Through our scholarships, fellowships, grants, and other capacity development initiatives, we continue to support postgraduate students, clinician-scientists, postdoctoral fellows, early and mid-career scientists. At the same time, we remain focused on strengthening institutions and research ecosystems that can sustain scientific excellence over the long term.

This commitment is particularly important for historically disadvantaged institutions. The participation of iYunivesithi Walter Sisulu and the University of Fort Hare reflects the SAMRC's ongoing commitment to advancing research excellence, leadership, and innovation within historically disadvantaged institutions that are central to South Africa's transformation agenda. By investing in researchers, mentorship, partnerships, and institutional capacity within these universities, we contribute to a more equitable and inclusive national research system.

The SAMRC continues to expand opportunities for researchers through various portfolios under Research Capacity Development and Grants Innovation and Product Development. These investments support talent development, collaborative research, institutional

strengthening, and innovation across priority health and scientific domains. In addition, the recent expansion of the SAMRC's network of Extramural Research Units, including new units in fields such as artificial intelligence, public health implementation, neuroscience, and nanopharmaceuticals, reflects our commitment to strengthening South Africa's research enterprise and positioning it for future impact.

The conference abstracts showcase the diversity, quality, and promise of research being conducted by our beneficiaries. They demonstrate not only scientific excellence, but also the important contribution that research capacity development makes to strengthening health systems, informing policy, advancing innovation, and improving lives.

As you engage with the work showcased in these pages and participate in the conference discussions, I encourage you to embrace the opportunities for learning, collaboration, and mentorship. The connections we build, the ideas we exchange, and the partnerships we forge today will contribute to a stronger, more resilient, and more impactful health research ecosystem for South Africa.

I extend my sincere appreciation to the RCD team who work tirelessly and passionately to design, implement and manage capacity development programs that positively impact individuals, institutions and the health research ecosystem as a whole as well as all beneficiaries, institutional leaders and partners who continue to contribute to the development of South Africa's research leaders. Together, we are building a future in which research excellence is translated into implementation, innovation, and lasting health impact.

Dr Michelle Mulder
Executive Director: Grants Innovation and Product Development & Research Capacity Development
South African Medical Research Council (SAMRC)

Message from the SAMRC President & Chief Executive Officer

Prof Ntobeko Ntusi
SAMRC President and Chief Executive Officer (CEO)

It is my great pleasure to welcome you to the 2026 South African Medical Research Council (SAMRC) Research Capacity Development Regional Beneficiary Conference.

This year's theme, **"Funding for Impact: Strengthening Research Capacity for Translation, Implementation, and Health Impact,"** reflects an important evolution in how we think about research capacity development. While funding remains a critical enabler of scientific progress, our collective challenge is no longer simply how to fund research, but how to ensure that investments in research capacity translate into meaningful benefits for society, strengthen health systems, and improve the wellbeing of the people we serve.

The past two years have been a period of significant change in the global health research funding landscape. These developments have tested the resilience of research systems across the world, including in South Africa. Yet they have also provided an opportunity to reflect on what truly sustains a thriving research enterprise. The lesson is clear: sustainable scientific progress cannot depend on a single funding source. It must be rooted in national priorities, supported by strategic partnerships, underpinned by strong institutions, and focused on delivering measurable impact.

At the SAMRC, we have worked closely with government, universities, research institutions, and development partners to protect and strengthen South Africa's health research enterprise during this period of transition. Through collaborative action, critical research programmes, infrastructure, postgraduate training initiatives, and research careers have been safeguarded, ensuring that the country's scientific capability remains strong and responsive to national needs.

Equitable health research transformation requires more than funding alone. Sustainable success depends on strong research teams, strategic partnerships, structured mentorship, flexible funding approaches, robust institutions, and supportive research environments. It is the combination of these elements that enables scientific excellence to flourish and creates the conditions necessary for research to influence policy, strengthen health systems, drive innovation, and generate societal benefit.

Through our Research Capacity Development programmes, we continue to support researchers across the career pipeline, from postgraduate students and postdoctoral fellows to early-career investigators and established scientific leaders. At the same time, we are investing in institutional platforms, leadership development opportunities, research networks, and support systems required to sustain excellence over the long term. Our vision extends

beyond individual grants to strengthening the broader ecosystem that enables knowledge generation, evidence translation, implementation, and impact.

A particular priority remains the strengthening of research capacity within historically disadvantaged or under-resourced institutions, such as iYunivesithi Walter Sisulu and the University of Fort Hare Building equitable and sustainable research ecosystems across all regions of South Africa is essential if we are to unlock the full potential of our national scientific talent and ensure that opportunities for excellence are accessible to all.

This commitment is reflected in the continued expansion of the SAMRC's Extramural Research Unit platform. Effective April 2026, the Council expanded its national footprint to 30 Extramural Research Units, including seven new units focused on strategically important areas such as artificial intelligence, public health implementation, neuroscience, and nanopharmaceuticals. These investments are not simply investments in infrastructure; they are investments in people, capability, innovation, and the future competitiveness of South African science.

As we gather here today, we are reminded that research capacity development is not an end in itself. The ultimate measure of success is the extent to which research informs policy, strengthens health systems, drives innovation, contributes to economic development, and improves lives.

Central to this vision is implementation science. While scientific discovery remains essential, evidence alone does not improve health outcomes. One of the greatest challenges facing health systems globally is not the generation of knowledge, but the effective adoption, adaptation, scale-up, and sustainability of proven interventions in real-world settings. Implementation science provides the methods, frameworks, and partnerships needed to bridge the gap between what we know and what we do. It helps us understand how evidence can be translated into policies, programmes, and services that are effective, acceptable, scalable, and sustainable within diverse health system and community contexts.

For South Africa, implementation science is particularly important. Our country has generated internationally recognised research in areas such as HIV, tuberculosis, maternal and child health, non-communicable diseases, and public health innovation. The next frontier is ensuring that these discoveries are translated into action, implemented at scale, and embedded within health systems to deliver measurable improvements in health outcomes and health equity.

Achieving this requires a new generation of researchers who can work across disciplines and sectors, who understand health systems, policy processes, and community realities, and who can translate scientific findings into practical solutions. It also requires stronger collaboration between researchers, policymakers, healthcare providers, communities, funders, and implementation partners. Knowledge achieves its greatest value when it moves beyond publication and becomes action that improves lives.

South Africa is well positioned to achieve this vision. We have talented researchers, strong universities and research institutions, vibrant partnerships, rich data resources, engaged communities, and a health system that provides opportunities for innovation and implementation at scale. The challenge before us is to connect these strengths more effectively and ensure that research investments generate meaningful and lasting impact.

This conference brings together grant holders from iYunivesithi Walter Sisulu , the University of Fort Hare, and Nelson Mandela University, alongside representatives from university research offices and research management structures, including Rhodes University. Their participation reflects the importance of a whole-of-system approach to research capacity development. Research offices play a critical role in enabling scientific success through effective grant stewardship, governance, compliance support, partnership development, and institutional strengthening. Together with researchers, they help ensure that research investments are strategically positioned to support translation, implementation, innovation, and measurable health impact.

I encourage all participants to use this conference as a platform to share ideas, strengthen collaborations, expand networks, and explore new pathways for translating research into impact. Let us learn from one another, challenge conventional thinking, and identify opportunities to strengthen the connections between research excellence, implementation, innovation, and societal benefit.

Most importantly, let us recognise that the future of health research depends not only on the resources we mobilise, but also on the ecosystems we build, the partnerships we nurture, the institutions we strengthen, and the leaders we develop. As the SAMRC advances its vision of enabling research that improves health, drives innovation, informs policy, and contributes to societal development, we must continue to invest in people, institutions, and partnerships that strengthen the full pathway from knowledge generation to impact.

Together, we have an opportunity to ensure that South African science is not only globally competitive, but also locally relevant, responsive to societal needs, and capable of delivering lasting health, policy, economic, and societal impact.

I wish you a stimulating and productive conference.

Professor Ntobeko Ntusi
President and Chief Executive Officer
South African Medical Research Council (SAMRC)

Conference Chairpersons

Prof Nwabisa Shai

Associate Professor Nwabisa Jama Shai is the Unit Director of the Gender and Health Research Unit at the South African Medical Research Council and holds an honorary position at the University of the Witwatersrand School of Public Health.

She has more than 25 years' experience in gender-based violence (GBV) prevention research and practice, co-leading in the design, adaptation, and evaluation of interventions in South Africa and globally. Her work includes four randomized controlled trials, numerous mixed-methods studies, around the development of evidence-based behavioural prevention interventions focused on GBV, HIV, parenting, families and youth livelihoods. Prof. Shai is passionate about translating evidence into policy and practice, co-developing South Africa's first National Strategic Plan on GBV and Femicide and the Integrated National Femicide Prevention Strategy. Committed to transformation, she has supervised and mentored emerging scientists, including from historically disadvantaged backgrounds and institutions. She has contributed to shaping global strategies on violence prevention, including as a member of the National Violence Prevention Forum advancing uptake of evidence-based violence prevention programmes.

Prof Wezile Chitha

Professor Wezile Wilson Chitha is the President of the Health Professions Council of South Africa, Executive Dean: Faculty of Medicine & Health Sciences at iYunivesithi Walter Sisulu University, and Associate Professor of Health Systems and Policy. Prof. Chitha is a distinguished PhD-holding academic executive, medical doctor, and health economist with over 20 years of senior leadership experience in public health systems and higher education. His career is marked by a steadfast commitment to transformative governance, strategic innovation, and advancing equitable healthcare.

In his career, he has demonstrated exceptional skill in institutional reform, having introduced new strategic units in the university, devolved and spearheaded faculty transformation initiatives like Faculty Signature Initiatives to drive Faculty Transformation; a renowned community engagement model; strategic research institutes and a robust Faculty Internationalisation Strategy, that align academic excellence with community needs.

Prior to his current roles, Prof. Chitha served as Co-Director of the Health Systems Enablement & Innovation Unit in Wits University where he oversaw the governance of multi-million-rand, high-impact health programmes, including the Nelson Mandela-Fidel Castro Medical

Collaboration and various oncology, radiology, and nephrology initiatives in multiple provinces with contract value in excess of R900 million in under five years, demonstrating exceptional financial management and resource mobilization. He also overhauled the operations and administration approach of Mowbray Maternity Hospital and Frontier Hospitals to award-winning facilities. This experience guides his deep insight into the governance of complex funding streams, public-private partnerships, and the implementation of large-scale health services.

Prof. Chitha is a transformative health and administration strategist and a visionary leader whose leadership approaches are anchored on inclusive excellence, ethics and accountability. He has a sound passion for equitable and just health access with resounding bias for the poor and disfranchised.

With a career defined by strategic foresight, impeccable integrity, and a collaborative ethos, Prof. Chitha possesses the ideal blend of governance expertise, financial acumen, and health systems knowledge to provide robust health for all strategy.

Keynote speakers

Prof Ntobeko Ntusi

Professor Ntobeko Ntusi is the President and CEO of the South African Medical Research Council (SAMRC). He is a distinguished and highly respected figure in the medical community as a key global opinion leader. His lifelong passion for evidence-based healthcare, health systems research, noncommunicable disease multimorbidity, and universal health coverage has positioned him as a trailblazer in medical research.

Prof. Ntusi is committed to advancing medical research and innovation; and is passionate about improving healthcare outcomes aligned with the SAMRC's mandate to advance the nation's health and quality of life. His leadership spans various national, regional, and international platforms, where he has played pivotal roles in shaping academic agendas, postgraduate medical education standards, and advancing key national strategic priorities. His commitment to mentoring young professionals and supervising postgraduate students underscores his passion for nurturing the next generation of medical leaders, instilling hope for the future of medical leadership.

He is a member of the Academy of Science of South Africa, and had fellowships from The World Academy of Science, the Royal Society of South Africa, the Royal College of Physicians, and the University of Cape Town College of Fellows. Prof. Ntusi obtained a BSc (Hons) degree in Cellular and Molecular Biology from Haverford College, USA, and an MBChB degree from the University of Cape Town. He is a qualified physician and cardiologist, and holds numerous additional qualifications, including a DPhil in Cardiovascular Medicine from the University of Oxford, St. Cross College, and an MD in Cardiology from the University of Cape Town.

Through his research partnerships and collaborations, he has extensive experience with basic science, translational and clinical research. He has built strong links with colleagues in clinical medicine, immunology, molecular genetics, physics, biomedical engineering, and biomedical statistics; and he has shown capacity for performance in scientific investigational teams and is suited to being part of multi-disciplinary and multi-centre clinical studies.

Dr Michelle Mulder

Michelle Mulder is the Executive Director, Grants, Innovation and Product Development at the South African Medical Research Council (SAMRC) where she oversees research and innovation funding, strategic funding partnerships, research capacity development and health innovation. Michelle holds a doctorate in Medical Microbiology from the University of Cape Town and has post-doctoral experience in a start-up biotechnology company emanating from the University of Cambridge (UK). She has previously spent 10 years consulting on technology innovation through her own company and has been involved for the last 21 years in the strategic management of the SAMRC's intellectual property and previously 10 years in capacity building in these areas in southern and east Africa. She has also spent the last 14 years managing grant funding for the SAMRC. Dr Mulder was a member of the Executive Committee of the Southern African Research & Innovation Management Association (SARIMA) for 10 years, including 3 years as Vice President: Innovation and Technology Transfer, and 2 years as President. She served previously as Chair of the Board of Acorn Technologies, a life sciences incubator, a Director of the Licensing Executive's Society South Africa, the South Africa Liaison for the Life Sciences Committee of LESI, a member of the Higher Education South Africa (HESA) Strategy Group for Innovation and Technology Transfer and a board member of the Biologicals and Vaccines Institute of SA (Biovac). She currently serves as a board member for two SAMRC linked companies and is a member of the NHLS Research and Innovation Committee, the IDORI Advisory Committee, the VIMS Steering Committee and the IP3 Steering Committee.

