THE USE OF SOCIAL MEDIA AS A RELATIONSHIP ENHANCEMENT COMMUNICATION TOOL BETWEEN MEDICAL PRACTITIONERS AND PATIENTS AT HLABISA HOSPITAL

Dissertation submitted in partial fulfillment of the requirements for the degree: Master's in Management Sciences in Public Relations the Faculty of Management Sciences at the Durban University of Technology

by

Jacqueline T. Sikhakhane
21227331

November 2022

Supervisor: Dr L.M. Lekhanya

PhD (UWC): Management; D-Tech (DUT): Marketing

Signature:_ Date: 23 November 2022

ABSTRACT

Communication is a broad concept it is essential in both human and patient care relation and includes all possibilities in which people can exchange information with each other. Good medical practitioner and patient communication have the potential to help facilitate comprehension of medical information and allow for better identification of patient's needs, perceptions, and expectations. Poor communication by healthcare medical practitioners contributes to physical and psychological suffering in patients living a serious disease. Communication breakdowns are global in medicine and lead to a variety of medical errors and patient harm. This study explores the use of social media as a relationship enhancement communication between medical practitioners and patients. It intends to connecting/link positively and constructively the medical practitioner and patients via social media by considering medical ethics. The research will collect data from focus-groups and will include academic journals, books, newspapers, and Reports. The data will be analyzed using the computerized NVivo Software (version 12. Pro) and thematic analysis. The aim of this chapter is to provide an overview of the research methods and population study used with intention of investigating the use of social media as a relationship enhancement communication between medical practitioners and patients. Qualitative approach was used in this study to attain its objectives, 8 participants were used for the sample study of which 4 were patients and 2 were medical practitioners. For the main study 12 participants were used which included 8 patients and 4 medical practitioners. Participants from the sample study were not included in the main study. To conduct this research study non-probability sampling will be used mainly because of convenience and cost effective. this study found that WhatsApp and Facebook are the most suitable or used social media platforms to be used at Hlabisa hospital to facilitate communication between medical practitioners and patients as well as an important medium to advertise significant wellness events. whoever will be responsible for the Hlabisa hospital social media platform must be strategic, be well informed, authentic and strategic. use listening skills to check understanding, understand cultural differences and how they might impact communication. Be empathetic toward the patients.

DECLARATION

I **Jacqueline T. Sikhakhane** declare that:

i. This dissertation, except where otherwise indicated, is my original research.

ii. This dissertation has not been submitted for any degree or examination at any other university.

iii. This dissertation does not contain other person's data, pictures, graphs, or other information, unless specially acknowledged as being sourced from other persons.

iv. This dissertation does not contain other person's writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted their words have been re-written, but the general information attributed to them has been properly referenced; where their exact words have been used, their writing has been quoted and referenced.

v. This dissertation does not contain text, graphics or tables copied and pasted from internet, unless specifically acknowledged, and the source being detailed in the dissertation and in the reference's sections.

Signature: _____ Date: 23 November 2022

_____ 23 November 2022 (Supervisor)

13/04/2023

ACKNOWLEDGEMENTS

Firstly, I would like to thank God for the strengths I have, for the passion and commitment in my schoolwork and for the faith in my life. I would also like to thank both my parents, my mother (Benedictor) and my farther (Stephan) Sikhakhane for their unfailing love, support and for understanding my schoolwork pressure when I was supposed to be in family and Church gatherings.

Secondly, I would like to thank my supervisor; Dr. L. M. Lekhanya for his support, and constructive criticism. I would not want to forget all those who provided me with input towards completing this masters research project, my thanks.

I thank my siblings as well as Siphesihle Wanda and all the God sent people I met along my master's journey for their friendly advice where I needed some useful information. I would also like to thank my colleagues for encouraging me to push and believe in myself that I can do this. I also would like to thank The Church of God and Saints of Christ family under the Leadership of Bishop LBP Mthembu for their prayers.

Finally, I would like to thank Hlabisa Hospital medical practitioners and patients that participated by happily agreeing to respond to my questionnaire and by allowing me to use their lunch breaks to interview them. Also, by wishing me all the best in my studies and the overall career adventure, their kindness was indeed amazing.

God bless you all.

DEDICATION

This research study is dedicated to my mother Benedictor Ntombifuthi, Father Stephan Bhekinkosi Sikhakhane and my grandmother Harriet MaMkhwanazi Manqele.

You have taught me everything I know and have sacrificed everything for me to get the education have today. I love you very much, may God bless you abundantly.

The dedication is also for my ancestors; they may be laying in the grave yard but they live in my DNA

TABLE OF CONTENTS

LIST OF ACRONYMS AND ABBREVIATIONS

COVID-19	Coronavirus Disease of 2019
DUT	Durban University of Technology
GMC	General Medical Council
HPCSA	Health Professions Council of South Africa
ICU	Intensive Care Unit
ICT	Information and Communication Technologies
KZNDoH	Kwa Zulu Natal Department of Health
OECD	Organisation for Economic Development and Cooperation
OPD	Outpatient Department
SAMA	South African Medical Association
SM	social media
WHO	World Health Organisation

CHAPTER ONE

1.1 INTRODUCTION

1.2 SUMMARY OF THE STUDY

This study intends to explore the use of social media as a relationship enhancement communication tool between medical practitioners and patients. According to Jayasree (2015:1), communication implies the transmission and sharing of knowledge and information between different parties with the view of creating an understanding. Paynter et al (2022:1) cite has a direct impact on health care involvment. Claeys and Tricas-sauras (2021:112) explain communication is a broad concept it is essential in both human and patient care relations and includes all possibilities in which people can exchange information with each other. Claeys and Tricas-sauras further explain that there are different definitions of communications, including a definition in a definition in which communication is see as a two-way process a very applicable definition for healthcare. This concept is used for different contexts such as influencing others, passing knowledge and information, and the creation of goodwill. Therefore, the use of information need to be effective in order to achieve its objectives. Social media has been widely used for health-related objectives, particularly during the epidemic, Chang and Wang (2021:5). Social media is utilised for a variety of health-related purposes, including health treatments, health campaigns, medical education, and disease outbreak surveillance. According to Fong ha and Longnecker (2010:38-43), effective medical practitioner and patient communication is a core clinical function and the product of good communication, which is the heart and art of medicine and a central component of all healthcare delivery. Good medical practitioner and patient communication could improve medical information comprehension and allow for improved identification of patients' needs, perceptions, and expectations. Unfortunately, Tulsky et al (2017:1361-1366) argue that poor Communication between healthcare providers leads to physical and psychological pain in people suffering from a serious condition. Patients may not fully comprehend their condition, prognosis, and treatment options, or they may not receive medical care that is in line with their objectives.Muller et al (2018:1-2) stress the importance of patient safety in providing effective, high-quality health care. WHO's World Alliance for Patient Safety defines patient safety as decreasing the risk of needless harm associated with healthcare to

an acceptable level. In addition, Muller (2018:1-2) claimed that poor communication can be found in a number of health care settings, with in-patient hand-offs and situations needing swift and effective management being particularly common. The perioperative period, the Intensive Care Unit (ICU), and the emergency department are examples of such situations. The components and processes of communications and complex are prone to misunderstanding. According to Waite et al (2018:266), communication breakdowns are global in medicine and lead to a variety of medical errors and patient harm. Therefore, this study explores the use of social media as a relationship enhancement communication between medical practitioners and patients. It intends to connecting/link positively and constructively the medical practitioner and patients via social media by considering medical ethics. This study will explore social media as a medical tool to facilitate Public Relations, given that the lack of effective communication may create frustration and misunderstanding between medical practitioners and patients, which may negatively impact patient care. It is within this portent nature of miscommunication between medical practitioners and patients, that medical errors such as wrong diagnosis, wrong prescription and even poor communication services come about. Thus, in light of the aforementioned, this research/study expects coming with remedial or helpful recommendations that could assist in improving interpersonal communication between two parties. The research intends employing a qualitative approach which has the potential of eliciting insightful information in forms of views and opinions from the study participants. Exploratory design will also be used in guiding this research. The research will collect data from focus-groups and will include academic journals, books, newspapers, and Reports. The data will be analysed using the computerised NVivo Software (version 12. Pro) and thematic analysis.

1.3 CONTEXT OF THE RESEARCH

By giving us the power to continuously connect; social media has changed the way we interact with each other. A tweet can be shared in a moment with millions of individuals with the proverbial door open 24/7, at any hour of the day; people can interact with each other without hesitation via social media. It is inevitable to overlook the fact that social networks play an important role in our everyday lives nowadays. It has become our way of life and makes our lives simpler and more successful. Many

individuals already use social media, such as Face book, Twitter, Tumbler, and many more. Since the Internet and technologies have expanded exponentially, social media has advanced a lot. The internet's generalisation allows us to live effortlessly and comfortably. People use smart phones and other internet-capable devices practically everywhere. These amenities make it simple for us to engage in social networking. Even if they live a long distance away, it is beneficial to contact friends, relatives, and other folks. It is considered that a perfect form of contact is social networking. It's quick, clear, and convenient. With the challenges and happenings, good or bad, across the world, we are more up to date. According to Jacobs et al (2016:17) Social networking has changed the contact infrastructure of the planet. And it has become a common reference point and social help. The General Medical Council (GMC) of the United Kingdom recommends that doctors use social media to assist patient care by engaging users in public health and policy debates, building national and international professional networks, and improving patient access to health and service information. Effective communication and teamwork, according to Leonard (2004:86), are critical for providing high-quality, safe patient care, and communication failures are a substantial source of unintended patient damage. Because of the complexities of medical care, as well as the inherent limitations of human performance, clinicians must use standardised communication tools, foster an environment in which individuals can speak up and express concerns, and use common critical language to alert team members to potentially dangerous situations. A medical practitioner's communication and interpersonal skills include the ability to obtain statistics to enable correct diagnosis, counsel appropriately, deliver treatment recommendations, and build empathetic connections with patients. Ha and Longnecker (2010:2), these are the fundamental clinical skills in the practice of medicine, with the purpose of getting the best outcome and patient satisfaction, which are required for effective care delivery. Interactive skills build on this basic communication skill. Suitable communication mixes both patient-and doctor- cantered methods. The eventual objective of any doctor- patient communication is to progress the patient’s health and medical care. Effective medical practitioner and patient communication is a vital clinical function, and the resulting communication is the heart and art of medicine and a central constituent in the delivery of health care. Thus, according to Ha and Longnecker (2010:1), the three major goals of modern doctor-patient communication are to create a respectable interpersonal relationship, facilitate information interchange, and include patients in

decision making. According to Khubeka (2017:724), SAMA (2020:7), and Khubeka et al (2020:1), medical practitioners may use different types of social medias. But in the case of south Africa, the following social medias are mostly used: Twitter, WhatsApp, Instagram Facebook, and WhatsApp business. Good medical practitioner and patient communication has the potential to facilitate comprehension of medical information, and permit for healthier identification of patients' needs, insights, and expectations. Additionally, due to social-economic conditions, access to medical facilities and medical information is a challenge to many patients who cannot afford to have Medical-Aid. The emergence of social-media platforms such as WhatsApp could provide a solution in the improving communication between medical practitioners and patients.

This could not only save lives but also improve quality of life, reduce the time patients wait to see a medical practitioner at health facilities, for an information which they could easily access through a social-media platform, such as WhatsApp.
According to SAMA to (2020:7), it cannot be denied that social media platforms such as WhatsApp can be quick and convenient way for medical practitioners to effectively communicate with patients. However, this can create an unrealistic expectation that medical practitioners are always available, which can lead to the bridging the boundary between professional and personal interactions may be compromised. It is in this context that the proposed research aims to examine how Hlabisa Hospital's adoption of social media could improve interpersonal contact between medical practitioners and patients. Mitigate even the negative effect created by obstacles to contact between the two parties. This may be triggered by misdiagnosis, incorrect medication, or patient's failure to fully understand the medical condition because of inadequate contact between them and medical practitioner

1.4 RESEARCH PROBLEM STATEMENT

According to Bojovic et al (2018:2) and Graversen et al (2019:19), communication in terms of feedback between medical practitioners and patients is somehow delayed because of the poor communication between the patient and medical practitioner. This situation on its own tarnishes the relationship between these two parties. Chandra at el (2018:2) and Kee et al (2017:97-98) explained that it is crucial for healthcare professionals to acknowledge that communication intervention must

be individualised and that divergence can arise as the medical practitioner and patient might decode the very same message differently in other terms, divergent will affect communication enhancement and the prospect of good client relationship undermined. For example, when a medical practitioner does not understand what the patient is trying to say regarding a sickness or complaint, the translator would translate the message according to his or her own understanding and would somehow end up distorting the message. Whereas in social media a person would write in his or her mother language it automatically would translate the message being communicated of which makes life easier for both parties (medical practitioner and patient). According to Smailhodzic et al (2016:1-3) cite Previous research on social media use in healthcare found various consequences of patients using social media for health-related reasons within the healthcare system. Social media can help patients by increasing autonomy and giving psychosocial support. Smailhodzic further explain, It can also help health-care professionals by giving a tool for strengthening their market position and stimulating discussion for brand growth and enhanced service delivery. For example, Facebook. Indeed, social media may have an impact on both patients and the larger healthcare system, allowing them to obtain support and supplement offline knowledge, thereby increasing their empowerment. The connection amongst the healthcare providers and patients is influenced by how they interact with each other. The emergence of social media platforms such as WhatsApp could provide a solution in the improving communication between medical practitioners and patients. Social media can help notify emergency responders and provide a community to persons who have been diagnosed with life-threatening conditions. It can also promote healthy behaviours. Social media can save lives by linking patients and experts. This could not only save live lives but also improve quality of life, reduce the time patients wait to see a medical practitioner at health facilities, for an information which they could easily access through a social-media platform. Abbasi et al (2018:893-894) The use of social networks such as Twitter and mobile technologies is on the rise, and they are being used for many different purposes. One such service is healthcare, where the Internet and the social networks available on it have made it possible to direct efforts towards patient-centric healthcare. An important personal healthcare need is related to blood donations, and with more and more people spending time on social media sites, the media may be used to expand blood donation networks. Blood is an essential substance, with an

average adult having about 5 liters of it in the body. In developed countries, the demand for blood is on the rise due to advances in surgical procedures, while in developing countries, surgical complications may increase the demand for blood. Blood is also needed for accident or burn victims, where blood must be made available quickly.

According to Khubeka et al (2020:4), how chronic disease has been treated determined by the level of management and considered health literacy which may be animated from the kind of lifestyle of that individual. The World Health Organization, Individuals with low health literacy as a result of socioeconomic factors confront a hurdle to meeting the World Health Organization's health criteria. Social media platforms and messages can be modified to assist close the gap in medical practitioner availability between different social and ethnic groups. Subtitles can be added to video messages, allowing them to be delivered in several languages. Khubeka et al (2020:4), South Africans spend an average of 3 hours and 10 minutes per day on social media and 9 hours and 22 minutes per day on the Internet. This is more than the global average of 2 hours 24 minutes spent on social media and 6 hours 43

minutes spent on the internet every day. This allows the government to successfully use social media as a tool for medical practitioners - with the potential for expanded public participation - and as a source of information on the population's health and data requirements. This necessitates the recognition of social media as an HP enabler, necessitating the professionalisation of its administration by professionals with digital marketing abilities working closely with health specialists or improving the digital skills of health experts.

The medical structure in South Africa will have to develop systems that facilitate communication between medical practitioners and patients. It will also be critical for South African medical practitioners to protect confidentiality by communicating directly with patients via social media platforms without invading the patient's medical history. In doing this social media could solve unnecessary problems related to cost and time. For example, social media could be used to contact the available South African medical practitioner to assist a patient for instance, who is about to give

birth at home. Therefore, while waiting for an ambulance, the patient might utilise social media to contact a South African doctor who would advise the patient on what to do. Furthermore, social media sites such as YouTube could be utilised to broadcasta video of a condition that a patient is suffering from as a medical professional explains the entire illness process. An example of an illness such as Tuberculosis (TB) could fit the understanding of the description. This would assist the patient to gain a better understanding of the disease and would also play a role in making the patient understands the importance of finishing their medical course.