Prof Charles Shey Wiysonge

Extraordinary Professor Wiysonge is a public health physician, global immunization leader, and implementation scientist with more than 25 years of experience translating research into policy and practice. He currently advises the Africa Centres for Disease Control and Prevention (Africa CDC) on immunization. He previously served as Team Lead for the Vaccine-Preventable Diseases Programme at the World Health Organization (WHO) Regional Office for Africa, Senior Director at the South African Medical Research Council, and Director of Cochrane South Africa.

Professor Wiysonge has authored more than 500 peer-reviewed publications and has extensive experience in evidence synthesis, health systems strengthening, research capacity development, and mentoring emerging African scientists. He is an Extraordinary Professor of Global Health at Stellenbosch University and a member of the Academy of Science of South Africa. His work focuses on transforming high-quality evidence into equitable policies, effective programmes, and measurable health impact.

Prof Alison September

Professor Alison V. September is Professor of Physiological Sciences and Deputy Director of the Health through Physical Activity, Lifestyle and Sport (HPALS) Research Centre at the University of Cape Town. A geneticist by training, she has more than 25 years of experience in biomedical and health research, with a particular focus on the genetics and genomics of musculoskeletal injury.

She co-leads the international GenOmics of Soft Tissue INjuries (GOINg) consortium, bringing together researchers across Africa, Europe and Australia. Her work spans genetics, genomics and health sciences, with a strong focus on building research capacity and developing the next generation of researchers. Her research contributions have been recognised nationally and internationally, including Fellowship of the National Academy of Kinesiology (USA), Fellowship of the European College of Sport Science, membership of the Academy of Science of South Africa (ASSAf), and being named Second Runner-up in the Distinguished Woman Researcher category at the 2025 SAWiSA Awards.

For Prof September, research leadership is ultimately about people – building relationships, creating opportunities and helping good ideas and good researchers flourish.

Prof Teke Apalata

Professor Teke Apalata is an Associate Professor, Specialist Clinical Microbiologist, Data Scientist, and Global Health Strategist with over 17 years of experience integrating clinical medicine, diagnostic microbiology, translational research, and quantitative data science. His research focuses on drug-resistant tuberculosis and genomics, HIV-associated multimorbidity and non-communicable disease (NCD) syndemics, antimicrobial resistance, sexually transmitted infections, implementation science, and AI-enabled precision medicine.

He has authored over 140 peer-reviewed publications and supervised over 100 postgraduate students and emerging researchers, including 21 PhD candidates and 10 postdoctoral fellows. His leadership experience includes serving as Associate Dean for Research and Innovation, Head of Laboratory Medicine and Pathology, and Director of CRADLE at the Faculty of Medicine and Health Sciences, iYunivesithi Walter Sisulu, contributing to the training of thousands of medical students and researchers. Prof Apalata has collaborated internationally with organizations including the WHO, CDC, and USAID to advance research capacity and strengthen laboratory systems and global health security.

Prof David Katerere

Professor David Katerere is the Research Platform Chair of Pharmaceutical and Biotech Advancement in Africa (PBA^2) at Tshwane University of Technology, co-director of TUT/CSIR Cannabis Research Hub and Chair of PharmaConnect Africa, a non-profit which is a premier convenor of the pharmaceutical industry in Africa. He is also a board member at UI-Global and the Association of African Medicinal Plant Standards (AAMPS).

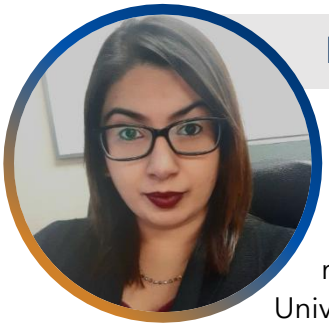
Prof Katerere holds a PhD in Pharmaceutical Science from the University of Strathclyde, Scotland. He has worked in pharmaceutical and biotech practice and research in the past 27 years in 4 countries on 3 continents. He has several inventions to his name including the nutraceutical, Niselo and CovidConnect App for use in clinical trials and post-recovery. He has published over 50 journal articles and is co-editor of three books: Ethnoveterinary Botanical Medicines (T&F) (2010), Systems Analysis Approach for Complex Global Challenges (Springer) (2018) and Traditional and Indigenous Knowledge for the Modern Era (T&F) (2019), African Herbal Pharmacopiea Second Edition (2026). He is a member of advisory committees of the South African Health Products Authority (SAHPRA) and a board member of the South African Medical Research Council (SAMRC). Prof Katerere teaches and researches across the pharmaceutical and biotech value chain including product development from medicinal plants (for food, nutraceuticals and medicines) and clinical testing, substandard and falsified medicines / vaccines and medicine governance.

He is a part competitive Toastmaster and is now a keen Rotarian and member of Pretoria Capital Club.

Prof Anthony Okoh

Prof Anthony Okoh is the Director of SAMRC Microbial Water Quality Monitoring Centre and Chairholder of a Tier 1 SARChI in Water Quality and Environmental Genomics at the University of Fort Hare.

He has published over 530 journal articles and supervised 66 PhD and 81 Master's degree students. He is a recipient of the Gold Scientific Achievement Award of the South African Medical Research Council. He also served as President of the South Africa Society for Microbiology (2011-2013). The World Scientist and University ranking 2026, ranked him #1 in South Africa and Africa, and #115 globally in the microbiology discipline based on citations. He is a member of the Academy of Science of South Africa and fellow of six societies/academies including the African Academy of Sciences; Royal Society of Biology; Nigerian Academy of Sciences; and The World Academy of Sciences. His current H-index is 88 and citations is 34952.



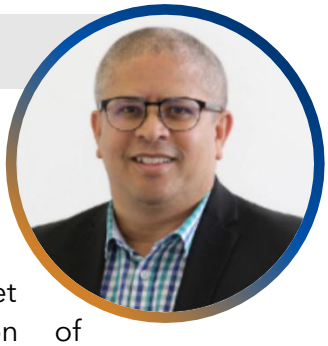
Dr Pritika Ramharack

Dr Pritika Ramharack is a Specialist Scientist at the Biomedical Research and Innovation Platform (BRIP) of the SAMRC, where she leads the African Traditional Medicine and Cheminformatics portfolios. She holds a PhD in Pharmaceutical Sciences, is an NRF Y-rated scientist, and serves as an Honorary Senior Lecturer at the University of KwaZulu-Natal.

Her research integrates computational drug discovery with the scientific validation of African medicinal plants, using cheminformatics, molecular modelling, and machine learning to identify and optimise novel therapeutic candidates. Through the South African Natural Product Consortium, she works closely with traditional health practitioners and multidisciplinary research partners to advance evidence-based research that translates indigenous knowledge into scientifically validated therapeutic opportunities. Dr Ramharack also leads capacity development initiatives at the unit, including the Centre for Advanced Training in Innovation and Research (CATIR) programme. Her long-term research vision is to accelerate the discovery of next-generation therapeutics for Africa's priority diseases.

Workshop Speakers

Mr Philip du Plessis



Mr. Du Plessis is the Divisional Manager overseeing the Project Management Accounting Office, which includes the Management Accounting, Pre-Award, and Post-Award Offices.

The Management Accounting Office handles JDE project requests, prepares monthly management accounts and annual budget documents, coordinates audits, and ensures implementation of recommendations. The Pre-Award Office manages funding opportunity identification, proposal budget reviews, administrative compliance, and all pre-award documentation and approvals for externally funded projects. The Post-Award Office oversees project budget uploads, funder invoicing, financial reporting, project audits, monthly financial reviews, and the close-out of completed projects.

Ms Alma Purcell

Alma Purcell is a senior legal and compliance professional with extensive experience across legal advisory services, commercial litigation, contract management, clinical trial support, and innovative research funding transactions. She holds two degrees from the University of Cape Town and was admitted as an attorney of the High Court of South Africa in September 2008. She has also completed certificate-level training in Labour Law through the University of Cape Town and in People Management through Stellenbosch Business School.

Before joining the SAMRC, Alma served as a director at a commercial litigation law firm, where she was recognised as an astute litigant. She joined the South African Medical Research Council in June 2012 as Senior Legal Advisor and currently leads the contract management portfolio within the Legal and Compliance Department. Her contribution was recognized when she was nominated as one of the top three candidates for a career award at the 2015 SAMRC Career Awards Ceremony. At the SAMRC, Alma has provided legal and compliance support for large clinical trials and advised on novel, bespoke transactions linked to innovative research funding mechanisms, including the SAMRC's Social Impact Bond. Her work demonstrates the ability to manage complex legal, regulatory, and stakeholder-facing matters in a research-intensive environment.

Beyond her legal career, Alma is an accomplished athlete and qualified CrossFit Level 2 coach. She coaches at a CrossFit affiliate outside her professional role, and her athletic achievements include becoming a Reebok-sponsored athlete.

Dr Natasha Langdown

Dr Natasha Langdown is a Knowledge and Information Specialist at the SAMRC with more than twenty years of experience in research management, policy impact, and digital transformation. She focuses on enhancing research ecosystems using data-driven insights, artificial intelligence, and strategic governance. Dr Langdown holds a PhD and a Master's in Library and Information Science from UWC. She leads organisational change through tailored AI training programmes that support research excellence and help integrate new technologies ethically and effectively. As an expert in Bibliometrics, Altmetrics, and Policy Impact analysis, she monitors developments in open access and alternative impact measurements, paying special attention to research influence beyond traditional citation indices. At SAMRC, she collaborates with Information Specialists to assist researchers with research impact, analysis, scholarly communication, and open science. Her interests include research and societal impact, policy impact, altmetrics, artificial intelligence, open science, and open access, with a strong commitment to making research more accessible and equitable.

Organising Committee

SAMRC Research Capacity Development (RCD):

Dr Abeda Dawood
Divisional Manager:
Research Capacity Development

Dr Frederic Nduhirabandi
Programme Manager:
Grants/Career Awards

Ms Thandolwethu Zuma
Project Coordinator:
Grants/Career Awards

Ms Fallon Heinrich
Project Coordinator:
Grants/Career Awards

Ms Khensani Hattingh
Review Coordinator:
Grants Awards

Ms Jo-Anne Engelbrecht
Chief Administrative Officer

Ms Denéy Christians
Administrative Officer

iYunivesithi Walter Sisulu (iWS):

Ms Zukiswa Dlamini
HREC Committee

Dr Clarah Dapira
Manager: Research and Postgraduate Support

Programme

PRE-CONFERENCE WORKSHOP– 16 SEPTEMBER 2026	
09h00 – 09h30	**REGISTRATION**
Facilitator: *Dr Frederic Nduhirabandi*	**Venue: Auditorium**
09h30 – 09h50	**Opening** *Dr Abeda Dawood (SAMRC) + iWS Representative* **Health & Safety** *Prof Wezile Chitha / Prof Sikhumbuzo Mabunda*
09h50 – 10h45	**Finance Workshop** This session will focus on effective financial management of grant-funded projects, including managing expenditure in line with the approved budget, financial processes and requirements, and the preparation and submission of financial reports. *Mr Philip du Plessis / Mr Peter Mwewa (SAMRC)*
10h45 - 11h10	**TEA / COFFEE BREAK**
11h10 – 12h00	**Legal Workshop** This session will provide an overview of the legal and contractual processes involved in managing research grants with universities and other external partners. It will cover the review and approval of contracts, engagement with institutional research offices, obtaining the necessary approvals and signatures, and key legal and compliance considerations for grant holders. *Ms Alma Purcell (SAMRC)*
12h00 – 12h50	**KIMS: AI, Integrity and Knowledge and Information** This session will explore the evolving role of Artificial Intelligence (AI) and information systems in research, with a focus on their responsible and ethical use. Participants will examine the implications of AI for research integrity, publication quality, and trust in scholarly outputs, while considering good publication practices, responsible scholarly dissemination, and the importance of transparency in reporting AI use. The session will also highlight the appropriate acknowledgement of funding and research support as an essential component of responsible research practice, providing practical guidance for navigating the opportunities and challenges of AI in contemporary research. *Dr Natasha Langdown (SAMRC)*
12h50 - 13h20	**LUNCH**
13h20 – 14h50	**SAMRC Emerging Researcher Seminar Series** Introduction to scientific writing: This section aims to introduce postgraduate students to what scientific writing is, the importance of scientific writing, the forms of scientific writing, and tips for writing a successful scientific report. Objectives of a research proposal: The purpose of this section is to enable the student to write an impeccably researched, documented, and original proposal. Secondly, this section will also include aspects of research ethics. Writing a thesis: This section aims to introduce the postgraduate student to a thesis as scientific communication and the layout of the thesis, including structure, editorial care, references and citations, writing style and editing. *Dr Abeda Dawood (SAMRC)*
14h50 – 15h00	**Closing Remarks** *Dr Abeda Dawood (SAMRC)*
15h00	**CLOSING**

CONFERENCE – 17 SEPTEMBER 2026		
08h30 – 09h00	**REGISTRATION AND NETWORKING**	
Session 1 Chairperson: *A/Prof Nwabisa Shai*	**Venue: Auditorium**	
09h00 – 09h10	**House Keeping** *A/Prof Nwabisa Shai*	
09h10 - 09h20	**Welcome Address from the SAMRC's RCD Division** *Dr Abeda Dawood*	
09h20 – 09h30	**Welcome Address from iYunivesithi Walter Sisulu Vice Chancellor** *Prof Thandi Mgwebi (iWS)*	
09h30 - 10h00	**Address by SAMRC President and CEO** *Prof Ntobeko Ntusi*	
10h00 - 10h30	**Beyond Publication: Designing Research for Use, Scale, and Health Impact** *Keynote Speaker: Prof Charles Shey Wiysonge (SUN)*	
10h30 – 10h50	**Address by SAMRC Executive Director** *Dr Michelle Mulder*	
10h50 - 11h10	**TEA / COFFEE BREAK, NETWORKING AND GROUP PHOTO**	
Session 2 Chairperson: *Prof Wezile Chitha/ Prof Sikhumbuzo Mabunda*	**Venue: Auditorium**	
11h10 – 11h30	**A program of research on novel techniques to improve safety of vaginal and caesarean Delivery, and current projects** *Dr Mandisa Singata-Madliki / iWS (MCSP) and Dr Katrin Middleton (iWS)*	
11h30 - 11h45	**Improving the performance of public hospitals through a focused implementation of clinical governance interventions in South Africa's Eastern Cape and Mpumalanga provinces** *Prof Wezile Chitha / iWS (MCSP)*	
11h45 - 12h00	**Human Papillomavirus Genotype Landscape Across Cervical Cytology Grades and Impact of HIV Among Women of Eastern Cape Province, South Africa** *Prof Zizipho Mbulawa / iWS (RCDI)*	
12h00 - 12h15	**Acute kidney injury risk predictors and outcomes: Findings from a South African rural tertiary hospital** *Prof Nomaxabiso Mooi and Prof Busisiwe Mrara / iWS (RCDI)*	
12h15 – 12h30	**An exploratory study on psychological violence in the nursing profession: Manifestations and experiences** *Prof Willie Chinyamurindi / UFH (RCDI)*	
12h30 – 13h00	**From Genomics to Leadership, Innovation and Impact** *Keynote speaker: Prof Alison September (UCT)*	
13h00 - 13h45	**LUNCH BREAK NETWORKING, PHOTOS AND POSTER VIEWING AND PRESENTATIONS**	

Session 3 Chairperson: *A/Prof Nwabisa Shai*			**Venue: Auditorium**			
13:45 – 14:30	**Panel: "Being a PI within HDI/ Research-Constraint University in the time of Research Translation"** *Prof David Katerere & Prof Teke Apalata & Prof Anthony Okoh*					
Session 3 Parallel Session	**Venue: Auditorium**		**Venue: Seminar Room**		**Venue: Video Conference Room**	
	Session 3 A **Chairperson:** *A/Prof Nwabisa Shai*		**Session 3 B** **Chairperson:** *Dr Sibusiso Nomatshila*		**Session 3 C** **Chairperson:** *Dr Mandisa Singata-Madliki*	
14h30 - 14h45	Socio-Demographic Factors Associated with Alcohol and Tobacco Use Among Virally Suppressed People Living with HIV in the Eastern Cape, South Africa	*Dr Zanele Nomatshila (iWS)*	Clinical Spectrum, genetic susceptibility and quality of life of South African adults with Gouty Arthritis	*Prof Thozama Dubula (iWS)*	Maternal perspective on the timing of prophylactic antibiotic administration at caesarean delivery and their potential neonatal effects: a cross-sectional study	*Dr Kaajal Brijlall (iWS)*
14h45 - 15h00	Association of Central and Peripheral blood pressure with cardiovascular biomarkers in women with preeclampsia	*Dr Xolani Mbongozi (iWS)*	Association between formal education, cervical cancer knowledge, and health-seeking behaviour in a rural Eastern Cape community, South Africa	*Dr Charles Businge (iWS)*	Documented Health System and Clinician-related Challenges among Neonatal Deaths at a Rural District Hospital, Eastern Cape, South Africa: A Retrospective Descriptive Study (2019–2025)	*Dr Babalwa Ntshalintshali (iWS)*
15h00 - 15h15	The Relationship Between Motor Proficiency and Academic Performance in 11-13 year old primary school children in the Eastern Cape: MPAC-EC study	*Dr Xonnè Muller (UFH)*	Cancer Epidemiology and Decentralization Service Program Initiation: A Cross-Sectional Analysis of Hospital-Based Oncology Admissions and Cancer Service Disparities	*Dr Maumbangu Milambo (iWS)*	Negative Appendectomy Rate in Paediatric Patients in a Resource-Limited Region	*Dr Sello Machaea (iWS)*
15h15 – 15h30	Assessing patients' experience of care in four referral hospitals: A cross-sectional survey of outpatients in two South African rural provinces	*Mr Onke Mnyaka (iWS)*	Systemic Challenges Affecting Hospital Performance: Operational Managers' Experiences of Implementing Clinical Governance in South African Public Hospitals	*Ms Nomfuneko Sithole (iWS)*	The Effects of a Two-dimensional Intervention on Metabolic, Behavioral and Psychological Risk Factors Associated with Non-Communicable Diseases among Adolescents in the Eastern Cape, South Africa	*Mr Ondela Matshikiza (UFH)*
15h30 – 15h45	Exploring clinical governance and organisational learning in public sector hospitals in the Eastern Cape and Mpumalanga provinces of South Africa	*Ms Kedibone Maake (iWS)*	Observed hospital management involvement in the implementation of clinical governance activities in two South African Provinces	*Dr Siphokazi Pahlana (iWS)*	Assessing Barriers to Prostate Cancer Screening and Diagnosis in Qumbu, Eastern Cape Province, South Africa	*Dr Nanga Sopazi (iWS)*

Session 4 Chairperson: *Prof Wezile Chitha / Prof Mabunda*	**Venue: Auditorium**
15h45 – 16h15	**SAMRC capacity development: Introduction of the Centre for Advanced Training and Innovative Research (CATIR)** *Dr Pritika Ramharack*
16h15 – 16h45	**Strengthening Nurses' Adoption of Electronic Health Records (EHRs) for Maternal and Child Health Service Delivery** *Prof Liezel Cilliers (UFH) (RCDI)*
	Building Emotional Resilience and Reducing Burnout among Healthcare Workers in the Eastern Cape through a Mobile-Based Personal Mastery Intervention *Prof Juliet Townes (UFH) (RCDI)*
	Exploring Community-Based Approaches to Speech, Language, and Hearing Service Delivery in the Eastern Cape, South Africa *Prof Mikateko Ndhambi (UFH) (RCDI)*
	ONCOHART: A Prospective Study of Pre-existing and Treatment-Induced Hypertension and Subclinical Cardiotoxicity in Breast Cancer Patients *Dr Nare Sekoba (UFH) (RCDI)*
16h45 – 17h00	**Investigating the Influence of Seasonal Variation in the Polyphenolic Profile of Pterocarpus angolensis bark and Fruit Extracts** *Dr Mapula Razwinani (NMU) (EIP)*
Session 5 Chairperson: *Dr Frederic Nduhirabandi*	**Venue: Auditorium**
17h00 – 17h10	**Awards** *Dr Abeda Dawood (SAMRC)*
17h10 – 17h20	**Vote of Thanks & Closing Remarks** *A/Prof Nwabisa Shai and Prof Wezile Chitha / Prof Sikhumbuzo Mabunda*
	CLOSING

POSTER PRESENTATIONS *Facilitator: Prof David Katerere*		
Ms Siyonela Mlonyeni	*RCD01*	*Exploring the Quality of Clinical Records for Effective Clinical Governance in selected South African Referral Hospitals*
Ms Ruth Tshabalala	*RCD02*	*Reliable Information Sources Consulted by Nurses at the Point of Care in Four Selected South African Referral Hospitals*
Mr Siyabonga Sibulawa	*RCD03*	*Hospital Board Members Perspectives on Clinical Governance*
Ms Xolelwa Ntlongweni	*RCD04*	*Developing health behavioural strategies to reduce the burden of prostate cancer in the Eastern Cape Province of South Africa*
Dr Nolusindiso Ncitakalo	*RCD05*	*Barriers to accessing cancer care services in Eastern Cape and Mpumalanga provinces of South Africa: cancer survivors' perspectives*
Dr Vinny Ntiyiso Khosa	*RCD06*	*Estimating and Ranking of Common Cancers in South Africa's Eastern Cape and Mpumalanga Provinces: A Patient Survey in Three Referral Hospitals*
Prof Martha Chadyiwa	*RCD07*	*The management of workplace violence & injury on the outcomes of work: A moderated-mediation model of decent work & workplace safety amongst nurses in South Africa*

Overview of Participating Funded Projects

RESEARCH CAPACITY DEVELOPMENT INITIATIVE PRINCIPAL INVESTIGATORS			
No.	**Institution**	**Project title**	**Beneficiaries**
1	UFH	Strengthening Nurses' Adoption of Electronic Health Records (EHRs) for Maternal and Child Health Service Delivery: A Health System Readiness and Digital Literacy Approach in South African Public Hospitals	**Liezel Cilliers**
2	UFH	An exploratory study on psychological violence in the nursing profession: Manifestations and experiences	**Willie Chinyamurindi**
3	SMU	The Emotional Labour of Nursing: Understanding the Pathways Between Workplace Violence and Mental Well-being	**Martha Chadyiwa**
4	iWS	Human Papillomavirus Genotype Landscape Across Cervical Cytology Grades and Impact of HIV Among Women of Eastern Cape Province, South Africa	**Zizipho Mbulawa**
5	iWS	Acute kidney injury risk predictors and outcomes: Findings from a South African rural tertiary hospital	**Busisiwe Mrara**
6	UFH	Exploring Community-Based Approaches to Speech, Language, and Hearing Service Delivery in the Eastern Cape, South Africa	**Mikateko Ndhambi**
7	UFH	The Relationship Between Motor Proficiency and Academic Performance in 11-13 year old primary school children in the Eastern Cape: MPAC-EC study	**Xonné Muller**
8	UFH	ONCOHART: A Prospective Study of Pre-existing and Treatment-Induced Hypertension and Subclinical Cardiotoxicity in Breast Cancer Patients	**Nare Sekoba**
9	UFH	Building Emotional Resilience and Reducing Burnout among Healthcare Workers in the Eastern Cape through a Mobile-Based Personal Mastery Intervention	**Juliet Townes**
MID-CAREER SCIENTIST PROGRAMME			
10	iWS	Improving the performance of public hospitals through a focused implementation of clinical governance interventions in South Africa's Eastern Cape and Mpumalanga provinces	**Wezile Chitha**

EARLY INVESTIGATORS PROGAMME			
11	NMU	Investigating the Influence of Seasonal Variation in the Polyphenolic Profile of Pterocarpus angolensis bark and Fruit Extracts on Cytokine Production and Cellular Proliferation in In Vitro Assays	**Mapula Razwinani**
RESEARCH CAPACITY DEVELOPMENT INITIATIVE – NESTED SCHOLARSHIP			
12	UFH	The Effects of a Two-dimensional Intervention on Metabolic, Behavioral and Psychological Risk Factors Associated with Non-Communicable Diseases among Adolescents in the Eastern Cape, South Africa	**Ondela Matshikiza**
RESEARCH CAPACITY DEVELOPMENT INITIATIVE UNITED KINGDOM-STAFF DEVELOPMENT			
13	iWS	Clinical Spectrum, Genetic Susceptibility and Quality of Life of South African Adults with Gouty Arthritis	**Thozama Dubula**
14	iWS	Negative Appendectomy Rate in Paediatric Patients in a Resource-Limited Region	**Sello Machaea**
15	iWS	Association of Central and Peripheral Blood Pressure with Cardiovascular Biomarkers in Women with Preeclampsia	**Xolani Mbongozi**
16	iWS	Socio-Demographic Factors Associated with Alcohol and Tobacco Use Among Virally Suppressed People Living with HIV in the Eastern Cape, South Africa	**Zanele Nomatshila**
RESEARCHERS USING RCD GRANTS FOR RESEARCH EXPENSES			
17	iWS	Maternal perspective on the timing of prophylactic antibiotic administration at caesarean delivery and their potential neonatal effects: a cross-sectional study	**Kaajal Brijlall**
18	iWS	Association between formal education, cervical cancer knowledge, and health-seeking behaviour in a rural Eastern Cape community, South Africa	**Charles Businge**
19	iWS	Cancer Epidemiology and Decentralization Service Program Initiation: A Cross-Sectional Analysis of Hospital-Based Oncology Admissions and Cancer Service Disparities	**Muambangu Jean Paul Milambo**
20	iWS	Estimating and Ranking of Common Cancers in South Africa's Eastern Cape and Mpumalanga Provinces: A Patient Survey in Three Referral Hospitals	**Ntiyiso Vinny Khosa**