1.5 RESEARCH AIM

The main aim of this study consists of the use of social media as a relationship enhancement communication between medical practitioners and patients. It intends to connecting/link positively and constructively the medical practitioner and patients via social media by considering medical ethics. This study will explore social media as a medical tool to facilitate Public Relations.

1.6 RESEARCH OBJECTIVES

The prominent objectives of this study are:

1.6.1 To explore factors that contributes to improving interpersonal communication between medical practitioners and patients.

1.6.2 To determine to what extent social media could act as a communication bridge between medical practitioners and patients and its implications.

1.6.3 To suggest possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients.

1.6.4 RESEARCH QUESTIONS

The research questions are as follow:

1.6.5 What could be the factors that contributes to improving interpersonal communication between medical practitioners and patients?

1.6.6 To what extent social media could act as a communication bridge between medical practitioners and patients? And what could be the critical implications?

1.6.7 What are the possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients?

1.7 RESEARCH APPROACH AND DESIGN

1.8 STUDY POPULATION

Zhao *et al* (2013:527) describe target population as a group of entities which possess specific characteristics in which a researcher is interested. The proposed study target population will be drawn from patients visiting the hospital and from the list of medical practitioners given from Hlabisa Hospital to the researcher to select using purposive sampling method. Since this study is utilizing qualitative approach, only 12 participants, including 4 medical practitioners and 8 patients will be consulted. The reason patients would be more prevalent, is because patients are the clients and beneficiaries of the health system, who expected to save time and resources. Interviews will target participants (medical practitioners and patients) from Hlabisa Hospital. The researcher will personally conduct a face-to-face interview. The 8 patients will include Potential participants who are walk-ins at Hlabisa Hospital, coming

for their medical treatment and patients who have come for their check-ups. For example, pregnant women. This study will however exclude patients who are medically unfit to participate in this study, and these are patients who are very unwell and in pain, sick to death and patients who require emergency. assistance. This study will also include 4 medical practitioners who could be potential participants
for this study will be those that have been in the medical field for a long time, the reason for this is the potential medical participants would have had more experience in the medical field and would have dealt with several medical communication cases with patients. Medical practitioners with few years as medical practitioners will be excluded for this study.

1.9 SAMPLE SIZE

According to Mnqayi (2021:5), a sample frame is the classification of units from which a sample will be drawn. Many things influence research quality, one of which is sample size. Charan et al (2021:75). The number of experimental or observational units required for any investigation is defined as sample size. This could take the shape of study subjects/patients, blood, visceral fluids, or tissue, or a geographical area such as city, state, region, or country.

This study consists of a total sample size of eighteen participants. Out of of the eighteen participants, 6 were used for the pilot study. Of the 6 participants 4 were patients and 2 were medical practitioners. For the main study a total 12 participants were used. Of the 12 participants 8 were patients and 4 were medical practitioners. Participants that were interviewed for the pilot study were not used for the main study.

1.10 SAMPLING METHOD

According to Yang and Kim (2020:1-2) there are three types of sampling methods, namely probability and non-probability sampling and Thematic approach. Probability is used to identify members of the population that will be used in the sample. Non-probability sampling on the other hand is used when participants or members has no guarantee of being selected and Thematic analysis is a method for analysing qualitative data that entails searching across a data set to identify, analyse, and reportrepeated patterns Braun and Clarke (2006:1). To conduct this research study Thematic analysis is a method for analysing qualitative data that will be collected by

the researcher. The reason for the choice of It is a method is because it permits the researcher to describe data, but it also involves interpretation in the processes of selecting codes and constructing themes

1.11 DATA COLLECTION METHOD

Austin and Sutton (2015:226) explain that data collection involves the use of secondary sources such as, academic journals, books, newspaper cuttings and reports. Primary sources of data collection shall include self-administered questionnaire (SAQ) that will be specially designed for the participants taking part in this study through a face-to-face and key informant interview. Hewitt and Jeanette (2016:1149-1150) explains that Key informant interviews are qualitative detailed interviews with individuals who know what is going on in their respective fields. The motive that the researcher will be using the above-mentioned instrument to conduct interviews is because it will allow the researcher to elicit more information from the study participants by probing, asking to follow up questions and also seeking clarity. The types of research questions that used to gather data will include closed questions, open ended and multiple-choice questions. Plooy-Cilliers and Cronje (2014:152) state that questionnaires are a useful method of gathering data. A tape recorder will be used to collect more answers from the participants to ensure that the researcher does not miss any important points mentioned by the participants. South Africa and the entire world have encountered a number of deaths due to Covid-19, According to Koff (2020: 252), Such as indicated further above, to conduct this study and collect data, the researcher will adhere to the Covid-19 rules and regulations put into place by the department of health. This implies that the researcher will ensure self-safety, as well as the safety of the participants. For example, the wearing of masks, sanitizing of hands by using an alcohol-based sanitizer with 70% and keeping a social distance of 1.5 meters will be observed during the interview process.

1.12 DATA ANALYSIS

Sunday (2010:25) defines data analysis as a method of gathering data and forming it in a manner where the reader can draw a conclusion. Fairclough (2008:10) explain that there are several qualitative data analyses which include narrative analysis, grounded theory, framework analysis, discourse analysis and content analysis. For

this research study however, the researcher will use the content analysis research method in order to analyse data gathered. According to O'Leary (2017:270) and Stemler (2000:1-3), content analysis is an orderly, repeatable approach for reducing multiple words of text into fewer content categories based on coding principles. Content analysis recognises specific characteristics of messages; it is not limited to textual analysis; it allows scholars to carefully sift through bulky volumes of data collected with ease in a systematic manner; for example, it could be a useful technique for allowing the researcher to discover and define the focus of individual group, institutional, and social attention.

It is also convenient for examining trends and patterns in documents. The data gathered will be analysed using NVivo version 12. Pro. This Analysing tool is ideal for qualitative research

1.13 DELIMITATIONS OF THE STUDY

The study will be conducted at Hlabisa Hospital in Nongoma, KwaZulu-Natal. Hlabisa Hospital is a public hospital operating under the KwaZulu Natal Health Department. It is situated in Hlabisa, KwaZulu Natal. The hospital serves the Hlabisa, Mtubatuba and part of the big five municipalities, and has 296 beds (KZN Department of Health, 2021). The category of participants is 21-45 years.

1.14 ETHICAL CONSIDERATIONS

Suri (2020:41-42), explains, research is a vibrant process that often encompasses an interruption into people's lives and therefore, largely depends on the establishments of a successful relationship between the investigator and respondents. A researcher must act with truthfulness and adhere strictly to ethical principles professional morals that are important for practising research in a responsible way Louw (2014:262). The application of ethical principles will be adhered to in this study as it relies substantially on mutual trust, mutual understanding and between the respondents and the researcher. A cover letter will be attached to each questionnaire of each participant and addressed to the respondents. According to Khubeka (2017:386), global social media use has increased dramatically. Social media provides a forum for all users, including medical practitioners, to create social and professional ties. Along with the

advantages of creating networks and sharing information more widely and quickly than traditional communication channels,

However, it raises ethical and legal concerns. Furthermore, Khubeka (2017: 386) states that for health professionals, it poses a hazard to secrecy owed to patients. It is vital for medical practitioners to acknowledge that same ethical and legal standards apply both online and offline, and that they are accountable to professional bodies andthe law for their online activities. According to the HPCSA's practical and ethical recommendations, medical practitioners and medical students have a legal and ethical obligation to safeguard patient confidentiality? Disseminating identifiable information about patients without their consent on blogs, medical forums, or social networking sites would constitute a violation of HPCSA rules and could result in legal action. Many incorrect disclosures are inadvertent, and medical practitioners should be cautious when discussing specific cases or clinical experiences online that identify or have the potential to identify a patient. Thus, the researcher will comply to the ethical consideration, such as discussed further above.

1.15 INFORMED CONSENT

According to Mnqayi (2021:9) Written consent for participation in the study was obtained from the respondents prior to actual interviews (Appendix). “Informed consent is a norm in which subjects base their voluntary participation in research projects on a full understanding of the possible risks involved”. Mnqayi further assert that, “procedures for gaining informed consent involve speaking to your participants and you would also usually give them written information”

The researcher handed written consent forms to all participants, to be completed and

Signed before commencement of the interview sessions clearly communicated in different languages the respondents can understand, both isiZulu and English.

Pakiş et al. (2021:139) mention Within the framework of modern medical practise and/or research practise, informing patients and getting their agreement are both legal and ethical responsibilities.

1.16 CONFIDENTIALITY AND ANONYMITY

Surmiak 2018:5-6) outlines anonymity as the state of being “not identifiable within a set of objectives, the anonymity set. Louw (2014:266) explains that anonymity and confidentiality of participants is vital to ethical issues in research. Moser clarifies the concept as the aptitude of a researcher to secrete and protect the identity of the participants and sensitive information revealed by the participants. As such, it gives the respondent enough freedom to share data freely with less and or no risks. To ensure confidentiality participants will be interviewed separately, away from medical practitioner. Each will receive a questionnaire and will be asked to sign a confidentiality form. Participants will select any pseudonym name of their choice to use as their names instead of using their original birth names. Medical practitioners will do likewiseas the participants. According to the South African Medical Association (SAMA, 2020: 4), the medical practitioner must aim to ensure that confidentiality, privacy, and data integrity are not compromised. Therefore, in this study, Data obtained during the interview process be secured to prevent unauthorized access and breaches of identifiable patient information through appropriate and UpToDate security Measures per local legislation. Electronic transmission must also be safeguarded against unauthorized access.

1.17 MANAGEMENT OF INFORMATION

According to Mnqayi (2021:10) researchers should carefully check data and correct problems before data entry is initiated. Mnqayi further assert the researcher will ensure every response given is kept in a safe place, allowing no one access other than the supervisor and the researcher, with every piece of information destroyed after completion. The ethical consideration is a crucial stage and extremely sensitive in terms of gathering valuable data; the researcher ensured participants are highly protected through their contribution to the study.

1.18 THE CHAPTERS' CONTENTS

This research is divided into five chapters:

Chapter One offered a brief overview of the research. The research problem was defined using contemporary and older relevant literature. The study's basic objective and detailed study objectives were outlined, as well as its significance.

The chapter provided an outline of the contents of each of the five chapters.

Chapter two will provide a comprehensive review of other literature related to the study. The literature reviews also considered scenarios of ward committees established in different municipalities in South Africa.

Chapter three will discuss the methodology employed in the study; how the study unfolds on proceedings applied to obtain desired outcomes.

Chapter four will offer a detailed analysis of the data through an interpretation of the results of the survey and interview sessions. The qualitative data findings will be shared for further analysis, inducing themes on research objectives to be achieved.

Chapter five is the final chapter of the study and contains recommendations, key findings and conclusions. Areas requiring research were identified which determines the significance of the topic under study.

1.19 CHAPTER SUMMARY

This chapter gave a brief introduction to the study. An outline of the research problem was set out with the support of relevant literature. An explanation of the main aim and specific study objectives, along with the significance of the study, was offered, in addition to a breakdown of each of the five chapters' contents. This allowed the reader a glimpse of the dissertation and its context, explaining the values of the study, while outlining objectives to be achieved. The next chapter is the

literature review, which presents and discusses both primary and secondary literature reviewed.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Having introduced the study background, problem statement and an outline of the study in the first chapter, this chapter explores, and reviews literature related to SM asa relationship enhancement communication tool between medical practitioners and patients. In addition, the emergence and impacts of SM, in terms of interpersonal communication between medical practitioners and patients, are also discussed. Secondary sources, such as academic journals and books, are used in this chapter to explore information aligned to the study objectives and to identify factors that contribute to interpersonal communication between medical practitioners and patients.

This chapter, furthermore, examines the extent to which SM could act as a communication link/bridge between medical practitioners and patients, as well as its implications. Finally, insight is provided for possible recommendations captured from and explored through the review of literature; useful for this study in terms of addressing communication challenges between medical practitioners and patients.

These recommendations will also be used in this study as a way of stimulating policy makers to improve strategies that may facilitate communication between medical practitioners and patients. Thus, identifying areas, gaps and challenges affecting communication between medical practitioners and patients will be attempted, along with a discussion concerning the way out, in line with the study aim and objectives.

2.2 THE EMERGENCE OF SOCIAL MEDIA

Understood to be “the different forms of online communication used by people to create networks, communities, and collectives to share information, ideas, messages and other content, such as videos,” Jones (2015) detailed that initially, the focus of SM was on professional networking that allowed people to connect with business and school contacts, as well as companies. The bottom line though is that today it offers global communication and connectivity, “with more than 2.6 billion active users globally

just over five years ago, making use of social networking sites" (Jones 2015: para 1, line 4).

Sloan and Quan-Hasse (2017: 15) concurred with Kaplan and Haenlein's (2010: 59-68) highly cited paper, wherein they state that "social media is a group of Internet- based applications that build on the ideological and technological foundations of Web 2.0 that allow the creation and exchange of user generated content", thoughts and information through the building of virtual networks and communities. Social media has seen gradual transformation since the first true SM platform was launched in the late 1900's.

The internet-based applications referred to above concern the different categories of SM. These comprise "blogs, content communities, social networking sites, collaborative projects, virtual game worlds and virtual social worlds. These types of social media are accessible to users to utilize for, among other things, health related reasons" (Smailhodzic, Hooijsma, Boonstra and Langley 2016: para 13, line 6-8). By design, SM is internet-based and offers users instant communication of content. In addition, SM provides a mechanism for the audience to connect, communicate, and interact with one another. SM thus enables people to connect in various ways.

Li, Larimo and Leonidou (2021: 52) highlighted that such contentedness is empowered by various SM platforms. For instance, the following are examples of SM platforms that enable people to connect in one way or another:

- Facebook: a forum for private social networking protected by non-members.
- Twitter: a microblogging site used to publish tweets.
- YouTube: allows individuals to create and share videos online; and
- Instagram: a SM platform that allows users to take images and videos and post and share them on their sites.

In light of the aforementioned, SM is acknowledged as an integral part of the internet and has become part of people's lifestyles. SM has transformed the level of communication worldwide. For example, instead of face-to-face communication, instant messaging applications such as WhatsApp are used to send instant messages

(Li *et al.* 2021: 52). SM has been adopted by users because of its outstanding characteristics. Karapanos, Teixeira and Gouveia (2016 890-891) found that SM platforms such as Facebook and WhatsApp enable users to have privacy and prevents nonusers from accessing a user's page and private information, while empowerment is achieved through group belonging, making users feel connected.

The users of SM in healthcare in this study refer to both patients and their family members, as well as medical practitioners. Patients are thus considered to be "any person who self-proclaims to be suffering from a certain condition, whether officially diagnosed by a healthcare professional or not." Medical practitioners are defined as "those who study, advise on or provide preventive, curative, rehabilitative and promotional health services based on an extensive body of theoretical and factual knowledge in diagnosis and treatment of conditions and other health problems" (Smailhodzic *et al.* 2016: para 13, line 1-6).

Schlosser (2020: 2) argued that some outstanding features of SM encompass the ability to remain anonymous. Anonymity presumably frees people to disclose identities they might otherwise wish to keep private, for instance marginalised or stigmatised identities. Gokasan and Ozad (2020: 249) highlight two main attractions of SM as being able to interact with friends and participation in online community chat groups. In addition, SM also include the power to create customised profiles to enable the user's online page to stand out.

According to Rousidis, Koukaras, and Tjortjis (2020: 6280), SM has recently gained supremacy as multipurpose tools, and various firms, companies, institutes, or even individuals use SM to organise, develop, market, and communicate their businesses. Professional careers such as marketing, education and medical industries, to name but a few, have indeed incorporated the use of SM.