21	iWS	Exploring clinical governance and organisational learning in public sector hospitals in the Eastern Cape and Mpumalanga provinces of South Africa	**Kedibone Maake**
22	iWS	The impact of hormonal Long-Acting Reversible Contraceptives (LARCs) on hormonal profiles and psychosexual well-being-A randomized trial in reproductive-age women in the Eastern Cape of South Africa	**Katrin Middleton**
23	iWS	Exploring the Quality of Clinical Records for Effective Clinical Governance in selected South African Referral Hospitals	**Siyonela Mlonyeni**
24	iWS	Assessing patients' experience of care in four referral hospitals: A cross-sectional survey of outpatients in two South African rural provinces	**Onke Mnyaka**
25	iWS	Barriers to accessing cancer care services in Eastern Cape and Mpumalanga provinces of South Africa: cancer survivors' perspectives	**Nolusindiso Ncitakalo**
26	iWS	Developing health behavioural strategies to reduce the burden of prostate cancer in the Eastern Cape Province of South Africa	**Xolelwa Ntlongweni**
27	iWS	Profiles of Neonatal Deaths at a Rural Hospital in the Eastern Cape, South Africa: A Retrospective Descriptive Study	**Babalwa Ntshalintshali**
28	iWS	Observed hospital management involvement in the implementation of clinical governance activities in two South African Provinces	**Siphokazi Pahlana**
29	iWS	An Exploratory Study of the Perspectives of Hospital Board Members on Clinical Governance in Selected Referral Hospitals in the Eastern Cape and Mpumalanga Provinces	**Siyabonga Sibulawa**
30	iWS	Systemic Challenges Affecting Hospital Performance: Operational Managers' Experiences of Implementing Clinical Governance in South African Public Hospitals	**Nomfuneko Sithole**
31	iWS	Assessing Barriers to Prostate Cancer Screening and Diagnosis in Qumbu, Eastern Cape Province, South Africa	**Nanga Sopazi**
32	iWS	Reliable Information Sources Consulted by Nurses at the Point of Care in Four Selected South African Referral Hospitals	**Ruth Tshabalala**

Abstracts

RESEARCH CAPACITY DEVELOPMENT INITIATIVE (RCDI) PRINCIPAL INVESTIGATORS

1. STRENGTHENING NURSES' ADOPTION OF ELECTRONIC HEALTH RECORDS (EHRS) FOR MATERNAL AND CHILD HEALTH SERVICE DELIVERY: A HEALTH SYSTEM READINESS AND DIGITAL LITERACY APPROACH IN SOUTH AFRICAN PUBLIC HOSPITALS

Liezel Cilliers[1], V Mathews[1]
[1]University of Fort Hare, Eastern Cape, South Africa.

BACKGROUND: South Africa has made policy progress towards digital health through the National Digital Health Strategy and preparations for National Health Insurance. However, electronic health record (EHR) implementation at the point of care remains uneven, particularly among nurses working in resource-constrained public hospitals. Limited digital literacy, infrastructure disparities, poor system usability and workflow misalignment may restrict the use of EHRs and weaken data-driven maternal and child health services. This three-year study aims to strengthen nurses' adoption and use of EHRs by assessing health-system readiness, digital competence and the contextual conditions influencing implementation.

METHODS: A sequential explanatory mixed-methods design will be implemented in the Eastern Cape and Western Cape, representing contrasting levels of digital-health maturity. Phase 1 will comprise a PRISMA-guided systematic review and policy mapping of EHR readiness frameworks and digital-health initiatives relevant to nursing practice. Phase 2 will use a cross-sectional survey of approximately 600 professional nurses, enrolled nurses and nursing assistants to measure digital literacy, attitudes, behavioural intention and EHR-use patterns. Descriptive and inferential statistics, multiple regression and exploratory factor analysis will be applied. Phase 3 will employ multiple case studies in district hospitals. Interviews and focus groups with approximately 40 nurses, nurse managers, information technology personnel and policy stakeholders will explore barriers, enablers, usability, workload and integration into maternal and child health workflows. Qualitative data will undergo thematic analysis, and findings will be integrated through meta-inference.

CONCLUSION: The project will co-develop and validate a Nurse Digital Readiness Framework aligned with National Health Insurance priorities. Anticipated outputs include provincial readiness profiles, a validated assessment instrument, peer-reviewed publications and a policy brief. By connecting workforce capability with technological and organisational readiness, the study will generate evidence to guide equitable EHR implementation, strengthen clinical decision-making and improve the continuity, quality and responsiveness of maternal and child health services in South African public hospitals.

2. AN EXPLORATORY STUDY ON PSYCHOLOGICAL VIOLENCE IN THE NURSING PROFESSION: MANIFESTATIONS AND EXPERIENCES

Willie Chinyamurindi[1]

[1]University of Fort Hare, Eastern Cape, South Africa.

BACKGROUND: Psychological violence remains one of the least understood occupational hazards affecting professional nurses. This study explores how psychological violence manifests and is experienced by professional nurses within the South African healthcare context. Although workplace violence has received considerable scholarly attention, existing research has largely examined psychological violence as a sub-component of broader workplace violence, with limited understanding of how it manifests and is experienced within nursing practice.

METHODS: The study adopted an exploratory qualitative research design situated within an interpretivist paradigm. 25 professional nurses employed in South African healthcare facilities were purposively sampled based on their experiences of psychological violence. Data were collected through semi-structured interviews and analysed using thematic analysis to identify recurring patterns in participants' experiences and interpretations.

RESULTS: The findings revealed that psychological violence manifested through subtle yet persistent behaviours including intimidation, humiliation, verbal degradation, exclusion, bullying, emotional manipulation and threats to professional identity. Participants described psychological violence as cumulative rather than episodic, often becoming normalised within workplace culture. Experiences resulted in emotional exhaustion, diminished professional confidence, psychological distress, defensive coping strategies and altered interactions with colleagues and patients. Participants further perceived organisational silence, ineffective reporting mechanisms and limited managerial support as contributing to the persistence of psychological violence.

CONCLUSION: This study extends the nursing and organisational behaviour literature by conceptualising psychological violence as a distinct phenomenon rather than merely one dimension of workplace violence. By foregrounding the lived experiences of professional nurses, the study provides a deeper understanding of how psychological violence manifests, is interpreted and influences professional practice within the South African healthcare context. The findings offer an empirically grounded foundation for future theory development, measurement and intervention research on psychological violence in nursing.

3. THE EMOTIONAL LABOUR OF NURSING: UNDERSTANDING THE PATHWAYS BETWEEN WORKPLACE VIOLENCE AND MENTAL WELL-BEING

Martha Chadyiwa[1]
[1]Sefako Makgatho Health Science University, Pretoria, South Africa.

BACKGROUND: Workplace violence has become an increasingly common feature of nursing practice in South Africa, exposing nurses to repeated psychological and emotional demands that extend beyond physical harm. This study explores how repeated experiences of workplace violence shape nurses' mental well-being and the emotional labour involved in sustaining professional care within challenging healthcare environments.

METHODS: The study adopted an exploratory qualitative research design situated within an interpretivist paradigm. 25 professional nurses employed in South African healthcare facilities were purposively sampled based on their experiences of psychological violence. Data were collected through semi-structured interviews and analysed using thematic analysis to identify recurring patterns in participants' experiences and interpretations.

RESULTS: Five interconnected themes emerged. First, workplace violence generated persistent anxiety and psychological distress that extended beyond working hours. Second, cumulative exposure resulted in emotional exhaustion and burnout, reducing nurses' capacity to engage meaningfully with patients. Third, participants described compassion fatigue arising from repeated exposure to aggression and trauma, often leading to emotional detachment as a protective response. Fourth, nurses engaged in extensive emotional regulation by suppressing fear, frustration, and anger to maintain professional standards of care. Finally, resilience was sustained through supportive colleagues, professional commitment, personal faith, and adaptive coping strategies, although participants emphasised that individual resilience could not compensate for inadequate organisational support.

CONCLUSION: This study advances psychological scholarship by conceptualising workplace violence as a sustained emotional labour process rather than a series of isolated incidents. The findings demonstrate how repeated exposure to violence influences nurses' mental well-being through pathways of anxiety, burnout, compassion fatigue, and emotional regulation, while highlighting resilience as a dynamic process shaped by both individual and organisational resources. The study contributes contextually grounded evidence from South Africa and offers practical insights for developing psychologically healthy healthcare workplaces.

4. HUMAN PAPILLOMAVIRUS GENOTYPE LANDSCAPE ACROSS CERVICAL CYTOLOGY GRADES AND IMPACT OF HIV AMONG WOMEN OF EASTERN CAPE PROVINCE, SOUTH AFRICA

Zizipho Mbulawa[1], C Businge[2], N Giyose[2]

[1]School of Pathology, iYunivesithi Walter Sisulu, Mthatha, South Africa;
[2]Department of Obstetrics and Gynaecology, iYunivesithi Walter Sisulu, Mthatha, South Africa.

BACKGROUND: Human papillomavirus (HPV) persistent infection causes cervical cancer. Ongoing surveillance of HPV prevalence and genotype distribution across different cervical cytology grades is essential for informing cervical cancer prevention strategies. This study investigated the prevalence and distribution of HPV genotypes and associated factors according to cervical cytology grade and HIV status among women in the Eastern Cape Province, South Africa.

METHODS: A cross-sectional study was conducted among 540 women recruited from a community health facility and a referral hospital in the OR Tambo District Municipality, Eastern Cape Province. HPV detection and genotype identification were performed using the Seegene Allplex™ HPV28 assay.

RESULTS: Overall HPV prevalence increased with worsening cervical cytological abnormalities, ranging from 60.6% among women with normal cervical cytology to 93.8% in atypical squamous cells of undetermined significance (ASC-US), 100.0% in low-grade squamous intraepithelial lesions (LSIL), 95.2% in atypical squamous cells–cannot exclude high-grade squamous intraepithelial lesions (ASC-H), 93.7% in high-grade squamous intraepithelial lesions (HSIL), and 92.5% in cervical cancer cases. HPV genotypes targeted by the Cervarix® vaccine (HPV16/18) were detected in 12.0%, 31.0%, 45.0%, 52.0%, 49.0%, and 64.0% of women with normal cytology, ASC-US, LSIL, ASC-H, HSIL, and cervical cancer, respectively. Corresponding prevalences for HPV types included in the Gardasil-9® vaccine (HPV6/11/16/18/31/33/45/52/58) were 36.0%, 75.0%, 84.0%, 76.0%, 83.0%, and 81.0%, respectively. Among women with normal cervical cytology, HPV58, HPV35, and HPV68 were the most frequently detected genotypes, whereas HPV16, HPV33, and HPV35 predominated in HSIL, and HPV16, HPV18, and HPV35 were most common in cervical cancer cases. Stratification by HIV status revealed distinct HPV genotype distribution patterns.

CONCLUSION: This study demonstrates a high burden of HPV infection among women in the Eastern Cape Province, with prevalence increasing among those with cervical abnormalities. The persistent predominance of HPV35, a genotype not covered by current prophylactic vaccines, among women with HSIL and cervical cancer highlights an important limitation of existing vaccination strategies and underscores the need for continued genotype surveillance to inform cervical cancer prevention efforts in South Africa.

5. ACUTE KIDNEY INJURY RISK PREDICTORS AND OUTCOMES: FINDINGS FROM A SOUTH AFRICAN RURAL TERTIARY HOSPITAL

Busisiwe Mrara, O Ogbodu, CR Rusike, O Oladimeji

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BACKGROUND: The rising number of Acute Kidney Injury (AKI) cases worldwide is concerning due to adverse outcomes and financial burden. The International Society of Nephrology emphasizes the critical need to investigate AKI occurrence and determinants in different health systems, to decrease avoidable AKI-related deaths by 2025. We aimed to explore AKI risk predictors in patients in the Intensive Care Unit (ICU) at Nelson Mandela Academic Hospital.

METHODS: We undertook a case control study of ICU patients between the 1st December 2018 and 1st December 2019. Cases had serum creatinine levels increased by 26 µmol/l or 1.5 times baseline value during the ICU stay. Controls did not develop AKI during the same period. We excluded patients with chronic kidney disease and with missing records.

RESULTS: We included 191 patient records, 92 AKI cases and 99 controls. The patients had mean age 36.6 (SD 17.7), 129 males and 190 black people. 161 patients were referred from surrounding rural hospitals and delays in accessing care found in 57%. 39% cases had stage 3 AKI, 18.4% received renal replacement therapy. 64% had not recovered from AKI at discharge. Significant predictors of AKI include older age, male gender, abdominal surgery, intraoperative hypotension, and ICU cardiovascular and respiratory failure. Admission anaemia, thrombocytopenia, hypoalbuminemia, hypoglycaemia, CRP and metabolic acidosis were significant AKI predictors on multivariable regression analysis. AKI patients had twice the mortality of controls in the ICU and overall hospital stay.

CONCLUSION: We identified risk predictors consistent with previous research and highlighted challenges with timely diagnosis and management of AKI for patients from distant hospitals. Strengthening healthcare in remote areas, by improving timely diagnosis and access is pivotal in mitigating adverse outcomes associated with AKI.

6. EXPLORING COMMUNITY-BASED APPROACHES TO SPEECH, LANGUAGE, AND HEARING SERVICE DELIVERY IN THE EASTERN CAPE, SOUTH AFRICA

Mikateko Ndhambi[1], ZPMsomi[1], AH Myende[1], S Makaula[1], S Deleki[1], P Chitnis[1]

[1]Department of Natural and Rehabilitative Sciences, Faculty of Health Sciences, University of Fort Hare, Eastern Cape, South Africa.