2.2.1 Marketing Sector

Identifying and meeting human and social needs, according to Kotler and Keller (2015: 27), is what marketing is about. One of the shortest, noble definitions of marketing is "meeting needs successfully". Jacobson, Gruzd and Hernández-García (2020: 21) are of the view that SM marketing is used across sectors and refers to the utilisation of

"social media technologies, channels, and software to create, communicate, deliver, and exchange offerings that have value for the organization's stakeholders". The authors further explained that private sector SM is often used as a communication tool to promote and sell products and services and encourage user engagement.

A study conducted by Warwrowski and Otola (2020: 244) argued that the goals of SM marketing are predominantly connected with increasing brand awareness among users. Moreover, SM marketing minimises the costs connected with customer acquisition. YouTube, Facebook, twitter, and so on, are amongst those popular SM platforms used for SM marketing.

2.2.2 Public Relations Sector

It is through assisting in partner management, detecting brand risks, and influencing influencers that SM allows public relations to play a more complex role. Pre-SM, public relations experts would make a comment on the radio, in print or online. Shareef *et al.* (2019: 58) explained that SM is the latest development in advertising products and communicating with consumers. For example, "Facebook is one of the fastest-growing social media platforms. It encompasses enormous spontaneous brainstorming among its network members for developing an opinion, having created an exemplary scope for any brand to advertise its product."

2.2.3 Education Sector

Face-to-face teaching and learning were found by Chugh and Ruhi (2018: 606) to be gradually replaced by SM8 in the education sector. In addition, the manner in which educators and learners disseminate and obtain educational information has shifted due to the adoption of SM as a teaching and learning tool, enabling students to experience new and intriguing methods of learning (Van Dijck and Poell 2018: 579- 591).

Larkins, Murphy and Loveday (2020: 1004) emphasised that SM is being used for formal education and has been shown to have a beneficial effect on both the experience of the learner and on the acquisition of knowledge and skill. In addition, SM "provides an efficient, immediate, accessible, and potentially inexpensive medium for the widespread publication, sharing and discussion of educational material." Van

Dijck and Poell (2018: 579-591) argued that large SM networks have been hailed as "drivers of a new, socially engaged, educational experience", with twitter, particularly, found to be helpful in fostering in-class discussions.

2.3 STATE OF SOCIAL MEDIA IN A SOUTH AFRICAN PUBLIC HOSPITAL

SM render healthcare practitioners' tools for sharing information, debating healthcare policy and practice issues, promoting healthy behaviors, engaging with the public, and educating and interacting with patients, caregivers, students, and colleagues. According to Hagg, Dahinten and Currie (2018: 92-105), an increasing number of people world-wide use the internet in their daily lives in various contexts, including to access health information. While Scott and Goode (2020: 104357) concurred, the authors asserted that communication is essential in healthcare, to both build and sustain relationships; however, traditional communication methods today are no longer deemed solely appropriate.

According to Dawe and Hardie (2021: 2), public health campaigns have long employed SM since it is a cost-effective technique of reaching huge audiences that is not geographically limited. Through knowledge and education, social media platforms have helped users de-stigmatize diseases. Meanwhile, Chipps et al. (2015: 1-2) detailed that health practitioners in rural and underprivileged areas of low- and middle-income nations have limited access to education, current information, and professional networks. These factors contribute to professional isolation, attrition, poor performance, and emigration, among others.

Furthermore, in these settings, the mobile phone is often a reliable technology for medical practitioners to use in performing their work. In fact, in low- and middle-income countries, the use of mobile phones has dramatically increased to have an extensive impact on development issues. In South Africa, this increase translates to 94.2 mobile cellular subscriptions per 100 people (Chipps *et al.* 2015: 1-2). Janse van Vuuren and Opperman (2018: 11) explained that with the increasing burden of excessive patient numbers, efficient communication among a multidisciplinary team of healthcare providers is essential. This ensures a smooth-running hospital, as information must be shared rapidly between medical practitioners of various hospitals and disciplines.

A medical practitioner in a clinical setting may feel the need to be in different places at the same time to function efficiently. Therefore, the use of instant messaging, such as WhatsApp messenger, is compelling. Abbasi *et al.* (2018: 892) stated that one not-so-well-studied aspect of SM is analysing its usage and efficacy in healthcare, particularly in developing countries that lack state-of-the-art healthcare system processes. Furthermore, Abbasi *et al.* (2018: 892) added that in such countries, SM may be used "to facilitate patient-centric healthcare by involving the patient in fulfilling personal healthcare needs."

2.4 PUBLIC PERCEPTIONS OF SOCIAL MEDICAL AS COMMUNICATIONS ENHANCEMENT TOOL OF A RURAL KZN PUBLIC HOSPITAL

Cline and Luiz (2013: 13) clarified that the public health sector in developing countries such as South Africa faces many challenges, comprising weak healthcare systems and under-resourced facilities that deliver poor outcomes relative to the total healthcare expectation. Information technology (IT) has the substantial responsibility of contributing to improved access to care, lowering overall costs, and 'tramlining' operational efficiencies in the healthcare system.

Watkins et al. (2018: 139), digital technology such as mobile phones are facilitating access to healthcare information and services in low- and middle-income nations. Mobile health refers to the use of traditional mobile and wireless technology to achieve health objectives. The capabilities of digital communication technologies to produce, store, recover, and transmit information among users may, according to Watkins *et al.* (2018: 139-147), improve and support the delivery of healthcare solutions.

2.5 INTERPERSONAL COMMUNICATION BETWEEN MEDICAL PRACTITIONERS AND PATIENTS

The relationship between medical practitioner and patient is affected by communication issues, as observed by Hartley and Elowitz (2020: 466). Poor communication can lead to patient dissatisfaction and even malpractice litigation. In addition, complex medical operations with a potential risk of morbidity can create unique communication situations. Moreover, the role played by communication amongand between medical team members, administration, and patients is vital.

Chichirez and Purcărea (2018: 119) defined interpersonal communication as "communication that occurs between two people in the context of their relationship and that, as it evolves, helps to negotiate and define the relationship". Gianfredi *et al.* (2018: 374-383) explained that communication in health is traditionally known as interpersonal communication between healthcare workers and patients. In reality, it also includes the community; anyone within the population who are users of health services. Furthermore, this promotes both social responsibility and citizen empowerment.

As highlighted by Chipidza, Wallwork and Stern (2015: 360), there are elements that shape the relationship between the medical practitioner and patient. Their vitality is the central key that forms the essence of this relationship and has the means to assure the outcome of patient confidence in practitioner expertise, with trust, reverence, and loyalty also recognised as part of these elements.

Wade and Steenkamp (2018: 22) outlined factors that influence communication to include the practitioner's personality, understanding the patient's frame of reference (culture, beliefs and ideas), as well as emotions and meaning, as follows:

2.5.1 Personality

Medical practitioners either see a number of patients everyday as general practitioners or specialists, they can also work with a number of friends, or deal with a range of clients. They need to know as much about the patient as possible, whatever the case. Therefore, when their personality is friendly and respectful of others, it facilitates ease of interaction and communication.

2.5.2 Frame of reference

Opinions are shaped based on personal circumstances, perceptions and beliefs, should anyone share an opinion. In communicating effectively, the frame of reference should always take potential cultural differences into account and show respect for others' beliefs and ideas. Due consideration must be taken that not everyone has the same reference structure.

2.5.3 Emotions

Emotions influence communication between medical practitioners and patients and can create barriers. For example, Chou and Bundez (2020: 1718-1722) indicated “fear of taking the COVID-19 vaccine, loss of family members during the first wave of the pandemic, anger and other sentiments” as barriers to communication between medical practitioners and patients. Furthermore, the authors highlighted studies that found “conspiracy theories aimed at sowing mistrust of experts and government organisations were commonly found in posts by anti-vaccine groups.” Alarmingly, such “emotionally-driven sentiments have contributed to vaccine hesitancy and declines in vaccine uptake” (Chou and Bundez 2020: 1718-1722).

2.5.4 Meaning (Semantic)

In South Africa, where many languages are spoken, medical practitioners should aim from the outset to keep messages plain and simple in English. Wang, Clegg, Gajewska-De Mattos and Buckley (2020: 2), are of the view that “language is central to communication because it represents a formalised system that connects signs to meaning. Language enables people to articulate internal thoughts, express them to others and facilitates common understanding of social activity.”

2.6 USE OF SOCIAL MEDIA BETWEEN MEDICAL PRACTITIONERS AND PATIENTS

SM technologies have become a popular means of creating and maintaining social relationships. Sigalit, Sivia and Michal (2017: 154) clarified that although it is assumed that most medical students frequently use SM, the role of SM in medical fields such as nursing education has not been fully explored. Further to this, Watkins *et al*. (2018: 139) confirmed that cell phones can increase access to health information and resources in low-resource settings. Nonetheless, a variety of variables that relate to the use of SM exist between medical professionals and patients. In the sections that follow the variables related to the use of SM between medical professionals and patients are discussed.

2.6.1 Technology availability

It is held by Nkosana, Skinner and Goodier (2016: 1) that SA faces a digital divide when IT use is compared between underdeveloped rural areas and well-developed

cosmopolitan centres, such as, Cape Town, Durban, and Pretoria. Majamana (2018: 2) elucidated that in SA, the mounting toll of failure in science persists, as does major concern for the subject offering at matriculation level. Lack of adequate science resources and facilities, such as apparatus and laboratories, along with large science classes, and limited proficiency in the medium of instruction, are some factors found in uMkhanyakude district, the second largest district in terms of size, in the far-northern part of the KZN province (Umkhanyakude District Municipality (UDM) 2021). Lembani, Gunter, Breines and Dalu (2020: 70-84) enlightened that studies have shown rural areas continue to fall further behind in the intra-country digital divide.

Furthermore, Lembani *et al*. (2020: 70-84) indicated that the only time technology is available would be when a person goes to an internet café to apply for either a job online or when a student goes to check the internet for his or her application status from the Central Application Office (CAO). Students from the uMkhanyakude district were found to start exploring technology once they are at tertiary level. In addition, Watkins *et al.* (2018: 139) explained that a study from SA indicated that the scale-up of mobile health in communication-based programmes is constrained by lack of digital communication technology, connectivity and the privacy of information; mobile health faces countless challenges.

2.6.2 Confidentiality

Medical practitioners, comprising care-giving experts, support employees, and students, are a vital component of healthcare systems, according to Adu, Yassi, Ehrlich, and Spiegel (2020: 15). According to Jardien-Baboo et al. (2019: 1), quality healthcare in South Africa is framed by the government's Batho Pele ("people first") principles and the National Patients' Rights Charter, both of which emphasise patient- centered treatment. According to Khac Hai et al. (2017: 2), confidentiality issues are an individual's right to data protection during storage, transfer, and usage. All stakeholders must work together to prevent any violation of confidentiality or invasion of privacy.

The proper means to confidentiality for patients, as set out by The National Health Act (Act no.6 of 2003), and explained by Khubeka (2017: 386), as constant with the privacy rights set out in the bill of rights. In addition, Khubeka (2017: 386) illuminated that SM

is still new in the SA medical field and the Health Professions Council of South Africa (HPCSA) does not offer advice/guidance for the usage of SM thus far.

The medical system in SA will have to develop systems that facilitate communication between medical practitioners and patients. It will also be very important for SA medical practitioners to have direct communication with patients without invasion of the patient's medical history, in order to maintain confidentiality. In doing this, SM could solve unnecessary problems related to cost and time. For example, SM could be usedto contact an available SA medical practitioner to assist a patient about to give birth at home; while waiting for an ambulance to arrive, the patient could use SM and speak the doctor, who would advise the patient on what to do.

2.6.3 Finance

Akman and Mishra (2017: 357) referred to SM as "one of the most vital digital trade (e-commerce) channels," finding that the possibility of talking with sizable numbers of clients is greatly improved, "whether or not it's agency to clients or client to purchaser." Watkins *et al.* (2018: 143) argued that medical practitioners socially use their non-public mobile telephones in parts of the Mpumalanga province to make telephone calls, send messages or use SM networks such as WhatsApp, to stay in touch with their patients. However, numerous patients clarified that they are unable to find the money for/to shop for airtime regularly to make calls; additionally, they could have to wait until they are able to obtain their monthly government social grant to buy airtime (Watkins *et al.* 2018: 143).

2.6.4 Economical availability

According to Jiyane, Majanja, Ocholla and Mostert (2012: 15), economic availability or economic status refers to information on the principal source of income for the entire household, as well as the household quality and its characteristics. Furthermore, Jiyane *et al.* (2012: 15) described that in Hlabisa area in the KZN province, the use of mobile phones is steeped with challenges. Amongst these are poor and weak or non- existing power suppliers resulting in women having to travel long distances for electricity to charge their phones, which increased the cost of using the phone.

According to Dalvit et al. (2014: 88), "the digital divide is being supplanted by the data divide." This is due to data prices becoming a serious issue in South Africa as more individuals actively interact online. Surani et al. (2017: 2), the cost of data is frequently criticised as being excessively high. Furthermore, a recent ruling by the Independent Communication Authority of South Africa (ICASA) aims to promote competition and lower prices by instituting symmetric Mobile Termination Rates (MTRs), which distribute the additional charges to call users across different networks in favour of smaller players. Furthermore, Surani et al. (2017: 2) stated that many people use multiple sim cards in their cell phone, allowing them to save money on MTRs and cope with poor network coverage in certain areas by using competing network operators. Chipps *et al*. (2015: 1) found that medical examiners and those working in that unique field are limited in gaining “entry to statistics, updated know-how, and technical networks” in rural areas of “decrease-based and centre-income countries.” Moreover, those elements lead, amongst other things, to “professional alienation, turnover, and negative results”. This is problematic, as cell-phones can be considered as the most reliable communication tool for healthcare providers to do their work in such environments.

2.6.5 Culture differences/practices

Smith et al. (2021: 1) define indigenous knowledge as 'knowledge' in terms of facts gathered, observations made, and perceptions formed, whereas the authors define 'belief' as religious ideologies or philosophies, and 'tradition' as practises or skills developed by societies with long histories of interaction (co-evolution with their natural surroundings environment).

Dube (2020: 138) stated that according to the World Bank, 33 percent of SA’s population may be classified as administered by rural government, thus finding it would be “more difficult to supply quality education services in rural areas”. In addition, COVID-19 and the implementation of online learning have magnified the challenges faced by rural learners and teachers. Nonetheless, some learners in cities are already using online learning and all learners will write the same exam next year. Moreover, rural teachers are deprived of useful information, education, and skills, which are essential for community upliftment.

A study conducted by Mburu and George (2017: 1-3) in six primary healthcare service sites in the Hlabisa sub-districts of the uMkhanyakude district, located in northern KZN, found that cultural beliefs and practices often hinder efforts to provide prescribed healthcare. An example of this would be patients who are rooted too deep in their cultural beliefs who would often believe they are bewitched. Even highly educated patients living in the Hlabisa area were found to have deeply entrenched cultural beliefs.

2.6.6 Socio-economic status

Barker (2014: 3) asserted that social-economic is the blended economic and social status of an individual and looks to be correlated favourably with better health. Socio-economic access is on three common status measures, and these are education, wages, and occupation. Mpanza and Govender (2017: 110) are of the view that, the uMkhanyakude district, located in the province of KZN is listed amongst the most disadvantaged, poor and isolated areas in SA; in size, it is the second largest in the province (UDM 2021).

Nare and Mataire (2020: 59-62) argued that SA is plagued by three main problems, namely poverty, unemployment, and inequality. Unemployment was found to be very high in South Africa, especially amongst the youth. The authors further determined youth unemployment rates above 70 percent for young people living in the former homeland and rural areas, in Ntambanana, Hlabisa, and Indaka in KZN. SA has thus far struggled to bridge the socio-economic gap between the rich and the poor, with the latter the vast majority in the country.

2.6.7 Age gap

Noh, Chad and Jin-Wan (2019: 39) indicated that one of the factors influencing the use of SM in the public sector is that of age. It is the closest factor influencing IT thus, SM use also varies significantly with age. The authors further explained that people from the ages 10-39 years are the ones who use SM the most, especially those in their 20s, after that, people in their 30's, then those in their 40s, followed by people in their 50's, with finally, those in their 60s. Buthelezi *et al*. (2020: 3-4) argued that location is an important dimension of digital inequality, followed by socio-economic status, age,

and gender. They further mentioned urban and rural digital use in South Africa is compounded by internal migration, lack of infrastructure and very high data costs.

As explained by Brandt *et al*. (2020: 1-22), young Africans have grown up in the modern revolution, building the fastest-growing mobile phone industry in the world. Even though cell phones act as the main medium for internet connectivity, only 37.3 percent of the population is online. Budree, Fietkiewicz, and Lins (2019: 318) mentioned that younger people prefer to use SM platforms to connect with older people who are attempting new activities, for example, adapting to SM platforms such as WhatsApp. Additionally, Budree *et al*. (2019: 318) stated that the reason why younger people prefer to use SM platforms is because they grew up able to share andengage with these multimedia options at their fingertips.

2.6.8 International communication of patient and medical practitioner best practices

Pentecost, Gerber, Wainwright and Cousins (2018: 221) warned that SA is experiencing a healthcare disaster in response to medical practitioners' growing methods that generally tend to empathise and devalue the experience and point of view of the patient, as elsewhere in the world. According to Chavez, Dwyer and Ramelet (2018: 62), in Anglophone countries such as the United States of America (USA), Canada, Australia and the United Kingdom (UK), medical practitioners such asnurses function as autonomous healthcare providers in order to improve access to care, reduce physicians' work and or mitigate physician shortages. The authors further explained that "nurses in a substitute role function cautiously and provide the same healthcare as physicians alone."

Schneider *et al*. (2017: 7) clarified that the key principles of affected person-centred contact consist of producing know-how of patient perspectives (for instance, worries, ideas, expectations, needs, emotions, and functioning). This necessitates acquiring knowledge of the patient "in his or her unique psychosocial and cultural contexts and attaining a shared expertise of affected person-professional information" Weissenborn, Haefeli, Peters-Klimm, and Seidling (2017: 496) described that a robustand significant way of contact among medical practitioners is essential for all of these ventures and partnerships, however, it poses a drawback in routine treatment.

2.6.9 Official communications ethics

Mheidly and Fares (2020: 411) believe that SM information spreads widely and quickly, emphasising the importance of accurate data being corroborated quickly and preventing false information from being widely distributed. According to Gagnon and Sabus (2015: 406-414), since the turn of the millennium, there has been a dramatic shift in how people acquire and distribute information. Much of this material is derived from user-generated content found on social media platforms. As digital technology and social media continue to evolve, medical practitioners must accept that their professional communication meets patients' expectations and demands. This adaption, however, may involve communication on SM sites.

However, many medical practitioners are concerned that professional SM use, particularly interactions with patients, is unethical. When best practises are followed and online communication adheres to terms of service, professional standards, and organisational policy, SM engagement does not cause disagreement.

The HPCSA, according to Khubeka (2017: 9), deals with queries and complaints regarding medical advice given to a patient on a SM platform. Therefore, HPCSA indicated that SM, through blogs and web forums, can provide medical practitioners and medical students with a space in which they can discuss their experiences within clinical practice. The example used is where a patient (breast-feeding mother) was given advice on twitter, in the form of generic nutritional information, which Khubeka (2017: 9) specified was given to a (presumed) mother who was asking a generic question on behalf of moms and babies. Additionally, it was explained by Khubeka (2017: 9) that patients who seek medical information on SM platforms such as twitter, do so for numerous reasons, either because of the minimal cost or because they have not been satisfied with information received from medical practitioners.

Medical practitioners and students have a legal and ethical obligation to maintain patient confidentiality (Khubeka 2017: 386). Nonetheless, revealing identifiable information on patients without their knowledge on blogs, medical forums, or social networking sites would be a violation of HPCSA rules, potentially leading to legal action from patients.

2.6.10 Government social media use policy

Noh, Chad and Jin-Wan (2019: 37) postulated that we are living in an age of social networking in which, with just a mouse click, knowledge spreads very easily. This is the age of collecting knowledge and using it. Social networking has emerged as an essential platform for Web 2.0 to exchange views and information, and to improve SM. Therefore, interactivity can be seen as a central element of social networking and not only a by-product of the service. SM has the basic characteristics of relationships and interactivity.

Tursunbayeva, Franco and Pagliari (2017: 270) argued that governments around the world are beginning to leverage the Internet and related information and communication technologies (ICT) to resolve the demand of people for greater accessto information, systemic accountability, participatory decision-making, and access to public services. In light of the aforementioned, Madon (2000: 85-101) denoted the overwhelming fact that the internet has been modern society's most critical achievement. SM rapidly alter the public debate in society and create patterns and agendas on issues such as the climate and politics, technology, and the entertainment industry (Mohale 2020: 63).

Mohale (2020: 63) added that it not only provides a forum for public, government and business discussion and interaction, but also offers people an opportunity to participate in governance, including the need for transparency. Adelaja (2013: 319- 335) described that most people have become entrenched in SM, resulting in its effecton social, political, and economic life in Africa in due course. Furthermore, Khubeka *et al.* (2020: 2) reported on twitter on 20 March that the Minister of Health in South Africa had more than 90,000 followers in 2020, while in the same year, the Department of Health had more than 100 000 twitter followers.

This situation also applies to other departments/ministries, government agencies and health services in the Economic Partnership and Health Cooperation Organization (Organisation for Economic Development and Cooperation – OECD). The countries of growth in the OECD have a presence on SM. It is recognised that SM can promote enhanced contact between governments and their constituents, allow organisational

capabilities and enhance the responsiveness of governments to public issues. Moorhead *et al*. (2013: 15) identified six ways in which SM can benefit public health:

- Use in surveillance,
- Providing easy access to both general and personalised health information,
- Engaging with different demographic groups,
- Influencing public health policy, and
- Growing social support.

The possible advantages of using SM as a method for health practitioners are echoed by this.

Insofar as broadband coverage is concerned. Blom and Uwizeyimana (2020: 214) described the growth of m-Health as motivated by the increased use and availability of mobile technologies in developing countries. M-Health refers to the use in the health sector of mobile cell phones, emerging technology and medical practice equipment as well as public health services.

Since implementation of the national lockdown, e-Health has been running efficiently and has been used to minimise the number of people visiting health facilities to obtain medical advice. E-Health refers to the use of digital technologies and telecommunications, including computers, the Internet and mobile devices to facilitate health improvement and healthcare services. “The commitment to technology use in the health sector is a critical component of the Department of Health’s vision to embrace innovative strategies for improving health services” (Pillay and Motsoaledi 2018: 1-3).

The SA Department of Health uses several technologies and SM, such as WhatsApp and Short Message Service (SMS) for interacting with and educating people on COVID-19 infections and preventive approaches. In addition, it was indicated that a WhatsApp group was formed by the government to communicate COVID-19 related details. Furthermore, university students are able to check their COVID-19 symptoms via the official, tailormade, HealthCheck “risk screening assessment and mapping tool”

of the government, developed by Higher Health, with the Department of Health, with a toll-free number *134*832# that can be dialled to obtain health-related data. HealthCheck is accessible on different SM platforms such as USSD (data free), WhatsApp, as well in web-based form, according to the University of Pretoria student newspaper, PDBY (Kubheka 2020).

Bosch (2009: 279) pointed out that the global trend towards the use of emerging healthcare and healthcare communication technologies has made its way to Africa, with the use of palm computers, the internet and other information and communication technologies in a variety of healthcare initiatives giving rise to concepts such as e-health, telehealth, and telemedicine. Moreover, Bosch (2009: 279) argued that internet penetration in SA is steadily growing, but the number of people with access to high-speed internet connectivity here and elsewhere across Africa is probably still too limited to enable internet-based applications, beyond telecentres set up specifically for this reason, to be widely effective.

Nevertheless, Thakur and Prasad (2021: 225-244) argued that cellular network penetration in rural areas is limited, with its deployment becoming unviable due to challenges such as low average user revenue, sparse population density, and intermittent electricity availability. This situation leaves most rural people unaffiliated, creating a massive digital rural-urban divide.

2.6.11 Electricity Infrastructure

According to Adenle (2020: 111), most of the African population (620 million people), particularly in rural regions, lacks access to electricity, and much of the rural population (700 million people) continues to rely on traditional biomass for cooking and heating. He went on to say that connection to the national electricity system in peri-urban and rural areas is prohibitively expensive, slow, and financially unviable. Rising energy demand in Africa as a result of population increase is one of the most serious impediments to long-term economic success.

Azimoh, Klintenberg, Wallin and Karlsson (2015: 358) suggested that many factors influence the energy needs of a household, including income, job type, age, and household size, as well as the social status of the inhabitants. In many African metropolitan centres, connectivity to 'formal' energy networks appears to be a key

obstacle, as found by Baptista (2019: 512). This is particularly the case in the sense of 'informality,' where the supply and activity of traditional electricity networks have long defied socio-economic conditions and the design of the built environment.

Riva *et al.* (2018: 204) posited that the absence of reliable access to energy is seen as a constraint on the possibilities and quality of life of people. Baker and Phillips (2019: 182) asserted that a huge and increasingly rising urban population is confronting SA. South African cities are heavily divided and of low density because of apartheid era planning, which poses major financial and infrastructural problems for electricity delivery.

2.7 SOCIAL MEDIA PLATFORMS COMMONLY USED BY MEDICAL PRACTITIONERS

SM is increasingly utilised as a communication resource in the healthcare sector. Samuel *et al.* (2017: 394) are of the view that SM communication is gradually yet commonly mentioned in the context of healthcare. Video SM is identified as the most powerful SM platform as it enables visualisation of life experiences, dialogues, and permits user-generated communication through comments. Carrol *et al.* (2017: 93) maintained that SM platforms entertain, educate, and provide medical information to their users.

A study conducted by Hassanien and Abou-Kamer (2018: 1-2) revealed that most medical practitioners make use of SM platforms to exchange medically-related information with their colleagues, as well as with patients. SM platforms are increasingly recognized as information-sharing tools between medical practitioners and patients. Medical practitioners are using SM platforms such as twitter, Facebook, WhatsApp, WeChat, LinkedIn, Instagram, and YouTube.

2.7.1 Twitter

According to Pizzuti *et al.* (2020: 2), SM platforms have grown into a habitual activity for many users, including medical practitioners. Many use SM as a tool for programme marketing, research dissemination, education, and training. Several healthcare organisations and medical expert groups additionally link conference attendees,

members, and others using twitter hashtag (#) chat to educate and discuss current controversial topics.

Furthermore, Pizzuti *et al.* (2020: 2) explained that several groups have published guidance on how medical practitioners and institutions may use twitter as a positive SM platform for marketing or educating. In a study conducted by Pershad, Hangge, Albadawi and Oklu (2018: 1), transparency and accessibility of medical information were shown to be important. While SM platforms enable knowledge to be exchanged, SM applications for medicine have recently received a great deal of interest. Currently, the most common form of SM used for healthcare communication is twitter.

2.7.2 Facebook

SM platforms such as Facebook have become an increasingly popular communication platform in the past decade. Acha-Anyi *et al.* (2020: 1) postulated that medical practitioners are changing the way they communicate with patients to match the increasingly influential and rapidly evolving SM revolution. The authors further explained that medical practitioners around the globe have used SM platforms such as Facebook to create an excellent opportunity to share Tuberculosis (TB) related information.

A research study conducted by Lim (2016: 965) revealed that social devices have become pervasive, with medical practitioners finding a role for them in their practices' healthcare. In addition, the author highlighted that, "Escalating competition and demand for the highest quality care and prompter (or quicker, timelier) responses to patients' demand are contributing to the increase in social media adoption among medical and healthcare providers who want to foster stronger relationships with patients."

2.7.3 WhatsApp

A study conducted by Khan *et al.* (2020: 225-226) revealed that WhatsApp has emerged as one of the most common means of communication on SM platforms used in medical care. According to Tomas (2018: 1-2), "new horizons" of clinical medical health communication are facilitated through SM communication tools such as WhatsApp, "allowing medical practitioners to interact fast and efficiently for effective

patient management." Furthermore, WhatsApp is compatible with smart phones and users can send text messages and media to contacts via videos, voice messages, or photographs.

In addition, medical practitioners identified WhatsApp as "an intra-departmental tool for quality improvements, innovations in patient care and overcoming gaps in professional autonomy and establishing excellent clinical communication as well as handovers between surgical teams" (Tomas 2018: 1-2). Abiodun, Daniels, Pimmer, and Chipps (2020: 2) suggested that the use of WhatsApp has been reported to "strengthen communication between medical practitioners, increase support for health worker capacity building and heighten the demand for high-quality clinical services." Further to this, Martinez, Rogers, Numanoglu, and Rode (2018: 948) argued that one of the main reasons medical practitioners use WhatsApp are due to the low data cost and its ease of use.

2.7.4 WeChat

WeChat has become China's most widely and commonly used SM platform. has and has been deeply incorporated into the everyday lives of Chinese people. As Maymone, Du and Dellavalle (2019: 1) explained, WeChat has more than 1 billion active users employing the platform to connect with friends and loved ones. According to Maymone *et al.* (2019: 1), WeChat is an all in-one SM application or 'app. It is very similar to WhatsApp and allows users to communicate anonymously, providing instant text, picture sharing, voice notes, and video calls.

Zhang *et al*. (2016: 1) argued that numerous health-related data have played a major role in transmitting helpful and factual medical information nationally to patients and medical practitioners. WeChat is commonly used by medical practitioners to release the most current national and hospital-based medical-related information about diseases such as COVID-19 and to post medical notices from hospitals based in China.

2.7.5 LinkedIn

LinkedIn is a professional SM platform that contains job vacancies posted by companies and organisations globally. As explained by Salami *et al*. (2019: 171),

LinkedIn serves as a link between employer and employee and enables employers and businesses to scout for potential employees fit to fill available vacancies. In view of this, Alanzi *et al*. (2020: 6-7) argued that SM platforms such as LinkedIn have no clear studies on their use as an enhancement tool for medical practitioners and professional advancement. Stokes *et al*. (2019: 98) indicated that LinkedIn is mostly used by medical practitioners to hire medical practitioners, such as nurses, who are licensed and in good standing with their regulatory body for medical online surveys.

2.7.6 Instagram

The Instagram SM platform is a sharing app that allows users to assign filters to photos and share them with their followers. In a study conducted by Sheldon and Bryant (2016: 89), Instagram was shown to be the world's fastest-growing SM network site, exceeding 1 billion users per month by 2018, with Robinson (2020) confirming that Instagram remains the fastest-growing SM site. The principle behind this SM site is to share images and videos using a hashtag (#) that can be identified by other users.

According to Guidry *et al*. (2017: 477), Instagram has played a vital role in the medical sector. Furthermore, Akash, Chandawarkar, Gould and Stevens (2018: 913) highlighted that medical practitioners such as plastic surgeons have used Instagram to raise medical awareness among users. In light of the aforementioned, Carpenter, Morrison, Craft and Lee (2020: 1-5) described that patients have benefited from medical videos posted on Instagram by medical doctors such as dermatologists.

2.7.7 YouTube

YouTube is one of the most widely used SM platforms, providing access to a variety of videos, from self-made to professionally produced videos. Thus, according to Samuel et al. (2017: 394), YouTube is the largest online platform for open-access video material, with over 1 billion viewers. The website is available in 76 languages, making it the most popular video-based social platform. Furthermore, for medical practitioners, YouTube has become a platform for not only promoting academic and hospital institutions, but also for Neurosurgeons and medical professionals to communicate proper patient education (Nardin, Alotaibi, and Lozano 2017: 394-398).

2.8 SOCIAL MEDIA AS COMMUNICATION BRIDGE BETWEEN MEDICAL PRACTITIONERS AND PATIENTS

Vidovic (2019: 1-2) illuminated that the spread of SM to almost every aspect of our lives is, without a doubt, rapidly changing the way individuals, communities, organisations, and businesses communicate with each other. The rise of SM has, furthermore, greatly changed the way products are marketed around the world. In the case of medicine, many influencers are medical students, residents, or medical practitioners. According to Mahdy *et al.* (30-32), SM is "used by medical practitioners to enhance the virtual element of medical communication in all areas of activity, including prevention, treatment rehabilitation, education, and health promotion."