BACKGROUND: Access to speech, language and hearing (SLH) services in under-resourced South African communities remains severely limited due to workforce shortages, geographic barriers, and historically centralized service delivery. The Eastern Cape Province is particularly underserved, with little evidence on how community-based approaches to SLH service delivery are conceptualized, implemented, and experienced. While community-based models have demonstrated effectiveness in hearing care, equivalent evidence for speech and language services in rural and peri-urban contexts is largely absent.

METHODS: A descriptive qualitative study using a phenomenological approach will be conducted in Buffalo City Municipality, Eastern Cape. Purposive sampling was used to recruit key stakeholders involved in community-based SLH service delivery, including speech-language therapists, audiologists, community health workers, primary healthcare clinic managers, and caregivers of individuals with communication disorders. Semi-structured interviews will be used to explore current service models, stakeholder roles, and community-level facilitators and barriers to SLH access. Data will be collected in August 2026 and analyzed using reflexive thematic analysis (Braun & Clarke, 2006). Trustworthiness is ensured through credibility, transferability, dependability, and confirmability measures. Ethical clearance was obtained from the University of Fort Hare Human Research Ethics Committee, and permission was granted by all data collection sites prior to commencement.

RESULTS: Ethical clearance and site permissions have been secured. Data collection commences August 2026. Expected findings will describe existing community-based SLH service delivery models in Buffalo City Municipality, delineate stakeholder roles across ecological system levels, and identify the community-level factors that facilitate or hinder access to SLH services in this under-resourced context.

CONCLUSION: This study will generate context-specific evidence to inform more accessible, equitable, and sustainable SLH service delivery in the Eastern Cape, contributing to national policy conversations on task-shifting, community-led rehabilitation, and the integration of speech and language services into primary healthcare systems.

7. THE RELATIONSHIP BETWEEN MOTOR PROFICIENCY AND ACADEMIC PERFORMANCE IN 11-13 YEAR OLD PRIMARY SCHOOL CHILDREN IN THE EASTERN CAPE: MPAC-EC STUDY

Xonné Muller[1], W du Plesissis[2], S Nqweniso[1]

[1]Department of Human Movement Science, University of Fort Hare, Eastern Cape, South Africa; [2]Physical Activity, Sport and Recreation Focus Area, Faculty of Health Science, North-West University, Potchefstroom, South Africa.

BACKGROUND: Children with higher motor proficiency (MP) are more likely to engage in regular physical activity, supporting healthy growth, cardiovascular fitness, emotional well-being, and educational success. In low- and middle-income countries such as South Africa, socioeconomic disparities, limited access to recreational opportunities, and inadequate physical education may further compromise motor development and MP. This study aims to investigate the longitudinal relationships between MP, nutritional status, cognitive-motor function, and academic performance among primary school children in the Eastern Cape Province.

METHODS: This three-year longitudinal study randomly recruited schools and participants from quintiles 1–5, grouped into low-, medium-, and high-socioeconomic status (SES) categories. Annual assessments include anthropometric measurements (height, weight, body mass index, skinfold thicknesses, body fat percentage and skeletal muscle mass). Nutritional status will be classified using the age- and sex-specific cut-points. MP is assessed using the Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2), while cognitive-motor performance (working memory) is evaluated using the Witty SEM, Juggle Factor test. Mid-year and end-of-year academic results are obtained from participating schools.

RESULTS: Participating schools have been recruited, and baseline assessments for the first cohort were completed during April–May 2026. Data capturing and cleaning are currently underway prior to cross-sectional statistical analyses. The study currently supports two master's research projects and one honours research project. In addition, a methodological manuscript describing the standardised Witty SEM cognitive-motor assessment protocol is under review.

CONCLUSION: This longitudinal study will contribute to the understanding of the relationships between MP, nutritional status, cognitive-motor performance, and academic achievement among South African children. Furthermore, it provides novel evidence on the application of the Witty SEM as a possible cognitive-motor assessment tool for measuring working memory in school-aged children, with potential implications for future research and educational practice.

8. ONCOHART: A PROSPECTIVE STUDY OF PRE-EXISTING AND TREATMENT-INDUCED HYPERTENSION AND SUBCLINICAL CARDIOTOXICITY IN BREAST CANCER PATIENTS

Nare Sekoba[1], Z Dlamini[2]

[1]Department of Natural and Rehabilitative Sciences, University of Fort Hare, Eastern Cape, South Africa; [2]SAMRC Precision Oncology Research Unit (PORU), DSI/NRF SARChI Chair in Precision Oncology and Cancer Prevention (POCP), Pan African Cancer Research Institute (PACRI), University of Pretoria, Pretoria, South Africa.

BACKGROUND: Hypertension is a significant cardiovascular risk factor, occurring either as a pre-existing condition or as a treatment-induced toxicity associated with several anticancer therapies. Together, they may adversely affect treatment tolerance, cardiovascular outcomes, and health-related quality of life in patients with breast cancer. As advances in cancer therapy continue to improve survival, cardiovascular disease and its associated complications have emerged as important determinants of long-term patient outcomes. This intersection between cancer and cardiovascular disease has driven the growth of cardio-oncology. Despite South Africa's high burden of hypertension, prospective data characterising the prevalence of pre-existing hypertension and the incidence of treatment-induced hypertension among patients with breast cancer remain limited, highlighting an important gap in the local cardio-oncology evidence base.

The ONCOHART study aims to determine the prevalence of pre-existing hypertension and the incidence of treatment-induced hypertension among breast cancer patients initiating chemotherapy, while evaluating the association between hypertension and subclinical cardiotoxicity. By establishing the burden of hypertension within this population, the study seeks to generate evidence that will strengthen cardiovascular risk assessment and monitoring during cancer treatment.

METHODS: This prospective longitudinal cohort study will recruit adult breast cancer patients initiating chemotherapy at Frere Hospital in the Eastern Cape. Clinical, laboratory, blood pressure, and echocardiographic assessments will be performed at baseline, 6 weeks, and 3 months, alongside the collection of demographic and lifestyle information, to comprehensively characterize cardiovascular risk and determine the burden of hypertension.

CONCLUSION: The study is expected to provide foundational evidence on the burden of hypertension among breast cancer patients in the Eastern Cape, informing cardiovascular surveillance, early risk stratification, and the integration of cardio-oncology into routine cancer care to improve patient outcomes.

9. BUILDING EMOTIONAL RESILIENCE AND REDUCING BURNOUT AMONG HEALTHCARE WORKERS IN THE EASTERN CAPE THROUGH A MOBILE-BASED PERSONAL MASTERY INTERVENTION

Juliet Townes[1] and L Cilliers[1]

[1]University of Fort Hare, Eastern Cape, South Africa.

BACKGROUND: The mental health and well-being of healthcare workers in South Africa remain a critical concern, particularly in resource-constrained provinces such as the Eastern Cape. High workload demands, limited psychosocial support, and systemic challenges have contributed to elevated levels of occupational stress, burnout, and emotional exhaustion. These factors undermine healthcare delivery and contribute to non-communicable disease risk. This three-year project seeks to design, implement, and evaluate an evidence-based, contextually relevant digital health solution aimed at enhancing emotional resilience among healthcare professionals.

METHODS: Using a mixed-methods, phased approach, the project will first conduct a systematic literature review and baseline assessment of burnout, emotional intelligence, mastery and resilience levels among healthcare workers. A mobile-based Personal Mastery application will then be developed and piloted to promote self-leadership, mindfulness, and emotional regulation through brief, accessible modules. The intervention will be refined through iterative user feedback and evaluated for its impact on psychological well-being, stress reduction, and professional engagement.

RESULTS: The data collection tools have been finalised, and ethical clearance has been obtained from the university. Two work-in-progress abstracts have been accepted for presentation at two national conferences in July and September 2026, and a scoping review full paper has been submitted for consideration at another national conference this year. A protocol writing workshop has been attended, and a newspaper article writing workshop is planned for the 17th July. A bibliometric journal article is in progress and should be ready for submission by the end of July 2026. A systematic literature review will be written in September 2026, with a writing retreat being held with research assistants.

CONCLUSION: The project aligns with the SAMRC's strategic priorities to reduce premature mortality from non-communicable diseases, strengthen mental health and well-being, and promote public health innovation through scalable digital interventions.

MID-CAREER SCIENTIST PROGRAMME

10. IMPROVING THE PERFORMANCE OF PUBLIC HOSPITALS THROUGH A FOCUSED IMPLEMENTATION OF CLINICAL GOVERNANCE INTERVENTIONS IN SOUTH AFRICA'S EASTERN CAPE AND MPUMALANGA PROVINCES

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BACKGROUND: Hospitals are integral to the national health system, providing services beyond primary care and serving as platforms for advanced diagnosis, treatment, clinical research, and training of health professionals. Baseline facility inspections by the Office of Standards Compliance in 2011, prior to the finalisation of NHI legislation, identified leadership and corporate governance as among the weakest-performing domains in public sector facilities. This study assesses the effectiveness of clinical governance interventions in selected public hospitals in South Africa's Eastern Cape and Mpumalanga provinces.

METHODS: The project was conducted in three phases over three years. In Phase 1, a baseline assessment was completed using mixed-method data collection tools. The results guided the development of a clinical governance intervention package, which was finalised through stakeholder workshops. In Phase 2, the intervention package was implemented and evaluated at the end. Phase 3 to assess the intervention's sustainability, 12 months after implementation.

RESULTS: Baseline sub-studies revealed significant gaps in clinical governance systems. A survey of 377 clinical staff found 74% scored below 50% on knowledge of clinical governance protocols, with the lowest scores among junior nurses and at the academic hospital. A patient experience survey of 662 outpatients found only two of 28 measured domains met national satisfaction targets, with concerns including unavailable drinking water, poor knowledge of complaints processes, and unacceptable waiting times. The intervention package has since been implemented, monitored, and evaluated at 12 months post-intervention. Beyond the core intervention, the project has built lasting institutional capacity, including establishing the Walter Sisulu Institute for Clinical Governance and Healthcare Administration, delivering leadership development programmes, and mentoring postgraduate students. To date, it has produced 16 peer-reviewed publications.

CONCLUSION: Implementing targeted clinical governance interventions is key to improving quality of care and hospital performance as South Africa advances towards UHC, offering a replicable model for strengthening hospital governance.

EARLY INVESTIGATORS PROGRAMME

11. INVESTIGATING THE INFLUENCE OF SEASONAL VARIATION IN THE POLYPHENOLIC PROFILE OF *PTEROCARPUS ANGOLENSIS* BARK AND FRUIT EXTRACTS ON CYTOKINE PRODUCTION AND CELLULAR PROLIFERATION IN IN VITRO ASSAYS

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BACKGROUND: *Pterocarpus angolensis* has been reported for its medicinal use in the treatment of wounds, skin infections, and burns. Although the ethnomedical uses of this plant are well recognized, there is little scientific documentation on its seed and seed case wound healing properties. This study evaluated and scientifically validated the traditional usage of *P. angolensis* extracts through Phytochemical screening, antimicrobial, antioxidant, anti-inflammatory and cell-based assays.

METHODS: *P. angolensis* extracts collected during summer and autumn were assessed for phytochemical composition using FTIR, HPLC and UP-LCMS was used to analyse the ethanol and water crude plant extracts. Antioxidant potential was determined using radical scavenging activity tests involving the DPPH and ABTS. Antimicrobial activity was investigated against *E. coli* and *Staphylococcus aureus* using the broth microdilution method. Anti-inflammatory activity was assessed using RAW 264.7 mouse macrophages stimulated with Lipopolysaccharides (LPS), after which the sandwich enzyme-linked immunosorbent assay (ELISA) was done for quantification of IL-6, IL-1Ƀ, TNF-α, and NO concentration. Cell viability was determined by the MTT assay. Cell proliferation was assessed using the CyQuant ™ cell proliferation assay

RESULTS: FTIR profiling identified functional groups associated with antioxidant activity and enabled the ranking of 14 plant extracts based on their potential antioxidant functionality. HPLC fingerprinting confirmed the presence of kaempferol and quercetin in *P. angolensis* non-burn samples through comparison with authentic standards. UPLC-MS profiling revealed a complex mixture of metabolites with varying polarities, indicating differences in phytochemical composition and abundance that may contribute to the biological activity of the extracts. Functional assays demonstrated strong radical scavenging activity (ABTS, DPPH), indicating redox-modulating potential. Antimicrobial activity against bacterial strains was limited. Selected extracts significantly reduced nitric oxide production in LPS-stimulated RAW 264.7 macrophages, suggesting anti-inflammatory effects, while HaCaT keratinocyte assays showed concentration-dependent support for cell viability and proliferation.

RCDI-NESTED SCHOLARSHIP PROGRAMME

12. THE EFFECTS OF A TWO-DIMENSIONAL INTERVENTION ON METABOLIC, BEHAVIORAL AND PSYCHOLOGICAL RISK FACTORS ASSOCIATED WITH NON-COMMUNICABLE DISEASES AMONG ADOLESCENTS IN THE EASTERN CAPE, SOUTH AFRICA

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BACKGROUND: Non-communicable diseases (NCDs) are the leading global cause of death. By 2014, four major NCDs—cardiovascular disease, cancer, chronic respiratory illness, and type 2 diabetes—accounted for 28% of disability-adjusted life years and 12% of the overall disease burden worldwide. Adolescents represent a critical yet understudied population for early NCD risk prevention.