In addition, Mahdy *et al*. (30-32) emphasised that SM has become the most important means of communication. SM provides communication to share ideas and to send messages, videos and conversations and to evaluate health information. SM has made the lives of medical practitioners much easier, with patients no longer needing to rely on medical practitioners for medical information with regard to certain matters. Issues such as a small infection could be examined by a patient using SM, while information and how to use home remedies to cure that infection are also available online prior to rushing to see a medical practitioner for advice.

Another medical matter that, according to Yasya, Muljono and Seminar (2019: 56-63), is widely consulted for online is that of breastfeeding; known to have a positive impact on maternal and child health. One potential health communication strategy to be used in breast feeding communication is the use of information and communication technologies such as SM. Young and new mothers in some parts of Indonesia have a Facebook group that teaches new and young mothers how to breastfeed their new-borns. Yasya *et al.* (2019: 56-63) added that this Facebook group is beneficial to breast-feeding communication.

SM networks such as Facebook have been identified to help mental health practitioners prevent suicide. Kailasam and Samuels (2015: 37-38) mention that suicide is the tenth leading cause of death among Americans and the third leading cause of death between 15 and 24year olds. Suicide notes were left by as many as 36 percent of suicide victims, which were analysed by the two psychiatrists with the

aim of identifying specific contents and patterns that could aid in making suicide prevention strategies more effective.

This is where SM sites, such as Facebook and twitter, come into play. as these two SM platforms allow self-expression; people literally post anything on these platforms. An example of how a researcher establishes a pattern is when a person posts suicide content on facebook. Anyone who reads it is advised to contact law enforcement immediately. In order to do so, a link is provided to allow someone to change the details of the person who posted suicide content.

Khan *et al.* (2020: 225-226) argued that WhatsApp has and can improve communication among medical practitioners in the workplace. The authors explained that digital technology has made its way into almost every aspect of modern living and that SM has not only transformed communication, but also provided innovative strategies for the transfer of information. Furthermore, over the years, SM has been seen as an effective tool for learning. Among the many SM, such as Instagram, twitter, and facebook, WhatsApp has emerged as one of the most popular communication tools. The use of WhatsApp messenger in these areas is evidenced through efficient communication and improved patient care, as well as improved training for medical practitioners (Khan *et al.* 2020: 225-226).

2.9 COMMUNICATION CHALLENGES AND THE ROLE SOCIAL MEDIA COULD PLAY IN HEALTHCARE SECTORS

Mohammed *et al*. (2016: 15) identified communication with physicians and communication with patients as the most important areas related to overall patient satisfaction. Other areas identified by the USA Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) as important factors related to overall patient satisfaction include the hospital environment, hospital staff responsiveness, pain management, and drug communication, as well as release information (HCAHPS 2019).

It was emphasised by Kuengburg and Fellinger (2016: 2-3) that similar communication problems, in their extent and characteristics, are experienced by patients when interacting with medical practitioners in the Netherlands, to those described for

patients from ethnic minority groups. Interpersonal factors, including lack of independent thinking, protection, unresponsiveness, and lack of family communication, interact with communication difficulties in a way that further hinders access to health services in SA.

The phrase "meeting of two worlds" clarifies the challenges the diversity of perspectives rooted in different cultures can cause in the healthcare system. It is not addressed appropriately. A study in the USA found that miscommunication often occurs between patients and their healthcare providers, leading to a lack of understanding of diagnostic and therapeutic aspects.

According to Okeke *et al.* (2014: 1-4), translating one's thoughts into words may be difficult, especially when it is not in the mother tongue. The fact is that “languages are different and not merely nomenclatures, but articulations of the realities of the speakers. Thus, when people from different cultural and linguistic backgrounds interact, the problem of communication becomes more complex.” This often happens between foreign physicians and indigenous patients in SA during consultations, when they need to communicate in English, which is usually a second language to both.

Okake *et al.* (2014: 1-4) found that due to the shortage of medical doctors in South Africa, the government is employing medical doctors from other countries to fill vacancies in rural areas. Since foreign physicians cannot speak native languages, most communication in the medical consultation process is often in the English language. This situation is referred to as “the use of the language of the third power. This occurs when people of different linguistic and cultural backgrounds choose to speak a common second or foreign language during their interactions.” English is usually the common language of both citizens and foreigners in South Africa.

Ranjan, Kumari and Chakrawarty (2015: 1) indicated that healthcare benefits from good communication skills. Practicing good communication skills in the medical profession is an integral part of developing an eloquent and reliable relationship between physicians and patients and is therefore beneficial to both. The ability of the doctor to diagnose is greatly enhanced by a better understanding of the problems of

the patient. It is also useful in managing difficult clinical encounters and thus reduces both doctor and patient frustration or situations of emotional outbursts.

Decent communication has also been shown to reduce work stress and increase job satisfaction. Patient satisfaction levels are improved by better recognition and understanding of their illness and available treatment. This further increases their compliance with the advice given by the doctor. It also has a positive impact on patient psychology, mental health, tolerance, and quality of life (Ranjan *et al.* 2015: 1).

Wang et al. (2020), with the popularity of the Internet and smart phones, a rising number of individuals are using social media platforms (SM) such as Twitter and Facebook to share information. Prior to its notification through health institutions and official reporting systems, an event may have been posted on SM for several days or even months. People from all walks of life rely on Internet-based search engines for health information. In turn, analysing data on search behaviours gives a new technique for detecting and monitoring diseases and symptoms.

2.10 INABILITY OF PATIENT TO FULLY UNDERSTAND HIS OR HER MEDICAL CONDITION

Bylund, Peterson and Cameron (2011: 262-263) suggested that, at times, when medical practitioners discuss the patient's diagnosis with the patient, they are concerned about not degrading the patient's relationship or offending the patient, for example, when the medical practitioner would have to give the patient bad news about their diagnosis. Patients may avoid the acquisition of information when they feel unqualified to understand medical information, feel the need to differ from the medical practitioner's authority, or simply do not believe that the information they seek will help to manage their personal care.

In some cases, medical practitioners discover a different diagnosis on the same patient that can put the patient in a state of confusion about their diagnosis. Chou, Ainsworth, and O'Brien (2016: 1) suggested that effective communication between members of the medical team can enhance good healthcare, and training health professionals in interprofessional communication skills is widely recognised as vital.

McDonald and Rowsell-Jones (2012: 1) stated that poor communication, as a result of omitted or misinterpreted information, contributes to the patient's declining health

According to Lin, Green, and Bessarab (2016: 377), successful communication is "at the heart of the clinical consultation." However, communication between patients and medical practitioners, such as physicians, nurses, and allied health professionals, remains problematic and is likely the most significant barrier to successful patient care delivery. Language challenges, a lack of communication, and the use of medical jargon are all examples of communication hurdles between patients and medical practitioners. Furthermore, the authors state that these concerns "undermine constructive physician-patient relationships and leave patients feeling alienated, unsatisfied with treatment, and disenfranchised from healthcare."

Evidence suggests that patients want to be informed about health and disease (Lin et al. 2018), yet information is frequently limited, insufficient, or given in ways that contradict people's views and life experiences.
Gilligan *et al*. (2017: 2) justified that new physicians are required to have a range of communication skills in a variety of formats, including face-to-face, online and telephone. These skills are applied in a variety of medical contexts, such as patient consultation, patient communication, for example, with other medical professionals, and communication about medicine and science in general. According to Vidovic (2019: 1), there is little doubt that SM has permeated almost all aspects of our living and is changing the manner in which communication takes place between individuals, communities, organizations, and businesses.

Until recently, there were limited means available to organisations and businesses for identifying potential target audiences in the market (Shareef *et al.* 2019: 58). However, the manner in which products are marketed to certain populations has been significantly changed through the rise of "social media influencers" and the associated monetisation of social status (Akash *et al.* 2018: 913).
Companies eager in promoting a product or service to a specific audience, like as university students or, more precisely, medical students, may pay 'influencers' or popular members of that community for product placement in SM posts, according to the authors. One of the biggest concerns producing medication errors, according to

Shitu et al. (2018: 115-117), is a lack of good communication between patients and medical practitioners.

Communication between the medical practitioner and the patient is critical in reaching the desired patient satisfaction and enhancing both medication satisfaction and treatment outcome. Furthermore, Shitu et al. (2018: 115-117) proposed that various research have recognised various forms of communication in the healthcare setting, such as language obstacles, physical communication medium, and social environment. If these concerns are solved, communication with medical practitioners will improve, lowering the rate of 'drug mistakes.'

Medical jargon is one of the biggest challenges most patients have when a medical practitioner explains a medical condition to a patient. Moyo and Salawu (2017: 102-105) referred to “the inevitability of noise (communication barriers)” during a communication encounter. On the one hand, physiological noise refers to factors that affect the proper functioning of the body, such as hunger, pain, or fatigue. Psychological noise, on the other hand, refers to the qualities in us that affect how we share information and interpret others. For example, failure by patients to express themselves openly to the doctor could be a lack of courage or cultural differences. This ‘miscommunication’ may possibly lead to a misdiagnosis, just as failure of the doctor to give full attention to the patient and clarify the information may lead to a misinterpretation of (Moyo and Salawu 2017: 102-105).

The authors further explain that semantic noise exists when words (language) are not understood by one another; for instance, the use of medical jargon could lead to misinterpretation of information by patients (Moyo and Salawu 2017: 102-105). Additional challenges for patients in trying to understand their medical condition is to comprehend the content of the prescription and medicine, as well as the medical practitioner’s handwriting.

Torchia, Calabr, and Morner (2015: 248) stated that collaborations between the public and private sectors can improve patient health by combining the unique expertise and resources of multiple organisations (public and private) in novel ways. This involves product safety, efficacy, and quality requirements, as well as the establishment of a system to ensure citizens have enough access to health products and services.

According to Chou, Tsai, Wu and Shen (2016: 473-488), effective teamwork and communication can improve health outcomes. Furthermore, training of health professionals in interprofessional communication skills is widely recognised as important, however, the impact of training is difficult to evaluate.

2.10.1 Wrong Diagnosis by the Medical Practitioner

Bhasale (1998: 308-318) described that the patients' medical history is vital to clinical assessments. In some cases, a medical practitioner's misdiagnosis occurs when the patient 'hides' medical information from the medical practitioner. In other words, should the patient have been dishonest during a previous medical history consultation, yet may decide or feel more comfortable telling the whole truth much later to another medical practitioner.

Shitu et al. (2018: 116-118) stated that communication between a physician and a patient is critical in reaching the patient's desired satisfaction and enhancing medication and treatment outcomes. As a result, one of the most crucial tools in medical practise is effective, inspiring, and objective communication.

Communication is an essential means of ensuring that medicines are effective and improved. Addressing communication difficulties prevents health problems from deteriorating and disrupting workflow or spreading to include other health problems. Communication breakdown occurs at all levels of the healthcare delivery setting. This phenomenon appears to be one of the most common causes of error in medical practice. Medical errors often occur in the majority of hospital units and clinics. Effective communication is vital in the fight against accidents in hospitals. Communication between physicians and their patients is extremely important.

Excellent communication skills among physicians are seen to have several positive effects on health outcomes and patient satisfaction. They are also a vital tool in the dialogue with the patient to identify issues such as drug use, treatment effects, interactions, and side effects. Serious errors are common in the health environment. It is crucial to highlight issues of drug error to create awareness of the need to improve patient safety (World Health Organization 2016). Disrupted communication may jeopardise the protection and quality of healthcare and ultimately lead to medication

faults and disruption of patient safety and satisfaction. It has also been noted that poor communication may lead to adverse drug reactions in hospitals.

Several studies have identified various communication issues in the healthcare environment. Barriers to effective communication in the healthcare environment include language barriers, communication mediums, physical settings, and social settings. Should the above issues be examined, the communication between medical practitioners would improve and, in turn, the rate of drug error in hospitals would decrease. When medical practitioners speak a common "medical language" or medical jargon, much can be lost in the transfer of information to patients.

In terms of communication standards, a relevant distinction must be established between mediated and non-mediated types of communication. When medical workers and patients are in the same room, communication is 'non-mediated.' Several modes of communication, including as countenance, posture, movement, fragrance, and eye contact, aid in the comprehension and interpretation of information provided in the healthcare setting. Communications, on the other hand, are mediated whether they occur through the phone, e-mail, letter, or electronic records. In terms of the actual setting or surroundings, background noise from televisions, other workers, and patients may be a barrier to information transfer (Moyo and Salawu 2017: 102-105). The social setting is also important in order for the two parties involved in the exchange to feel comfortable discussing treatment options.

Misdiagnosis is better known or pronounced as a wrong diagnosis, which refers to the act of a medical practitioner choosing a wrong illness. Bhasale (1998: 308-318) indicated that early diagnosis of life-threatening and serious illness is part of what makes a medical practitioner’s practice unique amongst all general practices. Treatment requires a fundamentally internal cognitive process, in which medical practitioners balance their patient observations against human and disease knowledge and are therefore, prone to error.

The importance of medical records in the delivery of healthcare services cannot be overstated. To determine the amount and rate of progress made with preventative therapies and how to proceed, medical practitioners must have information on past

diagnoses, treatments, and prescriptions. When medical records are not adequately handled, retrieving them becomes an useless activity, leaving the hospital unable to deliver health services or rendering them inaccurately (Marutha and Ngoepe 2017: 1-2).

Despite the importance of medical records, they are frequently mismanaged, preventing clinicians from accessing information on earlier diagnoses, treatments, and prescriptions. Medical files can be lost permanently if they are not properly managed. Patients' lives may suffer as a result of missing or inadequate files. A press article about the Limpopo Hospital (Polokwane) being unable to obtain medical records for one of the chronic patients with cervical cancer is an example of this (Maponya 2013: 6 cited in Marutha and Ngoepe 2017: 1-2).

2.10.2 Incorrect Prescription

Aronson (2009: 514-515) justified an inaccuracy as 'an error caused by negligence or inadvertence; an error, for example, in measuring, judging, speaking, writing, acting, and so on, or the failure to carry out the planned action as expected, or the use of an incorrect plan of action to achieve that objective. With any of these concepts in mind, a drug error can be defined as “a failure in the treatment process that causes or has the possibility to trigger harm to the patient”.

According to Aronson (2009: 514-515), incorrect prescription occurs when:

- Choosing a medication is unnecessarily, improperly and ineffectively, prescribed and over-prescribed.
- written medication errors, including illegibility.
- incorrect use of a product, contaminants or adulterants, incorrect formulation packaging, wrong dosage, inaccurate labelling.
- Distributing or taking medication—incorrect dosage, incorrect pathway, incorrect pace, inaccurate duration—tracking therapy—failure to alter therapy, if appropriate, incorrect alteration.

Thus, a medical prescription is a vital way of communication between physicians and patients, according to Timonen, Kangas, Kauppinen, and Ahonen (2018: 183-184). Prescriptions should also be correct, clear, full, and unmistakable. A prescription that

contains flaws that make it insufficient or confusing may jeopardise the medication's safety or cause injury to the patient as well as more work for healthcare staff. However, as stated by Aronson (2009: 513-516), a fault is “something wrongly done by ignorance or inadvertence; an error, e.g., in the calculation, judgment, speech, writing,action, etc. [or] the failure to complete the planned action as intended, or the use of anerroneous plan of action to achieve that goal.”

With these kinds of definitions in mind, a drug error can be defined as “a failure in the treatment process that causes or has the potential to cause harm to the patient.” The 'process of treatment' involves all drugs. Aronson (2009: 513-516) pointed out that five types of medical errors exist that lead to incorrect prescription of medication by medical practitioners, and they are:

2.10.3 Knowledge-based errors (due to lack of knowledge)

Nichols *et al.* (2008: 276-279) stated that the types of problems due to a lack of knowledge should be avoided by being well-informed about both the drugs prescribed and the patient to whom they are given. As an example, giving penicillin without determining whether the patient is allergic can be referred to as a knowledge-based error. Communication problems in an Australian study showed that senior staff and difficulties in accessing appropriate information on drug dosing have contributed to knowledge-based prescription errors. Computerised prescription systems, bar-coded medication systems, and cross-checking by others (for example, healthcare professionals and nurses) can help to detect such errors. In this regard, Agrawal, Wu and Khachewatsky (2007: 1027-1031) point out that education is crucial.