METHODS: We conducted a scoping review to map existing literature on NCD risk factors among South African adolescents. This was complemented by a situational analysis in seven randomly selected schools, stratified by quintile (four from lower socioeconomic quintiles 1–3 and three from higher quintiles 4–5). Metabolic, behavioural, and psychological parameters were assessed at baseline. An 8-week combined physical activity and psycho-educational intervention was then implemented, with a six-month follow-up to evaluate sustained effects.

RESULTS: Three core objectives were pursued: a scoping review and two original research articles. Drafts for both manuscripts are completed and under preparation for publication, alongside the full thesis write-up.

CONCLUSION: Early adolescence offers a window for NCD prevention, yet evidence in South Africa remains fragmented. Our findings indicate that multicomponent school-based interventions can improve select metabolic and behavioural outcomes in the short term, though longer-term sustainability is uncertain. Policy and programme design must prioritise scalable, context-sensitive strategies that address socioeconomic disparities. Continued longitudinal research is essential to determine whether early adolescent interventions translate into reduced NCD morbidity in adulthood.

RCDI UK-STAFF DEVELOPMENT PROGRAMME

13. CLINICAL SPECTRUM, GENETIC SUSCEPTIBILITY AND QUALITY OF LIFE OF SOUTH AFRICAN ADULTS WITH GOUTY ARTHRITIS

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BACKGROUND: Gout is a progressive and painful inflammatory arthritis that affects physical activity and quality of life in an affected individual. The clinical presentation, environmental and genetic risk factors and quality of life measures have been poorly investigated in the African setting. Multiple single nucleotide polymorphisms identified in population groups worldwide and disease specific and non-specific health related quality of life measures will be evaluated in clinical cohort of South African patients diagnosed with gouty arthritis.

METHODS: A cross-sectional study of patients with gout will be carried out in three South African tertiary rheumatology clinics. Data collected will include demographic information, clinical information and laboratory results, quality of life measures and a blood sample for genetic analysis. Data will be analyzed using R and other appropriate software. Descriptive data will be expressed as proportions and count data for categorical variables whilst means and median will be used for continuous variables. A chi square test will be used to infer the association of different categorical variables amongst gout patients and disease severity. A Cronbach alpha value of > 0.7 will be used to ensure consistency within the quality-of-life measure scores and work productivity activity scores to ensure test reliability. Logistic regression will be used to evaluate the association between gout severity and other population parameters. Multivariate analyses will be used to determine the association between selected SNPs with the clinical, population and biochemical parameters of gout and disease severity. P-values of less than 0.05 will be considered statistically significant for all inferential statistics.

RESULTS: Data collection in the 3 selected clinical sites is ongoing. A scoping review on gout among Africans have been submitted for publication.

CONCLUSION: The results will identify a clinical corelation between clinically significant single nucleotide polymorphisms, clinical presentation and quality of life in South African patients with gouty arthritis.

14. NEGATIVE APPENDECTOMY RATE IN PAEDIATRIC PATIENTS IN A RESOURCE-LIMITED REGION

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BACKGROUND: Appendicitis remains one of the most common surgical emergencies worldwide, with a lifetime risk of 8.6–9.89% in males and 6.7–9.61% in females. Although the incidence appears to be declining in high-income countries, it remains comparatively higher in low- and middle-income countries and has remained stable among children aged 0–4 years. In South Africa, where many patients rely on the public healthcare sector, marked disparities exist in the presentation and outcomes of appendicitis between public and private healthcare settings. Patients treated in the private sector are more likely to present earlier and with fewer complications than those treated in the public sector. This study aimed to assess the negative appendectomy rate among paediatric patients in a resource-limited region.

METHODS: This was a five-year retrospective cross-sectional study conducted at the three tertiary facilities in the Eastern Cape, South Africa, that manage paediatric patients with appendicitis. Patient records for the study period were retrieved using convenience sampling. Data were analysed using IBM SPSS Statistics version 29 (IBM Corp., Armonk, NY, USA).

RESULTS: A total of 1,516 paediatric patients underwent appendectomy during the study period. The negative appendectomy rate was 0.5% (8 patients).

CONCLUSION: Most patients presented with AAST grade III or higher appendicitis, and the negative appendectomy rate was very low.

15. THE RELATIONSHIP BETWEEN CENTRAL BLOOD PRESSURE, NT-PROBNP, AND HS-CTNI IN WOMEN WITH MATERNAL COMPLICATIONS OF HYPERTENSIVE DISORDERS OF PREGNANCY

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BACKGROUND: Central blood pressure (CBP), N-terminal pro B-type natriuretic peptide (NT-proBNP) released from the left and right cardiac ventricle in response to ventricular volume expansion and pressure overload, and high sensitivity cardiac troponin I (hs-cTnI), produced in response to cardiomyocyte damage, may predict the degree of peripheral perfusion and the risk of end organ damage. The main objective of the study was to compare the levels of CBP and these cardiac biomarkers in women with maternal complications of hypertensive disorders of pregnancy (HDP).

METHODS: This was a cross-sectional study that enrolled 270 women with HDP and 270 normotensive pregnant controls. Data on socio-demographic and cardiac biomarkers, and markers of target organ damage were collected.

RESULTS: The median levels of the CBP and cardiac biomarkers were significantly higher among hypertensive participants with maternal complications (n=107/270) than those without complications (n=163/270). Specifically, the central systolic blood pressure (CSBP) levels were 133 (120-142) mmHg vs 128 (109-129) mmHg (p=0.033) and the central diastolic blood pressure (CDBP) levels were 75 (62-86) mmHg vs 69 (56-73) mmHg (p<0.01) while NT-proBNP levels were 446 (145-1126) vs. 57 (21-167)) pg.ml-1; p<0.0001, and hs-cTnI levels were 12 (7-35) ng.L-1 compared to 8 (3-8) ng.L-1; p<0.0001.

CONCLUSION: In conclusion, the study found that pregnant hypertensive women with maternal complications had significantly higher median values of CSBP and CDBP, NT-proBNP, and hs-cTnI in compared to those without complications. These findings suggest that measuring these vital signs and cardiac biomarkers in hypertensive pregnancies might be helpful for screening and monitoring maternal complications.

16. SOCIO-DEMOGRAPHIC FACTORS ASSOCIATED WITH ALCOHOL AND TOBACCO USE AMONG VIRALLY SUPPRESSED PEOPLE LIVING WITH HIV IN THE EASTERN CAPE, SOUTH AFRICA

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BACKGROUND: Alcohol and tobacco use remain important public health concerns among people living with HIV (PLWH), even after achieving viral load suppression. This study examined the socio-demographic factors associated with alcohol and tobacco use among virally suppressed PLWH in the Eastern Cape Province, South Africa.

METHODS: A cross-sectional study was conducted among 244 adults receiving antiretroviral therapy with suppressed viral loads at public healthcare facilities in the Eastern Cape Province. Data were collected using the Alcohol Use Disorders Identification Test (AUDIT) and the WHO STEPwise questionnaire. Alcohol use was classified according to the AUDIT, and participants were further categorised into low-risk (AUDIT score <8) and risky drinking (AUDIT score ≥8) for regression analyses. Associations between socio-demographic characteristics and alcohol use were initially examined using cross-tabulations and exact tests where appropriate. Univariable and multivariable binary logistic regression analyses were subsequently performed to identify factors independently associated with risky alcohol use and smoking. Adjusted odds ratios (AORs) with 95% confidence intervals (CIs) were reported, with statistical significance set at $p < 0.05$

RESULTS: Of the 244 participants, 57.0% were female, and 61.5% were employed. Overall, 60.2% of participants were classified as risky drinkers, while 44.3% were current smokers. In the multivariable analysis, employment status and marital status were independently associated with risky alcohol use. Employment status was also independently associated with smoking after adjustment for other socio-demographic factors. Gender and age were not independently associated with either risky alcohol use or smoking.

CONCLUSION: Alcohol use and tobacco smoking remain common among virally suppressed PLWH in the Eastern Cape Province. Although viral load suppression is an important treatment outcome, it does not fully reflect broader health behaviours that may compromise long-term health. Integrating routine screening for alcohol and tobacco use, together with targeted behavioural interventions and harm reduction strategies, into comprehensive HIV care may improve long-term health outcomes.

RESEARCHERS SUPPORTED THROUGH RCD GRANTS

17. MATERNAL PERSPECTIVE ON THE TIMING OF PROPHYLACTIC ANTIBIOTIC ADMINISTRATION AT CAESAREAN DELIVERY AND THEIR POTENTIAL NEONATAL EFFECTS: A CROSS-SECTIONAL STUDY

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BACKGROUND: Caesarean section is one of the most performed obstetric procedures worldwide and is associated with an increased risk of maternal infectious morbidity compared with vaginal delivery. The use of prophylactic antibiotics before skin incision has been shown to reduce postoperative maternal infections and is recommended by international guidelines. However, pre-operative antibiotic administration results in fetal exposure through placental transfer, raising concerns regarding potential effects on the neonatal microbiome, antimicrobial resistance, and long-term child health. Despite the established maternal benefits of preoperative antibiotic administration, little is known about mothers' preferences regarding the timing of prophylactic antibiotic administration, particularly within the South African context, more specifically in the Eastern Cape.

METHODS: This study will use a hospital based descriptive quantitative cross-sectional survey to investigate the mother's opinion regarding prophylactic pre-operative antibiotic use for caesarean section vs after cord clamping. Consecutive sampling will be used to recruit eligible participants until the required sample size is achieved. Data will be collected using a structured questionnaire comprising demographic information, obstetric history, knowledge of prophylactic antibiotics, and mothers' preferences regarding the timing of antibiotic administration. Data will be entered into a secure electronic database. Associations between participant characteristics and antibiotic timing preferences will be assessed using the chi-square test, while multinomial logistic regression will be used to identify independent predictors of maternal preference. Statistical significance will be set at $p < 0.05$.

RESULTS: Currently completing the proposal development stage. I am drafting and refining the research proposal, which will be presented to iYunivesithi Walter Sisulu for scientific review and approval before data collection.

CONCLUSION: The findings will provide insight into mothers' perspectives regarding the timing of prophylactic antibiotic administration before caesarean section. The results may contribute to patient-centered counselling, promote shared decision-making, and provide locally relevant evidence to inform clinical practice and future obstetric guidelines in South Africa.

18. ASSOCIATION BETWEEN FORMAL EDUCATION, CERVICAL CANCER KNOWLEDGE, AND HEALTH-SEEKING BEHAVIOUR IN A RURAL EASTERN CAPE COMMUNITY, SOUTH AFRICA

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BACKGROUND: Low uptake of cervical cancer prevention services and the frequent presentation of women with advanced, incurable disease remain major challenges in low-resource settings. This study examined the association between educational attainment and knowledge of cervical cancer risk factors, symptoms, and intended health-seeking behaviour among women in a rural community in the Eastern Cape, South Africa.

METHODS: A cross-sectional study was conducted among 254 consenting women attending Tabase Community Health Centre, Eastern Cape, between July and September 2025. Participants were recruited conveniently and completed a structured questionnaire adapted from the validated tool. The questionnaire assessed socio-demographic characteristics, knowledge of cervical cancer risk factors and symptoms, lay beliefs, and intended health-seeking behaviour. Associations between educational level and study outcomes were analysed using Student's t-test, Kruskal–Wallis test, and chi-square test, with statistical significance set at $p < 0.05$.

RESULTS: Overall, 60% of participants had heard of cervical cancer. Women with primary education had lower risk factor knowledge scores (median 6, IQR 3–8) than those with secondary (7, IQR 5–10) and tertiary education (7, IQR 6–10; $p < 0.001$). Symptom knowledge scores did not differ significantly across educational groups ($p = 0.287$). However, overall cervical cancer knowledge was significantly lower among women with primary education (14, IQR 9.5–17.5) compared with those with secondary (17, IQR 13–20) and tertiary education (16, IQR 14–18; $p = 0.005$). Misconceptions persisted across all educational levels, with many participants attributing cervical cancer to vaginal insertions or spiritual causes. Participants with tertiary education were more likely to seek professional care and expressed greater concern about a cervical cancer diagnosis.

CONCLUSION: Cervical cancer knowledge increased with educational attainment; however, important misconceptions remained across all educational levels. Culturally relevant, evidence-based health education interventions are needed to improve understanding, challenge inaccurate beliefs, and promote prevention, early detection, and timely treatment.

19. CANCER EPIDEMIOLOGY AND DECENTRALIZATION SERVICE PROGRAM INITIATION: A CROSS-SECTIONAL ANALYSIS OF HOSPITAL-BASED ONCOLOGY ADMISSIONS AND CANCER SERVICE DISPARITIES

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BACKGROUND: Cancer remains a growing public health challenge globally, with increasing demand for oncology services, particularly in resource-limited settings. In South Africa's Eastern Cape Province, tertiary hospitals face rising patient loads amid constrained infrastructure and late-stage presentation. This study assessed temporal trends, gender differences, and cancer-type distribution in oncology service utilisation at Nelson Mandela Academic Hospital (NMAH) from April 2023 to February 2025.

METHODS: A retrospective quantitative observational time-series design was used. Monthly aggregated oncology service data were extracted from hospital records, including total cancer attendances, gender distribution, cancer types, and service utilisation indicators (new cases, follow-ups, chemotherapy, hormone therapy, palliative care, admissions, referrals, and mortality). Descriptive statistics, Pearson correlation, and simple linear regression were applied to assess temporal trends. Time (months) was the independent variable.