2.10.4 Rule-based errors (using a bad rule or misapplying a good rule)

Shrivastav and Sachdeva (2018: 404-405) postulated that the National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) defines a medication error as follows: "A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient or consumer.” In addition, Shrivastav and Sachdeva (2018: 404-405) explained that such events may be related to “professional practice, healthcare products procedures and systems, including

prescribing; order communication; product labelling, packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use".

Types of medication errors can be broken down into the following categories of errors are used in numerous research studies:

- Faulty medication
- Extra dose error Omission error
- Error in dose or strength
- Wrong route error Wrong time error
- Error in dose form

The occurrence rate of medical errors and adverse events in hospitals is high, according to Kong *et al*. (2020: 1), and the accompanying patient safety problem cannot be ignored. Research shows that nearly half of those medical errors could be prevented when appropriate measures and techniques are employed. Appropriate use of information technologies, particularly clinical decision support systems (CDSSs), may aid clinicians to make better clinical decisions and thus reduce the rate of medical errors.

Aronson (2009: 516) argued that by injecting diclofenac into the lateral thigh rather than the buttocks. Proper rules and education help to avoid this error type, as do computerised prescribing systems. Jeyarajasekar and Priya (2020: 492) explainedthat the healthcare system is made up of numerous autonomous units or disciplines, each having its own rules, procedures, and cultures. Individuals in each discipline must, therefore, cooperate toward the same goal, such as diagnosis and treatment of a patient.

2.10.5 Action-based errors (called slips)

This type of error, often known as a 'slip,' can involve picking up a bottle of 'diazepam' from the drugstore shelf instead of one containing 'diltiazem.' The majority of mistakes in the aforementioned Australian study were ascribed to attention lapses during normal prescribing, dispensing, or drug administration. These can be reduced by creating conditions that make them unlikely (for example, by avoiding distractions, cross-checking, clearly labelling medications, and employing identifiers such as bar codes).

Aronson (2009: 516) referred to so-called 'Tall Man' lettering (mixing upper- and lower-case letters in the same word), which has been proposed as a means of avoiding misreading of labels, however, this technique has still not been tested under real world conditions. Action-based errors are described by Filik, Purdy, Gale and Gerrett (2006: 39-47) as technical errors—an example would be putting the wrong amount of potassium chloride in an infusion bottle. The use of checklists, fail-safe systems and computer-controlled reminders can help stop this sort of problem.

2.10.6 Memory-based errors (called lapses)

Memory-based errors are related to a scenario where penicillin is administered, knowing that the patient is allergic, yet forgetting this fact. These are difficult to avoid; nonetheless, they can be apprehended by computerised prescribing systems and cross-checking. Working overtime with insufficient resources, poor support and low job security all contribute to an increased risk of medication administration; more likely to occur when tasks are performed after hours or when it is busy, including errors by nursing staff. In addition, anxiety and exhaustion are important factors leading to errors among physicians.

Fahrenkopf *et al.* (2008: 488-91) indicated that errors distracted staff, often in relation to inexperienced medical practitioners. On the one hand, there is a genuine threat of errors when doctors first arrive at the hospital due to their lack of knowledge, and probably also because they are unfamiliar with local prescription charts and other systems. On the other hand, Truter, Schellack and Meyer (2017: 5-6) argued that drug errors are moderately under-studied in SA. The National Coordinating Council for Medication Errors Reporting Prevention (NCC MERP) defines a drug error as any completely avoidable event that may lead to inappropriate drug use or harm to the patient, while the medicine is controlled by the medical practitioner, the patient, or the consumer.

These factors can be related to professional practice, health products, procedures, and systems, along with prescribing, coordination required, product labelling, and administration, as well as education, and monitoring while using. Furthermore, Truter *et al.* (2017: 5-6) postulated that many drugs used in medical practice are used off-

the-shelf and therefore, adult dosage forms are administered, which may increase the possibility of drug error, with subsequent risks to the patient.

There appear to be far more steps in the prescription process that are error-prone, With dosage errors the leading cause of drug error. In general practice, the causes of drug error can be divided into human and technical errors. Human errors consist of performance deficits, unflawed prevalence or protocol, miscommunication, and incorrect or omitted transcription, along with improper supporting documents, knowledge deficit, miscalculation, and missing or misplaced zero and decimal points, in addition to non-standard abbreviations, lack of patient information and lack of patient understanding of their therapy.

2.11 RECOMMENDATIONS FOR POLICY MAKERS IN ADDRESSING COMMUNICATION CHALLENGES

SM helps the overall healthcare system in a variety of ways, according to Hao and Gao (2017: 1). Opportunities for healthcare practitioners to interact with colleagues and peers are among them. Furthermore, healthcare practitioners in impoverished countries can use the Internet to contact with specialists in advanced regions, where they can observe surgical procedures and ask questions.

Arkorfu et al. (2021: 500), "effective communication between medical practitioners and patients is hailed as key to quality healthcare" in healthcare service delivery and practise. To emphasise the importance of communication in healthcare and service delivery, the authors argued that communication problems are a key barrier in healthcare service delivery worldwide. As a result, these persistent issues have the potential to have debilitating implications, such as anxiety and incorrect diagnosis, which could lead to not only incorrect treatment but also general dissatisfaction with health care.

Sisk *et al*. (2021: 1) explained that “Communication serves several functions for patients, such as building relationships, exchanging information, providing validation, and supporting hope.” Fulfilling these functions can “support peace of mind, hopefulness, trust in medical practitioners and feeling acknowledged and comforted.” Parents also reported feeling prepared for decision-making and family self-management when clinicians provide high-quality information.

According to Hartley and Elowitz (2019: 466-467), communication issues affect the medical practitioner-patient relationship, and poor communication may result in patient dissatisfaction—or even malpractice litigation. Most doctors recognise the importance of communication in all aspects of patient care.

Barriers to effective communication, according to Hartley and Elowitz (2019: 466-467), are as follow:

- Inadequate recognition
- Cognitive bias
- Cultural hierarchy
- Lack of training
- Fear of disclosing negative consequences
- "It takes too long" Electronic medical records Frequent shift changes and handoffs

According to Bhatt et al. (2020: 2), the introduction of SM has changed information distribution in the medical industry. These new communication technologies enable medical practitioners, patients, organisations, and other stakeholders in the medical profession to transmit information quickly and globally. While the media has always played a key role in alerting the public during crises, emergencies, and disasters, according to Malecki, Keating, and Safdar (2021: 702), social media today plays a major and growing role in creating indignation and hence the people's views of dangers and mitigation.

Furthermore, SM allows both specialists and the general public to easily disseminate information to a large number of people. As a result, SM is both an asset and a hindrance in building successful risk communication strategies and responses. Al-Khalifa et al. (2021: 26) reported an increase in SM use as a result of technological advancement, which has changed how people communicate and share information. People nowadays rely on social media to learn about accessible services, including dental care, by examining displayed information, client feedback, and reviews. As a result, visible communication is a vital component of every dental clinic activity. According to Leonardi (2014: 796-816), dental providers' SM participation is increasing on a daily basis, and it is becoming a tool that allows them to interact, learn, get involved professionally, and aid with dental care (Alanzi and Al-Yami 2019).

Nonetheless, effective patient communication is one of the most important success criteria for any healthcare provider (Parmar, Dong and Eisingerich 2018: 20).

SM platforms have also proven to be multifaceted, providing a wide range of tools such as interactive blogs and audio-visual dissemination arenas to a diverse population of potential, future patients. Keller et al. (2014: 16) discovered that the microblogging site Twitter is also popular within the medical community for disseminating medical knowledge.

Thus, according to Liu and Jiang (2021: 207-208), in the past, medical practitioners were regarded as the primary, if not the only, source of medical information for many people. However, the broad availability of health information, particularly with the introduction of the Internet, has produced an environment in which patients are better informed about their health and more willing to engage in healthcare decision-making (Rutten, Blaas-Franken and Martin 2016: 199-214).

Nonetheless, there are conflicting findings about the impact of health information acquisition on the medical practitioner-patient relationship. For example, some researchers discovered that health information gained by patients allows them to actively participate in their health, enhancing the link and trust between medical practitioners and patients, which is one of the benefits of using SM in doctor-patient communication.

2.12 SUMMARY OF CHAPTER TWO

SM is an integral part of the internet and has become part of people's lifestyle. SM platforms such as Facebook and WhatsApp enable the users to have privacy and prevents nonusers from accessing a user's page. YouTube, Facebook, twitter, and so on, are amongst those popular SM platforms used for SM marketing. According to Rousidis *et al*. (2020: 6280), SM recently established dominance as multifunctional tools and several corporate companies, institutes and even individuals, organise and. implement their businesses based on SM.

SM marketing minimises the costs connected with customer acquisition, according to a study conducted by Warwrowski and Otola (2020: 244) and argued that the goals of

SM marketing are predominantly connected with increasing brand awareness among users. Their study highlighted that SM marketing is used to promote and sell products and services and encourage user engagement and engage user engagement in the private sector. Having seen gradual transformation, SM has been adopted by users because of its outstanding characteristics, which the authors assert include the ability to remain anonymous and the power to create customised profiles (Warwrowski and Otola 2020: 244).

SM is gradually replacing face-to-face teaching and learning in the education sector (Chugh and Ruhi 2018: 606), with Facebook one of the fastest-growing SM platforms, while Twitter, particularly, has been found helpful in fostering in-class discussions. SM The widespread publication, sharing and discussion of educational material via SM is regarded as a potentially inexpensive medium as it is efficient, immediate and accessible. Furthermore, SM has been shown to beneficially impact both the experience of the learner and the acquisition of knowledge and skill. The adoption of SM as a teaching and learning tool has also shifted the educator's and learner's way of disseminating and obtaining educational information, enabling students to experience new and intriguing methods of learning.

The medical system in SA will have to develop systems that facilitate communication between medical practitioners and patients. It will also be very important for SA medical practitioners to have direct communication with patients without invasion of the patient’s medical history to maintain confidentiality. In doing this, SM could solve unnecessary problems related to cost and time, for example, SM could be used to contact an available SA medical practitioner to assist a patient about to give birth at home. While waiting for an ambulance to arrive, the patient could use SM and speak to the doctor who would advise the patient on what to do.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The aim of this chapter is to provide an overview of the research methods utilized in collecting data, along with methods and population study used with intention of investigating the use of social media as a relationship enhancement communication tool between medical practitioners and patients. Qualitative approach was used in this study to attain its objectives. this chapter is divided into Eighteen sections: research design, advantages of using a qualitative research method, disadvantages of using a qualitative research method, objectives for this study, sampling method, Thematic approach, data collection methods, advantages of opened questions, disadvantages of open ended questions, disadvantages of closed ended questions, advantages of multi-choice questions, disadvantages of multi choice questions, delimitation/scope, validity and reliability, anonymity and confidentiality, ethical considerations, limitations for the study and final contribution of the study and pilot study.

According to Ndaba (2018:28) research methodology is a systematic, focused and orderly collection of data for the purpose of obtaining information from it to solve or answer research problems or questions

3.2 RESEARCH DESIGN

To conduct this study, the researcher employed the use of exploratory design, the main reason for this choice of design was because it is mostly used in studies where not much information is available about the topic. This was done through the researcher approaching participants face to face while adhering to covid-19 rules and regulations by wearing a mask, keeping a 1,5 safe social distance using an alcohol- based sanitizer containing 70% alcohol. The researcher also made appointments to interview medical practitioners at Hlabisa hospital who were strictly not busy and wereon lunch. Only patients that were walk-ins and seeking medical treatment were interviewed for this pilot study.

3.3 QUALITATIVE RESEARCH

This pilot study employed the use of qualitative method. According to skinner et al (2016:73), qualitative approach assists to explore areas where limited or no prior information exists. Qualitative method can also be used to describe behaviours, themes, trends, attitudes or relations that are applicable to the question being asked. Malhotra (2010:5-6) defines research design as a blueprint or framework intending to guide research from start to its conclusive end. Research design details the procedures that are necessary for obtaining information needed to structure this type of study.

3.3.1 ADVANTAGES OF USING A QUALITATIVE RESEARCH METHOD

Braun et al (2020:642-645) Qualitative researchers can benefit greatly from qualitative research values and harnessing the enormous potential of qualitative data. Nonetheless, the method is underutilised, and there is little methodological discussion of qualitative surveys. According to Crick (2020:391), qualitative research is used by scholars to generate interpretive meanings to explain a phenomenon by immersing themselves in their acquired data, such as through interviews, focus groups, or participant observation.

- Qualitative studies give something pretty distinctive among qualitative data gathering methods: a 'wide-angle lens' on the issue of interest, with the opportunity to capture a diversity of viewpoints, experiences, or sense-making. This diversity is about hearing a variety of voices and making meaning, which is especially useful when investigating an unexplored or under-explored region.
- The openness and flexibility of qualitative surveys allows social researchers to address a wide range of research issues of interest, as the method allows access to data ranging in focus from people's ideas, experiences, or material behaviours to representational or meaning-making practices.
- Existing qualitative analysis research exemplifies the breadth of available inquiries, which has, to yet, been mostly focused on appearance, sexuality, and health: experiences of living with and seeking help for alopecia, and the list goes on.

- Qualitative surveys also enable inexpensive and frequently relatively simple access to large geographically scattered populations, which is uncommon in student, unfunded, or time-limited research.
- Because of its objectivity and descriptive character, qualitative research is used to shape researchers' knowledge of a certain theory by providing subjective (and in-depth) information that quantitative research cannot collect.

3.3.2 DISADVANTAGES OF USING A QUALITATIVE RESEARCH METHOD

- However, while qualitative surveys benefit inclusion and participants in a variety of ways, one obvious disadvantage is that they require literacy and risk excluding participants with limited literacy skills - though assuring participants that they do not need to worry about correct spelling or grammar can help to mitigate this to some extent.
- The dangers of omitting some of society's poorest and most vulnerable people. Such considerations must be made during the design process.
- There are drawbacks to qualitative research that academics and postgraduate researchers must consider. Too small sample sizes, single-source studies, and poorly structured data analysis processes, to mention a few, are all important considerations while conducting a study.

3.4 OBJECTIVES FOR THIS STUDY

The prominent objectives of this study are:

To explore factors that contributes to improving interpersonal communication between medical practitioners and patients.

To determine to what extent social media could act as a communication bridge between medical practitioners and patients and its implications.

To suggest possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients.

Objective number 3 is not answered as yet because this is a pilot and not the actual study.

3.5 SAMPLING METHOD

Ndaba (2018:30) defines sampling as the process of selecting a part or a smaller number of units from a population to reflect the overall population. In research, two types of sampling procedures are used: probability sampling and non-probability sampling.

3.5.1 PROBABILITY SAMPLING

According to Sekeran and Bougie (2013:5), probability sampling occurs when all elements, or individuals, in a population have an equal chance of being picked as a topic. According to Bless (2010), it is possible to reach correct findings by investigating a larger group.

3.5.2 NON-PROBABILITY SAMPLING

Non-probability sampling is when the researcher cannot guarantee that each

individual in the population is represented in the sample – as each does not have

an equal probability of being selected. Examples of non-probability sampling

include purposive sampling, quota sampling and convenience sampling Ndaba (2018:30).

To conduct this research study non-probability sampling was used, the reason for this choice was because of its convenience, cost effectiveness and is not time consuming.

Therefore, in this study the researcher selected 12 participants. Of the number of participants 4 were medical practitioners of whom were nurses and 8 patients of whom were walk-ins and patients seeking medication.