RESULTS: A total of 16,368 cancer-related encounters were recorded, with a mean of 706.4 cases per month. Females accounted for 11,816 cases, significantly exceeding males (4552). Breast cancer was the most prevalent malignancy (5763 cases), followed by other cancers (4316) and cervical cancer (3616). Cervical cancer demonstrated a strong and statistically significant increasing trend ($r = 0.619$, $p = 0.002$), while lung cancer also showed a significant upward trend ($r = 0.549$, $p = 0.007$). Breast cancer showed a positive but non-significant trend ($p = 0.163$), whereas prostate and oesophageal cancers showed no significant temporal changes. Service utilisation was dominated by follow-up visits (14,761) and palliative care (16,911), indicating a high burden of advanced disease. Overall attendance showed an increasing trend, peaking at 1039 cases in April 2024, with seasonal declines in December–January.

CONCLUSION: Oncology service utilisation at NMAH is increasing, with marked gender disparities and rising trends in cervical and lung cancers. The high reliance on palliative and follow-up care highlights late presentation and advanced disease burden. Strengthening early detection, screening programmes, and decentralised oncology service capacity is essential to address the growing cancer burden in this setting.

20. ESTIMATING AND RANKING OF COMMON CANCERS IN SOUTH AFRICA'S EASTERN CAPE AND MPUMALANGA PROVINCES: A PATIENT SURVEY IN THREE REFERRAL HOSPITALS

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BACKGROUND: Cancer is a rising public health concern in South Africa, with varying incidence and prevalence trends between provinces. This study aimed to investigate the approach to estimating and ranking common cancers in South Africa's Eastern Cape and Mpumalanga provinces through a patient survey in three referral hospitals.

METHODS: A quantitative cross-sectional design was employed from 1 April 2022 to 31 July 2022. A total of 425 patients were recruited to participate in this study. Patients were purposively sampled. Pretests were conducted to determine the reliability and validity of the instruments. Data were coded in Microsoft Excel and Stata; version 18 was used for data analysis. Ethical principles were observed and ensured throughout the study.

RESULTS: The results show the highest prevalence as breast cancer with 37.65% representing 160 cases, followed by cervical cancer with 19.06% (81 cases), and prostate cancer with 12.00% (51 cases).

CONCLUSION: This study provided valuable insights into the prevalence and distribution of common cancers in the Eastern Cape and Mpumalanga provinces of South Africa based on data collected from patients across three referral hospitals.

21. EXPLORING CLINICAL GOVERNANCE AND ORGANISATIONAL LEARNING IN PUBLIC SECTOR HOSPITALS IN THE EASTERN CAPE AND MPUMALANGA PROVINCES OF SOUTH AFRICA

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BACKGROUND: Public hospitals in South Africa continue to underperform against national quality standards despite the implementation of clinical governance reforms. This study examined how clinical governance and organisational learning influence hospital performance in public hospitals in the Eastern Cape and Mpumalanga provinces. Elective surgical management was used as an illustrative tracer to integrate clinical governance and organisational learning, thereby enhancing hospital performance.

METHODS: A mixed-methods approach comprising four sub-studies was employed. Sub-study 1 involved qualitative research through in-depth interviews with hospital managers, data were thematically analysed. Sub-studies 2 and 3 consisted of two retrospective cross-sectional audits of theatre logbooks to assess elective surgical cancellations. Sub-study 4 was a quantitative cross-sectional survey conducted with health professionals to gather their perceptions of elective surgery cancellations.

RESULTS: Managers understood clinical governance as a coordinating framework for quality and safety; however, its practice was largely reactive and compliance-driven. The theatre audits demonstrated an elective surgical cancellation prevalence of 25.6%. Most cancellations were attributable to modifiable system-level failures, dominated by leadership and governance deficits, particularly overbooking (43.2%). Timeliness of slate starts and finishes showed no significant association with cancellations, although the median first-case start time of 09h00 signalled persistent operational inefficiency. Health professionals corroborated these patterns, identifying emergency case prioritisation, overbooking, and instrument shortages as the most disruptive factors.

CONCLUSION: Formal clinical governance structures alone are not enough to improve hospital performance if managers lack operational authority, resources, reliable information, and effective methods for translating evidence into action. Elective surgical cancellations and delays are not merely isolated inefficiencies in the operating room; they are clear indicators of broader issues in hospital governance and organisational learning. To enhance hospital performance, clinical governance must be redefined as a learning-oriented system that incorporates routine monitoring, multidisciplinary reflection, timely corrective actions, and institutional accountability.

22. THE IMPACT OF HORMONAL LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCS) ON HORMONAL PROFILES AND PSYCHOSEXUAL WELL-BEING-A RANDOMIZED TRIAL IN REPRODUCTIVE-AGE WOMEN IN THE EASTERN CAPE OF SOUTH AFRICA

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BACKGROUND: Hormonal Long-Acting Reversible Contraceptive methods (LARCs) are highly effective in preventing unintended pregnancies but evidence addressing broader effects on hormonal parameters, sexual function, mood and well-being and their correlation remain limited. Research from our unit has shown favorable clinical and hormonal profiles with the Levonorgestrel Implant which is registered in South Africa but unavailable in public service. The accessibility of the highly effective Levonorgestrel intrauterine system is also restricted. On the other hand, the widely available Etonogestrel Implant has shown in some trials negative effects on sexual function. No randomized trials exist comparing these LARCs regarding hormonal profiles, psychosexual health and their relationship. As non-hormonal arm we will include the commonly used copper intrauterine device, which has the drawback of increased menstrual blood loss. This is an important consideration in a population with high rates of iron deficiency. Depending on funding, iron studies will be included in the comparison. Confirmation of Levonorgestrel benefits on hormonal profiles by this research (Part 1-PhD) will provide a basis for sample size calculation for Part 2 of this trial for the clinical aspects. The findings may contribute to wider and easier adoption of Levonorgestrel containing contraceptive devices in the public service.

METHODS: A prospective randomized comparative study will be conducted to investigate the effects of the 2 implants and 2 intrauterine devices on hormonal and psychosexual parameters at baseline and at 6 months. The trial will be carried out at Frere Hospital, Maternity section, in East London, in patients seeking contraception. For the primary outcome (Part 1) of this study (hormonal levels) performed sample size calculation aims at a target size of 50 participants per group. Blood and urine samples will be analysed and validated questionnaires will be used for the clinical parameters.

RESULTS/PROGRESS TO DATE: Protocol stage, Collaborator's contract has been submitted for approval by Vice Chancellor.

23. EXPLORING THE QUALITY OF CLINICAL RECORDS FOR EFFECTIVE CLINICAL GOVERNANCE IN SELECTED SOUTH AFRICAN REFERRAL HOSPITALS

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BACKGROUND: High-quality clinical records are fundamental to patient safety, continuity of care, accountability, quality improvement, and clinical governance. However, evidence on the quality of clinical records and the organisational factors influencing documentation quality in South African public hospitals remains limited, undermining efforts to strengthen health information systems and governance. This study assessed clinical record quality, organisational determinants associated with documentation quality, explored stakeholders' perceptions of its implications for healthcare delivery and clinical governance, and integrated the findings to develop evidence-based recommendations for improving clinical record quality in selected South African referral hospitals.

METHODS: A convergent mixed-methods design was employed across referral hospitals. Quantitative data comprised a retrospective audit of patient clinical records using a validated assessment tool and a cross-sectional survey of healthcare professionals. Qualitative data were collected through semi-structured interviews with ward-based healthcare professionals and hospital managers. Quantitative data were analysed using descriptive, inferential, exploratory factor, and multiple regression analyses, while qualitative data were analysed thematically.

RESULTS: Findings were integrated through mixed-methods synthesis. Clinical record quality was multidimensional, with timeliness generally demonstrating higher performance than completeness and usability. Organisational support, record system accessibility, and governance structures were significant determinants of perceived clinical record quality. Qualitative findings demonstrated that clinical records support continuity of care, patient safety, accountability, medico-legal defence, quality improvement, and clinical governance, while poor documentation contributed to delayed care, communication failures, weakened accountability, and reduced organisational learning. Integrated findings showed that clinical record quality is an organisational capability shaped by the interaction of documentation practices, organisational systems, and governance processes. Improving clinical record quality requires coordinated system-level interventions that strengthen governance, documentation practices, record accessibility, routine audit, workforce support, and health information systems.

CONCLUSION: The study provides an integrated evidence base to inform future studies, and policies and strategies for strengthening clinical governance and healthcare quality in South African public hospitals.

24. ASSESSING PATIENTS' EXPERIENCE OF CARE IN FOUR REFERRAL HOSPITALS: A CROSS-SECTIONAL SURVEY OF OUTPATIENTS IN TWO SOUTH AFRICAN RURAL PROVINCES

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BACKGROUND: Patient experience of care surveys are an important component of performance improvement and clinical effectiveness because they serve as a good proxy for patient's satisfaction and the quality of care. The purpose of this study was to assess patients' experience of care in four referral hospitals in two of South Africa's rural provinces.

METHODS: A cross-sectional study was conducted in four public hospitals in Eastern Cape (Nelson Mandela Academic (NMAH) and St. Elizabeth (SEH)) and Mpumalanga provinces (Rob Ferreira (RFH) and Themba) for two weeks in July 2022. Systematic random sampling was used to select 662 outpatients. A validated patient experience of care questionnaire measuring demographics, access to care, availability of medicines, cleanliness, staff attitudes and waiting times was used. The level of statistical significance was p-value ≤ 0.05.

RESULTS: Females accounted for 71.6% (474/662) of participants; the median age was 47 years and 20.2% (133/657) required assistance with a disability. Only 19.0% (31/659) of patients had been turned away from hospital previously; one hospital was reported to not be clean (68.5%, 111/162); more than two-thirds of Mpumalanga province participants (223/329, 67.8%) reported absence of drinking water (p-value < 0.0001); 68.5% (111/162) of Themba participants did not think that the hospital was clean compared to NMAH's 82.2% (134/163) who thought it was clean (p-value < 0.0001). At least 70% of participants in each of the hospitals found the health professionals to be respectful towards patients (p-value < 0.0001). In all hospitals, at least half of the participants did not know the processes to be followed when lodging a complaint (p-value = 0.002). None of the four hospitals met all the national targets. And only two out of 28 potential domains exceeded 80% or the cut-off score for satisfaction.

CONCLUSION: Whilst hospitals have been implementing various quality measures to improve patient's experience of care, there are a few concerns such as non-availability of drinking water, lack of knowledge of complaints processes and waiting times that were mostly reported to be unacceptable. Efforts should be made to address the highlighted areas that affect patient experiences to continue improving patient care.

25. BARRIERS TO ACCESSING CANCER CARE SERVICES IN EASTERN CAPE AND MPUMALANGA PROVINCES OF SOUTH AFRICA: CANCER SURVIVORS' PERSPECTIVES

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BACKGROUND: Cancer remains a major global public health challenge, with the World Health Organization estimating 20 million new cases and 9.7 million deaths in 2022. Equitable cancer care requires timely access to prevention, diagnosis, treatment, and follow-up services. However, access in rural South Africa is constrained by structural, economic, health system, and sociocultural factors. This study explored cancer survivors' experiences of accessing care in the Eastern Cape and Mpumalanga provinces.

METHODS: A qualitative study was conducted between November 2021 and January 2022 using semi-structured interviews with adult cancer survivors attending tertiary referral hospitals in the rural Eastern Cape and Mpumalanga provinces of South Africa. Participants were recruited through purposive and convenience sampling. Interviews explored diagnostic pathways, comorbidities, and barriers to accessing cancer care. Data were analysed inductively using Braun and Clarke's thematic analysis, and the findings were interpreted using the World Health Organization Health System Building Blocks Framework.

RESULTS: Thirty-three participants aged 30–74 years were interviewed. Most were women (n=25) and unemployed (n=23). Breast cancer (n=14) and cervical cancer (n=9) were the most common diagnoses, accounting for over two-thirds of all cases. Four themes emerged: poor infrastructure, financial barriers, environmental and contextual challenges, and health system obstacles. Participants described long travel distances, transport costs, fragmented referral pathways, limited oncology services, and inadequate health information, all of which contributed to delayed diagnosis, interrupted treatment, and psychological distress.

CONCLUSION: Rural cancer survivors experience interconnected structural, economic, and health system barriers that compromise timely access to cancer care. Addressing these inequities requires decentralised oncology services, strengthened referral systems, transport assistance, improved patient education, and integrated psychosocial support. Coordinated action by policymakers, healthcare providers, and communities is essential to improve equitable access and cancer outcomes in rural South Africa.

26. DEVELOPING HEALTH BEHAVIOURAL STRATEGIES TO REDUCE THE BURDEN OF PROSTATE CANCER IN THE EASTERN CAPE PROVINCE OF SOUTH AFRICA

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BACKGROUND: Prostate cancer is the most commonly diagnosed cancer among men in South Africa and is a major public health concern, particularly among Black African men in rural and underserved communities. Despite advances in diagnosis and treatment, many men present with advanced disease, leading to poor outcomes and increased mortality. In the Eastern Cape, low awareness, sociocultural barriers, delayed healthcare-seeking behaviour, and health system challenges contribute to the disease burden. Persistent inequalities in access to prevention, early detection, and treatment services highlight the need for context-specific interventions to improve men's health outcomes. This study aimed to develop health behavioural strategies to reduce the burden of prostate cancer in the Eastern Cape Province, South Africa.