3.5.3 THEMATIC APPROACH

Thematic analysis is a qualitative data analysis method that involves searching across a data collection to locate, analyse, and report on repeating patterns. Clarke and Braun (2006:1). To carry out this research project thematic analysis is a way for assessing qualitative data that the researcher will collect. This method was chosen because it allows the researcher to describe facts while also involving interpretation in the procedures of selecting codes and developing themes.

3.6 DATA COLLECTION METHODS

Paradis et al (2016:263) justify that Data collection methods are important, because how the information collected is used and what explanations it can generate are determined by the methodology and analytical approach applied by the researcher. Therefore, this study used the Thematic analysis to analyse data obtained from 12 respondents from Hlabisa hospital

3.6.1 TYPES OF DATA COLLECTION METHODS

According to Paradis et al (2016:263-264), there are five major data collection strategies.

Questions added to surveys to collect qualitative data are often open-ended and in free text style. Surveys are useful for capturing opinions, attitudes, beliefs, or knowledge among a specific, preset group of people. "Good" open-ended questions should be detailed enough to elicit consistent responses from respondents while yet inviting a range of responses.

- Interviews are used to collect information from individuals one-on-one, utilising a preset set of questions or a list of interest areas. Interviews are frequently taped and transcribed.
- Focus groups are used to acquire information in a group environment, either through preset interview questions asked of participants in turn by the moderator or through a script to promote group dialogues.
- Observations are used to collect information in the field by utilising the senses of vision, hearing, touch, and smell. Rather than focusing on their own

impressions or recollections, observations allow us to study and document what people do—their everyday behavior—and try to understand why they do it.

- When used to investigate changes in official, institutional, or organisational views on a specific topic or area, to document the context of certain practises, or to investigate the experiences and perspectives of a group of individuals who have, for example, engaged in written reflection, textual or content analysis is ideal.

To collect data for this study, primary sources of data collection were used including self-administered questionnaire (SAQ) that were specially designed for potential participants taking part in this study through a face-to-face and key informant interview. Hewitt and Jeanette (2016:1149-1150) explains that key in format interviews are qualitative detailed interviews with individuals who know what is going on in their respective fields. Patients' evaluation of the hospitalization experience has become an important tool in assessment of quality of medical care Semyon-Tal and Lewin-epstien (2021:1). The researcher chose to use the above-mentioned instrument because it granted the investigator to elicit more information from the study participants by probing, asking follow up questions and also seeking clarity.

3.6.2 QUESTIONNAIRES

According to Sekaran (2010), a questionnaire is a pre-written collection of questions to which respondents record their responses. The use of questionnaires for this study was cost-effective, especially when investigating big groups; it is less intrusive than other modes of inquiry; and most individuals are familiar with questionnaires. For the study, the researcher utilised a mix of closed, open-ended, and multiple-choice questions**.**

- The forms of research questions that were used to gather data included 7 closed ended questions, 4 open ended questions and 3 multiple choice questions. A tape recorder was also used to collect more responses from the participants and this ensured that the researcher did not by any chance miss any vital information from participants. To ensure safety for both the participants and researcher covid-19 rules and regulations were practiced to ensure safety

for the two parties. According to Farooq (2018:54) stated that Open ended questions allow respondents to give responses based on their own opinion, while as closed ended questions restricts the respondents with a grid of questions from which they have to choose to answer the question. Closed ended questions, open ended questions and multiple choice questions have their own strengths and weaknesses. According to Cakir and Cengic (2016:2), Neuert et al (2021:3)

Has listed the following advantages and disadvantages:

3.6.2.1 ADVANTAGES OF OPENDED QUESTIONS

- Open-ended questions can encourage longer and more complex answers, as well as more interaction and meaningful negotiation.
- Giving people a chance to give feedback and serve as a barometer of response quality They also underlined the need of providing respondents a voice throughout standardised interviews.
- The significance of open-ended questions in survey research has been rediscovered since there are numerous study circumstances when open-ended questions can provide critical information that closed-ended questions cannot. Neuert et al (2021:3)

Open-ended inquiries are not only useful for engaging people, but they have also been shown to provide linguistic benefits.

3.6.2.2 DISADVANTAGES OF OPEN-ENDED QUESTIONS

- Neuert et al (2021:3) On the one hand, open-ended questions are more cognitively taxing for respondents than closed-ended questions, increasing the answer load.
- Furthermore, they must formulate their responses in their own terms.
- Open-ended questions, on the other hand, require more labour from researchers because a coding schema must be devised and the qualitative text replies must be processed, typically manually.
- The participant's time is valuable.

3.6.2.3 ADVANTAGES OF CLOSED ENDED QUESTIONS

Researchers have used closed-ended questions to measure attitudes towards a study conducted Baburajan et al (2022:2).

- Reveals participant's true attitude towards a particular study by the participant rating for example: the experience of their first fight. These scales can be bipolar (e.g., a 5-point scale ranging between
  "Strongly disagree" and "Strongly agree") or unipolar (e.g., a 5-point scale ranging between "Not at all satisfied" and "Extremely
  satisfied") Baburajan et al (2022:2).

3.6.2.4 DISADVANTAGES OF CLOSED ENDED QUESTIONS

- Closed-ended questions have been accused of not representing actual dialogue and of encouraging just brief, limited responses.
- A closed-ended question anticipates only one possible response as an acceptable response. It can be answered with a "yes" or a "no."
- Closed-ended approach, such an approach ignores the cognitive burden described by Baburajan et al (2022:2) on respondents, as respondents go through a series of steps - a. interpret the question; b. recognise the attitude being measured; c. recollect their beliefs and feelings; and d. relate the attitudes to the point on the scale that best describes their attitudes. Furthermore, before utilising the scale, the researcher must carefully consider the type of scale (unipolar/bipolar), length, labelling, and inclusion of mid-points, among other factors, some of which are still hotly debated among researchers.

3.6.2.5 ADVANTAGES OF MULTICHOICE QUESTIONS

Amil (2022:119-120) illuminate that Multiple-choice test are of considerably widespread use as a means of objective measurement. Amil mentions both advantages and disadvantages of multiple-choice questions.

- They can be used for diagnostic as well as formative in addition, they are scored easily, quickly, and objectively either by human-beings or by scoring machines.
- permits more broad evaluation of candidate's knowledge in a short time, it is easy to grade, and there is no subjective effect of the grader in the evaluation
- The multiple-choice test structure is commonly used to evaluate the knowledge of candidates in a wide variety of situations.
-

3.6.2.6 DISADVANTAGES OF MULTICHOICE QUESTIONS

- One downside of such exams is that candidates may attempt to guess the answer even if they are unfamiliar with it. Such illiterate replies are unlikely to yield any benefits. Such illiterate reactions are unlikely to yield any benefit.
- Multiple choice format has also been criticised for being vulnerable to construct-irrelevant characteristics such as test wideness, quantity of response alternatives, cheating and guessing susceptibility, and pattern guessing.
- Multiple choice questions tend to focus on rote memory rather than comprehension of the subject matter or thinking critically about it.

Since this study is an exploratory study, the researcher chose to use three types of questions for formulate the questionnaires for both patients and medical practitioners at Hlabisa Hospital. The reason behind this choice was for the researcher to not miss any important information given by the participants. The researcher believes that every single answer given by participants for his study is gold and could lead to change the method of how social media can be used to enhance communication between patients and medical practitioners at Hlabisa hospital. Baburajan et al (2022:3-3). This framework will also be a step towards making data collection more flexible for the researcher, as respondents can give in-depth answers and allow participants to answer questions truthfully based on their emotions and social media platforms that participants are used to.

3.6.3 FACE TO FACE INTERVIEWS

According to Saarijarvi and Bratt (2021:392), explain Face-to-face interviews have long been the custom for guiding qualitative interviews in healthcare research. Face- to-face interviews are synchronized in time and space, which makes this method

superior in this Saarijärvi and Bratt further enlighten the advantages and disadvantages.

3.6.3.1 ADVANTAGES OF FACE-TO-FACE INTERVIEWS

- Synchronized in time and space
- Body language and face expressions are made visible
- Physical meetings can create a safe and comfortable atmosphere

3.6.3.2 DISADVANTAGES OF FACE-TO-FACE INTERVIEWS

- Time-consuming
- Requires some degree of travel
- Safety risks- covid-19 1.5 social distancing, wearing of face mask and using hand-based sanitizer

The motive that the researcher decided to use the face-to-face instrument was because this data collection method allowed the researcher to obtain more data from participants by probing, asking to follow up questions and seeking clarity. An additional reason for choosing the face-to-face data collection tool was that participants have thefreedom to speak openly and in face-to-face interviews, the interaction between the interviewer and the interviewee is always direct and with no delays due to technical disruptions. Body language, facial expressions, and other non-verbal social signals are obvious to the interviewer.

3.6.4 CONDUCTING FACE TO FACE INTERVIEW

In the face to face interview the target population will be drawn from the walk-in patients who were at Hlabisa hospital to collect medication as well as medical staff who are available but on lunch. Medical practitioners were drawn from the list of medical practitioners supplied to the researcher by Hlabisa hospital management. Making use of the purposive sampling method, the researcher will select medical practitioners from the ward that has more medical practitioners on duty and those of which are freely available during lunch time. 4 medical practitioners were interviewed for this study that had 5 and more years of service at hospital, the reason for this choice of years is because those potential medical practitioners will have had

encountered communication challenges with patients. For the walk in patients only 8 will be chosen using the purposive sampling method. According to Horsfall et al (2022:1), research questions can be highly complicated and may touch on sensitive subjects. In such circumstances, face-to-face interviews are the best and, in some cases, the only means to obtain the information needed to answer such questions. In person, research data is gathered through a conversational contact between the interviewer and respondent. When the researcher conducted the interview, the researcher first introduced herself to the potential participant and the place she is from as well as the institution she is enrolled at. Then gave the participant the consent letter to read and understand. If the participant especially the patient needed clarity the researcher would explain further. The potential participant was informed that they were more than welcome to withdraw on the interview if they were no longer interested in participating. The participants were given the right to choose a consent letter written in English of IsiZulu. Informed permission, which is a prerequisite, is a significant contributing factor to patient happiness, according to Gebrehiwot et al (2022:1); in reality, patient satisfaction is very crucial for any medical practitioner and researcher. After the reading and explaining of the consent letter the participant then signed the letter. The letter of information was then read to the patient in any language preferred, however all participants preferred letters written in English.

The interview lasted a maximum of 20-30 minutes, and the researcher suggested a break in between the interview however participant was interested in the research topic and decided not to take any break.

3.7 QUESTIONNAIRE DESIGN

Ndaba (2018:34) (2018:34) A questionnaire is a pre-written set of questions to which respondents record their responses, usually within narrowly specified options. says that while creating a questionnaire, all instructions and questions should be explicit, and the topic of the questionnaire should be obvious and described by the research questions. The questionnaire was divided into two sections for the purposes of this study: Section A and Section B.

Two types of questionnaires were designed. One for medical practitioners and another for patients. The questionnaire for medical practitioners consisted of a total of thirteen

(13) questions. A consisted of six (6) questions which were closed ended questions, section B consisted of multiple-choice questions and open-ended questions. The multiple-choice questions were set to create leading questions for open-ended question for section B. Section B has a total of seven (7) questions. Questionnaire for patients contained a total of 14 questions. Section A comprise of seven (7) closed questions, section B consisted of multiple questions and open-ended questions. In themedical practitioner and patient questionnaire Section A asked if they were medical practitioners, or patients, the number of times they visit the Hlabisa hospital or number of years of service at Hlabisa Hospital, any communication challenges ever faced with between them and patient attended to, to give any example of such factors and why these factors caused the miscommunication. The purpose of including these questions on the questionnaire was so that the participant could not feel or think that the interview would be too long. Questions such as gender, age, and race were asked right at the end but were not included on the questionnaire paper. This assisted the researcher to obtain more and rich data while the responded had more energy and oomph to respond best as possible. This was very vital for the researcher; this enabled the researcher to obtain information about the challenges that medical practitioners were facing now or in the past.

Section B questions involved empathy (the researcher putting herself into the participant's shoes). Section B involved such questions as social media platform used by the respondent, how many times a day is the chosen social media platform used a day, which social media platform would they preferably use to communicate with patients or medical practitioner, recommendations to help improve communication and how can such recommendations be implemented.

Respondents marked the appropriate social media platforms included in the questionnaire in multiple choice questions. The questions were designed with a Likert and nominal scale in mind. The length of the questionnaire was kept short in order to ensure that it was simple to conduct and that coding the respondents was simple. Ndaba (2018:35). (2018:35). Following the interview, the participants advised the researcher that the research questions were clear and understandable.

3.8 DATA ANALYSIS

The process of adding order, structure, and meaning to data is known as data analysis and interpretation meaning to data gathered through response grouping and identification of Trends and patterns These strategies allow the researcher to collect data displays that depict the overall patterns in the distribution scores (Ndaba,2018:39). Sunday (2010:25) clarify data analysis as a method of gathering data and forming it in a manner where the reader can draw a conclusion. Fairclough (2008:10) explain that there are several qualitative data analyses which include narrative analysis, grounded theory, framework analysis, discourse analysis and content analysis.

For this research study, the researcher used the Thematic analysis, it is a method for analysing qualitative data that entails searching across a data set to identify, analyse, and report repeated patterns Braun and Clarke (2006:1). To conduct this research study Thematic analysis is a method for analysing qualitative data that will be collected by the researcher. The reason for the choice of this method is because it permits the researcher to describe data, but it also involves interpretation in the processes of selecting codes and constructing themes. Data gathered was analysed using the NVivo version 12.Pro. this tool excellent for qualitative research. According to Jacksonand Bazely (2019:3) NVivo is ideal for storing, managing, and analysing qualitative data.

A digital recorder was used to capture data from the semi-structured interviews. The researcher coded the raw data that had been transcribed. To discover themes that arose from the data, the coding method was applied. These were organised into groups. Patterns discovered during data gathering were documented, interpreted, andanalysed (Creswell, 2012).

3.9 PRE-TESTING

In qualitative research, a common pre-test entails delivering the interview to a group of people who share comparable characteristics as the target study population. Pretesting allows for the revision of study materials and data gathering processes. It

is critical that pre-tests are carried out in a systematic manner and involve practises for all workers Hurst et al (2015:5).

3.9.1 PROCEDURE FOR CONDUCTING THE PRE-TEST

Sufficient pretesting was conducted to ascertain that the questionnaire formats are rightly and accurately understood by the selected participants. The researcher used the original questionnaire to pilot 6 randomly select participants at the hospital to answer sample questions. These participants included two (2) medical practitioners and Four (4) patients. This enabled the researcher to identify missing information in the study and identify amount of data questioners will generate for the study. Importantly, the objective of pretesting is to identify areas of weaknesses to be addressed before embarking on the actual research. Data gathered during piloting was not used in the study analysis and the respondents involved in the piloting were included in the main study.

The researcher approached participants and administered the consent letters herself to a total of Six (6) participants, four (4) participants were patients, and the other Two (2) participants were medical practitioners. Consent letters were signed by all participants and were collected and checked after completion. The feedback from the pretest indicated that Three 3 of the questions were unclear and Two (2) of those questions had to be restructured. This was therefore affected to improve the quality of the questions and to ensure they would be understood by all the students. The participants involved in the pretesting at Hlabisa hospital were not part of the group that answered the questionnaires for the main study.

3.9.2 PROCEDURE FOR CONDUCTING INTERVIEWS AT HLABISA HOSPITAL

Permission was sought from the DOH Department of Health at Kwa-Zulu Natal (Pietermaritzburg) to conduct the interviews during a lecture period. The questionnaires were self-administered. Before the interview was conducted participants were informed that participating in this research was voluntary. Participants were not interested on any type of remuneration. The interview was conducted on only 6 participants. All participants were very confidant during the pre- test interview and especially the patients had a lot to say. In general, the more data

one collects, the better. Participants were informed that the information obtained from the interview was going to remain confidential and anonymous.