METHODS: A multi-methods research design comprising four interrelated studies was used. First, a scoping review examined prostate cancer prevention and control strategies across Africa. Second, a quantitative cross-sectional study analysed secondary data from prostate cancer patients treated at Nelson Mandela Academic Hospital to assess disease burden and referral patterns. Third, a qualitative phenomenological study explored the experiences of prostate cancer survivors. Fourth, a qualitative exploratory study investigated men's knowledge, perceptions, attitudes, and health-seeking behaviours. Findings from all phases were integrated to develop contextually relevant health behavioural strategies.

RESULTS: The scoping review found that interventions across Africa largely focus on secondary and tertiary prevention, with limited attention to primordial and primary prevention. While awareness campaigns improved knowledge, they often failed to achieve sustained behavioural change. The epidemiological study revealed a high burden of advanced and high-risk prostate cancer at diagnosis. Qualitative findings showed that health-seeking behaviour is influenced by masculinity norms, cultural beliefs, stigma, fear of diagnosis, traditional healing practices, limited awareness, and barriers to healthcare access. Survivors described delayed symptom recognition, fragmented diagnostic pathways, and psychosocial challenges. Overall, prostate cancer outcomes were shaped by interconnected social, behavioural, cultural, and health system factors.

CONCLUSION: The study demonstrated that knowledge alone is insufficient to promote early detection and healthcare utilisation. Effective prostate cancer control requires interventions that address both individual and contextual determinants of behaviour. Guided by the Ottawa Charter for Health Promotion and behavioural theories, the proposed strategies emphasise health education, survivor involvement, strengthened primary healthcare services, improved referral pathways, and integration of prostate cancer prevention across all levels of care. The study provides evidence to inform policy, practice, and future interventions aimed at reducing prostate cancer morbidity and mortality in rural South Africa.

27. PROFILES OF NEONATAL DEATHS AT A RURAL HOSPITAL IN THE EASTERN CAPE, SOUTH AFRICA: A RETROSPECTIVE DESCRIPTIVE STUDY

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BACKGROUND: Neonatal mortality remains a significant public health challenge in South Africa, particularly in rural settings where health outcomes continue to reflect structural inequities rooted in the apartheid era. This study aimed to describe maternal and neonatal characteristics among neonatal deaths at a rural hospital in the Eastern Cape from 2019 to 2025.

METHODS: This retrospective descriptive study used data extracted from routinely collected maternal and neonatal records and analysed using IBM SPSS version 30. During the study period, 28,107 live births and 252 neonatal deaths were recorded, corresponding to a neonatal mortality rate (NMR) of 9.0 per 1,000 live births. Of the identified neonatal deaths, 200 records contained sufficient information for analysis.

RESULTS: Most neonatal deaths occurred among preterm neonates (64.8%), low birth weight infants, and male neonates (58.1%). Most deaths occurred during the early neonatal period, particularly within the first three days of life in this facility. Birth asphyxia (49.7%), hypothermia (33.3%), and neonatal infection or sepsis (17.1%) were among the most frequently documented clinical conditions. Among mothers with available records, late antenatal booking and infrequent antenatal care attendance were commonly documented.

CONCLUSION: These findings provide a descriptive profile of neonatal deaths at a rural district hospital and highlight patterns requiring further investigation and quality improvement initiatives. The study also demonstrates the importance of improving data completeness and routine neonatal surveillance in rural healthcare settings.

28. OBSERVED HOSPITAL MANAGEMENT INVOLVEMENT IN THE IMPLEMENTATION OF CLINICAL GOVERNANCE ACTIVITIES IN TWO SOUTH AFRICAN PROVINCES

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BACKGROUND: Healthcare managers play a critical role in promoting continuous quality improvement and maintaining consistent standards of care. South Africa's public hospital management system has been characterised as weak; however, increased managerial involvement in clinical governance offers an opportunity to strengthen clinical–administrative leadership and improve the quality of care. This study aimed to determine the extent of hospital management involvement and the perceived importance of such involvement in the implementation of clinical governance activities in public hospitals in the Eastern Cape and Mpumalanga provinces.

METHODS: A quantitative cross-sectional study was conducted in four public hospitals: St. Elizabeth and Nelson Mandela Academic hospitals in the Eastern Cape, and Themba and Rob Ferreira hospitals in Mpumalanga. Participants included nurses, medical doctors, pharmacists, dentists, and allied health professionals. A stratified random sample of 720 participants was calculated, of whom 377 responded (233 from the Eastern Cape and 144 from Mpumalanga). Data were analysed using STATA version 18.

RESULTS: Nursing operations managers (70.8%), non-specified health professionals (64.9%), and nursing service managers (64%) demonstrated the highest levels of engagement in clinical governance activities. In contrast, participation among non-clinical managers was low, including finance managers (14.6%), information managers (14.4%), corporate service managers (12.1%), and chief executive officers (8.4%). Clinical managers were reported as not participating at all in 5.7% of cases. Despite these differences, 90% of respondents considered hospital management involvement important for clinical governance implementation.

CONCLUSION: Hospital management involvement in clinical governance was evident and considered important in both provinces. However, the lower participation of non-clinical managers indicates an implementation gap, highlighting the need for targeted training to improve understanding and effective participation in clinical governance.

29. AN EXPLORATORY STUDY OF THE PERSPECTIVES OF HOSPITAL BOARD MEMBERS ON CLINICAL GOVERNANCE IN SELECTED REFERRAL HOSPITALS IN THE EASTERN CAPE AND MPUMALANGA PROVINCES

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BACKGROUND: Clinical governance is an essential framework for ensuring accountability, patient safety, and the continuous improvement of healthcare quality. In South Africa, hospital board members are central to implementing clinical governance at the institutional level. However, limited research has explored their perspectives, particularly in provincial referral hospitals that face significant governance and resource challenges.

METHODS: An exploratory qualitative study was conducted. Data was collected through semi-structured interviews with eight hospital board members purposively selected from four referral hospitals in the Eastern Cape and Mpumalanga provinces. The interviews explored hospital board members' understanding of clinical governance, the extent of their involvement in clinical governance, as well as barriers and enablers to the implementation of clinical.

RESULTS: The results revealed that most board members understood clinical governance as a system for ensuring accountability, improving the quality of care, and promoting patient safety. However, a few had a limited understanding of its broader purpose and perceived it mainly as a management function rather than a shared responsibility. Hospital boards were largely involved through oversight and participation in meetings, though their operational influence was limited. Several systems were in place to support clinical governance, including queue management systems, the District Health Information System (DHIS), paperless records, quarterly meetings, and weekly complaint monitoring. While these systems supported oversight, their effectiveness varied due to infrastructure and data challenges. Key enablers identified by participants included strong leadership and executive support, effective management, regular meetings, adequate resources, and functional record management systems. Training, continuous quality improvement initiatives, and the use of iv patient satisfaction surveys and clinical data also helped strengthen accountability and guide decision-making. These factors promoted collaboration, teamwork, and a culture of learning across departments. Major barriers included staff shortages, aging infrastructure, budget constraints, procurement delays, and inconsistent decision-making powers.

CONCLUSION: The study concludes that while hospital boards recognize the importance of clinical governance, their influence in practice remains constrained by structural and systemic barriers. Strengthening clinical governance requires decentralizing decision-making powers, enhancing leadership and communication, capacitating hospital board members through continuous training, implementing electronic patient record systems, and addressing staffing and infrastructure limitations.

30. SYSTEMIC CHALLENGES AFFECTING HOSPITAL PERFORMANCE: OPERATIONAL MANAGERS' EXPERIENCES OF IMPLEMENTING CLINICAL GOVERNANCE IN SOUTH AFRICAN PUBLIC HOSPITALS

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BACKGROUND: Clinical governance is a key strategy for improving healthcare quality. Although South Africa has established comprehensive policies and legislative frameworks to support clinical governance, implementation remains inconsistent. Operational managers play a critical leadership role in translating governance policies into routine clinical practice and implementing quality improvement initiatives. Yet little is known about their experiences and the organizational factors influencing implementation. This study explored operational managers' experiences of implementing clinical governance in selected public hospitals in the Eastern Cape and Mpumalanga Provinces of South Africa.

METHODS: A qualitative exploratory study was conducted among 19 purposively selected operational managers from three public hospitals. Data were collected through three focus group discussions using a semi-structured interview guide. Discussions were audio-recorded, transcribed verbatim, translated into English where necessary, and analysed using inductive thematic analysis. A systems-based clinical governance framework guided the interpretation of findings.

RESULTS: Four interrelated themes emerged: (1) system pressures and contextual realities, characterised by overcrowding, weak referral systems, infrastructure deficiencies, and resource shortages; (2) human resource crisis and organisational fragility, including chronic staff shortages, excessive workloads, inadequate managerial support, and unsafe working environments; (3) service delivery breakdowns and patient care gaps, reflected in treatment delays, inefficient patient flow, and compromised patient safety; and (4) clinical governance gaps and quality improvement limitations, including poor implementation of governance plans, leadership deficiencies, limited staff training, and weak monitoring and accountability systems. Participants consistently reported that these interconnected challenges constrained the effective implementation of clinical governance and compromised the delivery of safe, high-quality care.

CONCLUSION: Clinical governance implementation in South African public hospitals is constrained by systemic, organisational, and leadership challenges. Strengthening workforce capacity, leadership, infrastructure, resource allocation, and monitoring systems is essential. Systems-based strategies that empower operational managers should be adopted to achieve sustainable quality improvement and safer patient care.

31. ASSESSING BARRIERS TO PROSTATE CANCER SCREENING AND DIAGNOSIS IN QUMBU, EASTERN CAPE PROVINCE, SOUTH AFRICA

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BACKGROUND: Prostate cancer is the most commonly diagnosed malignancy among South African men, with Black African men experiencing a disproportionately high incidence and mortality rate. Although screening methods are available, early detection in rural areas remains inadequate due to limited awareness, sociocultural beliefs, systemic constraints in health services, and suboptimal health-seeking behaviour. This study aimed to assess knowledge, awareness, and perceived barriers to prostate cancer screening and diagnosis among men aged 40 years and older in Qumbu, a rural community in the Eastern Cape Province.

METHODS: A cross-sectional quantitative survey was administered to 150 men aged 40 years and older using a structured questionnaire addressing demographics, awareness, screening behaviour, cultural beliefs, and perceived barriers. Convenience sampling was employed, and data were analyzed descriptively. Ethical approval was obtained from the Walter Sisulu University Human Research Ethics Committee (289/2025) and the Eastern Cape Department of Health (EC_202511_028).

RESULTS: Among the 150 participants, 58.7% had heard of prostate cancer, most frequently through television or radio (42%) and clinics (34.1%). Screening uptake was low: 74.6% had never been screened, and only 24.7% had ever been screened. Major barriers included lack of knowledge about screening locations (39.3%), fear of diagnosis (29.5%), embarrassment (13.4%), and concerns regarding treatment costs (17.9%). Provider-initiated discussions were infrequent, as 67.3% of participants had never discussed prostate cancer with a healthcare worker, and 33.3% reported cultural influences on health-seeking behaviour. Awareness was strongly associated with education (14.3% among those with no formal schooling compared to 100% among those with tertiary education) and locality (87.8% in urban areas compared to 52.3% in rural areas). Awareness was highest among men aged 40 to 49 years (65.2%), declined in the 50 to 69 age group, and increased again among those aged 70 to 83 years (61.5%). Despite low awareness and screening uptake, 91.3% of participants expressed willingness to seek treatment if diagnosed.

CONCLUSION: Men in this rural Eastern Cape community exhibit low awareness and limited uptake of prostate cancer screening, influenced by individual-level barriers such as fear, embarrassment, cost, and lack of knowledge, as well as health-system gaps including limited provider-initiated discussion and inconsistent access to services. These challenges are further compounded by disparities related to education and rural residence. Implementing culturally sensitive community-based health education, enhancing primary healthcare provider engagement, and expanding access to screening services are necessary to improve early detection and reduce late-stage presentation.

32. RELIABLE INFORMATION SOURCES CONSULTED BY NURSES AT THE POINT OF CARE IN FOUR SELECTED SOUTH AFRICAN REFERRAL HOSPITALS

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BACKGROUND: Information is a crucial tool for nurses, and how they acquire and use it is key to their performance. Professional nurses need information that is accessible, good quality, up-to-date, manageable, and relevant, as well as information services that assist in finding that information. This study assessed the most reliable information sources nurses use to make clinical decisions at the point of care.

METHODS: A quantitative cross-sectional survey was conducted in four referral hospitals across four South African provinces, Mpumalanga, Limpopo, Eastern, and Northern Cape, between May and July 2022. The hospitals were identified using simple random sampling. Stratified random sampling was utilised to select nurses within the hospitals. Questionnaires were distributed to 587 nurses. Data were entered into Microsoft Excel and analysed using STATA version 17 and SPSS version 26.

RESULTS: The 424 nurses surveyed were almost evenly spread between the four hospitals. Nurses mostly relied on nursing colleagues (86.8%, 362/417) or doctors (78.4%, 309/394) for information whilst they sometimes consulted protocols or guidelines (63.5%, 247/389). They seldom used library books (62.2%, 212/341).

CONCLUSION: Nursing colleagues are the most common source of information nurses use to gather information. Therefore, it is imperative to ensure that nurses are supported with means to verify the accuracy of information given by other colleagues.

Abstract Reviewers

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