3.9.3 PROCEDURE FOR CONDUCTING FOCUS FACE TO FACE INTERVIEWS

Prior to conducting the face-to-face interviews at Hlabisa Hospital, the DOH Department of Health and Hlabisa Hospital granted the researcher permission to conduct the interviews with the participants. The researcher recruited walk-in patients and medical practitioners that were available. The researcher then introduced herself and informed them that the interviews were going to be confidential. Some patients agreed to take part in the study, however they had to see the doctor first for a medical check-up and then do the interview. The interview took place at Hlabisa hospital in one of the Wards that appeared to have more potential participants. This ward was also given to the researcher to conduct her interviews by the Hlabisa hospital medical manager doctor Martin. The researcher requested permission to record the interview to listen to the participant's response and to take down answers as well. This was done so that the interviewer would not miss any vital information given by the participant. The time frame of the interview was 20-30 minutes. Participants had a lot to say, and the researcher did not want to stop the process this time limit was in fact exceeded by 5-7 minutes (maximum). The participants informed the researcher after the interview that the questions were clear and understandable.

3.10 VALIDITY AND RELIABILITY

Creswell (2009:235) and Lapan (2009:53) explain that validity is the precision in which the findings accurately reflect the data, “instrument is valid if it measures only what was intended to measure”. To obtain ethical and strong data for this research, the researcher will use the relevant instrument that will produce quality results from patients who will be participating. This will ensure that future researchers use quality data for this study. Validity is ensured as the instruments for data collection are strictlyaligned to the aims and objectives of the research.

The researcher administers the same type of questionnaire to all participants; this refers to patients who visit the nearby hospital. The researcher ensured validity and reliability by testing the results derived more than once. The researcher made use of

the test-retest method to establish the reliability of the findings. This touchstone warrants that the founded facts are established by confirming and determining the facts more than just once.

All questions were constructed in the English and IsiZulu language to be easily read and understood by all subjects. The researcher conducted face to face interviews.

The researcher also ensured validity by conducting a pilot study of the questionnaire before conducting the main study. Validity was also enhanced during focus face to face interviews as the interviews were conducted in a safe away from everyone else who were not part of the study and away from potential participants which allowed the researcher to capture rich information with regards to responses without interruptions and fear of the respondent.

3.11 LIMITATIONS

The study was conducted at Hlabisa Hospital in Nongoma, Kwa-ZuluNatal. Hlabisa Hospital is a public hospital operating under the Kwa-Zulu Natal Health Department. It is situated in Hlabisa, Kwa-Zulu Natal. The hospital serves the Hlabisa, Mtubatuba and part of the big five municipalities, and has 296 beds (KZN Department of Health, 2021). The category of participants is 18-60 years. The study was limited to Hlabisa hospital medical practitioners and walk-in patients. Connelly (2013:325) state, in any research study, the limitations are important to acknowledge. Connelly further explain that all research studies have both strengths and weaknesses, but the limitations in an article should be focused specifically on the research problem under study and not on general limitations of all studies. logical and financial constraints would not allow the researcher to include other health institutions for example clinics.

3.12 ANONYMITY AND CONFIDENTIALITY

To remain unknown Surmiak 2018:5-6) cites, anonymity as the state of being “not identifiable within a set of objectives, the anonymity set. Louw (2014:266) explains that anonymity and confidentiality of participants is vital to ethical issues in research.

Moser clarifies the concept as the aptitude of a researcher to secrete and protect the identity of the participants and sensitive information revealed by the participants. As

such, it gives the respondent enough freedom to share data freely with less and or no risks. To ensure confidentiality participants will be interviewed separately, away from medical practitioner.

Each participant received a questionnaire and was asked to sign a confidentiality form. Participants were given a chance to select any pseudonym name of their choice to use as their names instead of using their original birth names. In this case patients used their clan praising and medical practitioners did likewise as the patients. According to the South African Medical Association (SAMA, 2020: 4), the medical practitioner must aim to ensure that confidentiality, privacy, and data integrity are not compromised. Therefore, in this study, Data obtained during the interview process be secured to prevent unauthorized access and breaches of identifiable patient information through appropriate and Up to Date Security Measures per local legislation. Electronic transmission must also be safeguarded against unauthorized access.

Confidentiality of data may include the following:

- Maintaining record confidentiality, separating data from identifiable individuals, and securely storing individual data
- Not revealing what was mentioned during an interview.

The researcher has stored the questionnaires in a lockable place and will use a paper shredder to dispose of them after five years. The qualitative data will be transferred to a USB stick which will be locked away in a lockable place for five years.

3.13 ETHICAL CONSIDERATIONS

Suri (2020:41-42), explains, research is a dynamic process that often involves an interruption into people's lives and therefore, largely depends on the establishments of a successful relationship between the researcher and respondents. A researcher must act with truthfulness and adhere strictly to ethical principles and professional morals that are important for practising research in a responsible way Louw (2014:262). The application of ethical principles will be adhered to in this study as it relies substantially on mutual trust, mutual understanding and between the respondents and the researcher. A cover letter will be attached to each questionnaire

of each participant and addressed to the respondents. According to Khubeka (2017:386), the use of social media has increased exponentially throughout the world. Social media provides a platform for building social and professional relationships that can be used by all, including medical practitioners. Alongside the benefits of creating networks and spreading information wider and faster than is possible with traditional communication channels,

However, it presents ethical and legal challenges. Furthermore, Khubeka (2017: 386) states that for health professionals, it poses a threat to confidentiality and privacy owed to patients. It is vital for medical practitioners to acknowledge that same ethical and legal standards apply both online and offline, and that they are accountable to professional bodies and the law for their online activities. The HPCSA's practical and Ethical guidance state that medical practitioners and medical students have a legal and ethical duty to protect patient confidentiality. Disclosing identifiable information about patients without Consents on blogs, medical forums or social networking sites would constitute a breach of HPCSA standards and could give rise to legal complaints. Many improper disclosures are unintentional and medical professionals should exercise caution when discussing specific cases or clinical experiences online, which identify or run the risk of identifying a patient. Thus, the researcher will comply to the ethical consideration, such as discussed further above.

In order to obtain an ethical clearance for this study, the following steps were

- taken: The proposal was approved by the Institutional Research Ethics Committee
  (IREC) for expedited review. Subsequently, provisional approval was

  granted on 13 October 2021 to conduct a pilot study. IREC

  also requested that a gatekeeper's letter should be sought from the Hlabisa hospital.

- A pilot study was then conducted by the researcher. Feedback and changes

made on the data collection instruments after the pilot study were submitted

to IREC for full ethical approval, together with the requested gatekeeper's letters which was approved by the Research and Postgraduate Support Office at the DUT on 25 April 2022. The minor changes that were made to the pilot study were specifically Question 1, 12, 6, and Question 4, which were rectified accordingly.

3.14 CONCLUSION

The aim of this chapter is to provide an overview of the research methods utilized in collecting data, along with methods and population study. The study was intended to investigate the use of social media as a relationship enhancement communication tool between medical practitioners and patients. Qualitative approach was used in this study to attain its objectives.

CHAPTER 4 DATA ANALYSIS AND INTERPRETATION OF RESULTS

4.1 Presentation of Qualitative Results aligned to the interview schedule with patients and medical practitioners at Hlabisa hospital

4.1.1 Introduction

This study intended to explore the use of social media as a relationship enhancement communication tool between medical practitioners and patients at Hlabisa hospital. It was stated earlier that communication implies the transmission and sharing of knowledge and information between different parties with the view of creating an understanding (Kee, 2018). Therefore, social media platforms have played a crucial role in the dissemination of information and have been a rich and valuable source of information during the COVID-19 era. According to Taha (2021: 1), social media allowed people to connect with relatives, medical practitioners, friends, schoolfellows, teachers, and/or colleagues, etc., (Taha, 2021: 1).

Furthermore, currently, social media act as a communication and marketing channel/network for all kind of business. These communication channel in the social media has brought tremendous changes in many different environments, including health environment (Sulthana, 2021: 6371). These changes are the result of not just technological improvement, but also of user behaviour and preferences in social networking platforms. Users connect and exchange information via social media via applications and websites, which are supported by a variety of digital tools (Sulthana, 2021: 6371). Thus, this study involved 12 respondents, including 8 patients and 4 Medical practitioners from Hlabisa hospital. However, this chapter presents the results of the investigation conducted at Hlabisa hospital in order to consider and assess the use of social media as a relationship enhancement communication tool between medical practitioners and patients. The section that follows discusses about biographical statistics of patients and medical practitioners at Hlabisa hospital.

4.1.2 Biographical statistics of patients and medical practitioners at Hlabisa hospital

This section presents the biographical statistics of patients and medical practitioners at Hlabisa hospital. Table 4.1 comprises variable such as gender, age category, educational level, working experience and race group of participants. Each variable in Table 4.1 is discussed and interpreted in sections further below.

Table 4.1 Biographical statistics of patients and medical practitioners at Hlabisa hospital

Variables	Characteristics	Number	Percentage
Gender	Male	4	**33.3%**
	Female	8	**66.6%**
Age category	Below 20	2	
	Between 21 to 30	3	**25%**
	Between 31 to 40	8	**66.6%**
	Between 41 to 50	-	**-**
	Between 51 to 60	1	**8.3%**
	Over 60	-	**-**
Educational levels	Lower than Matric	-	**-**
	Matric	5	**41.6%**
	Diploma	3	**25%**
	University degree	4	**33.3%**
	Postgraduate degree	-	**-**
	Post Doctorate	-	**-**
Working experience	Less than 5 years	-	**-**
	5 to 10 years	3	**75%**
	10 to 15 years	-	**-**
	15 to 20 years	-	**-**
	20 to 25 years	-	**-**
	25 to 30 years	1	**25%**
	More than 30 years	-	**-**
Race group	African	11	**91.6%**
	White	-	**-**
	Indian	-	**-**
	Coloured	1	**8.3%**

4.1.2.1 Gender

This section discloses gender's participation rate of respondents from Hlabisa hospital. Figure 4.1 displays the percentage of male and female participation in this study.

Figure 4.1. Gender's participation Rate

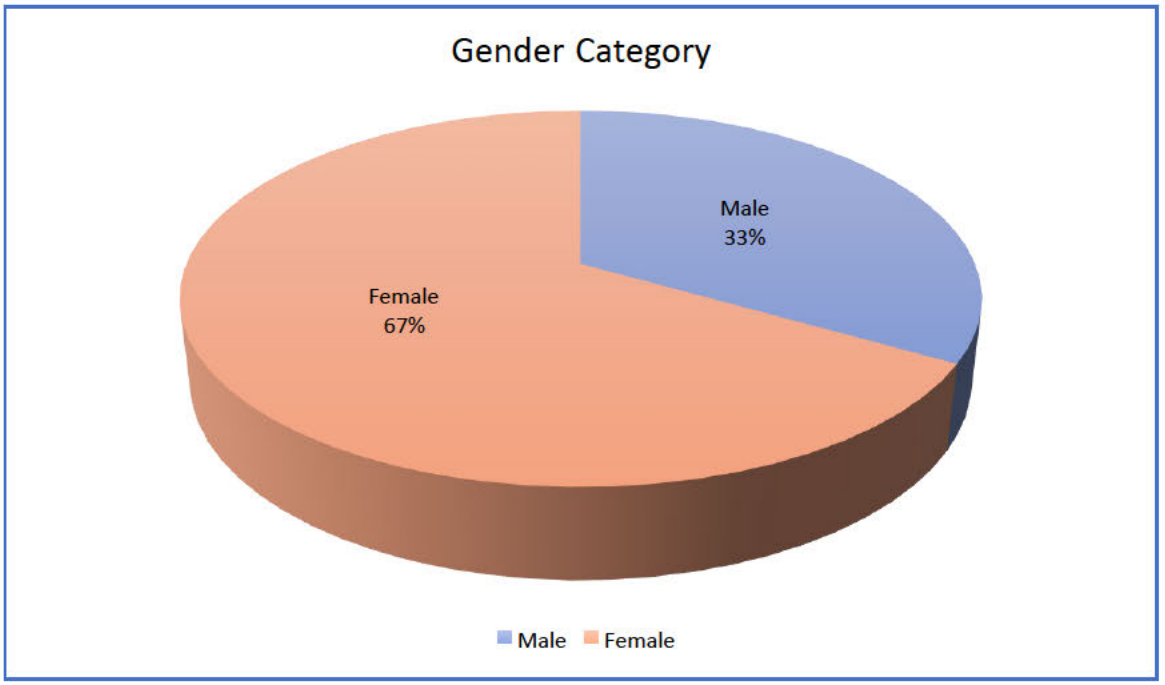


Figure 1 reveals that 67% of female and 33% of male participated in this study. This implies that from a total of 12 respondents, which participated in the interview, 8 were females and 4 were males. Therefore, this figure 1 displays a huge inequality from female to male in terms of gender participation in this study. This situation suggests that the most patients visiting Hlabisa hospital are females than males. In addition, from medical practitioners operating at Hlabisa hospital, females are dominating (majority) the workplace than males. Therefore, according to the study rate/frequency, as it can be observed from Figure 1, more females were available and showed willingness to participate to this study than males. Thus, an approach to balance gender equality at Hlabisa hospital will be required, as well as an approach to encourage more males to give their views through their participation in research studies like this current one. Figure 4.2 below discusses the age category.

4.1.2.2 Age Category

In this study, the age category of participants included the scale beginning from the age below 20 years to over 60 years. Therefore, Figure 4.2 represents the statistics of respondents' age category.

Figure 4.2 Age Category

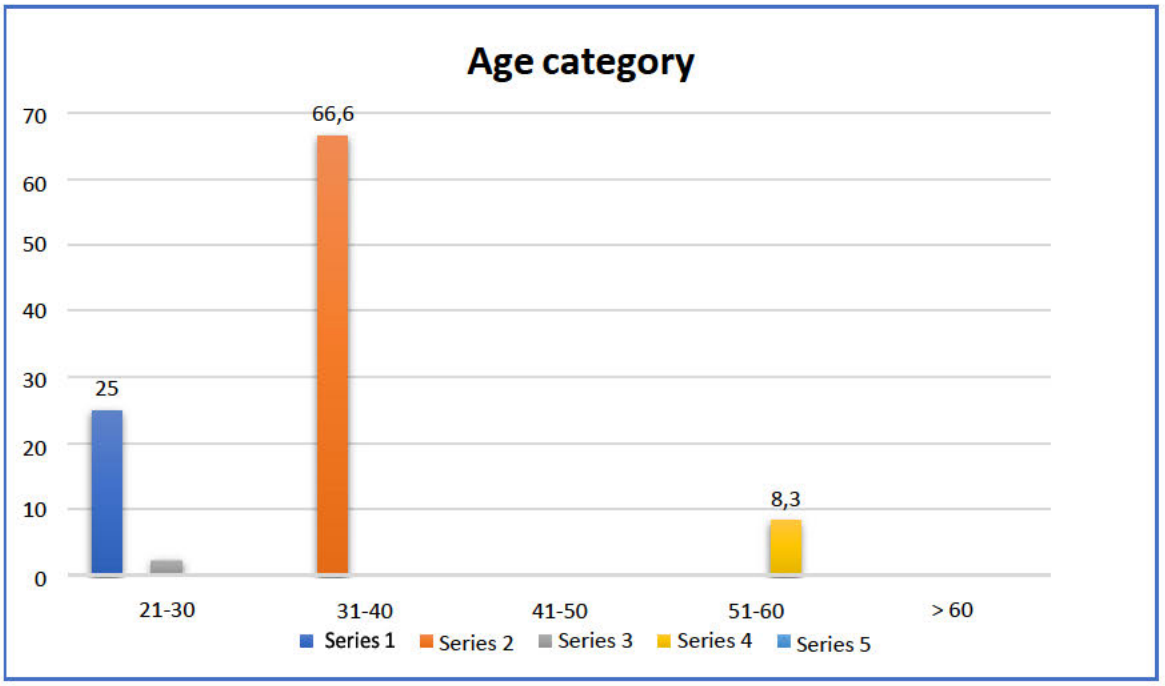


Figure 4.2 displays that the age category of the majority of patients and medical practitioners who participated in this study comprises between 41 to 50 years old, representing 66.6% of the participation rate. In addition, 25% of participation include the age category of people from 21 to 30 years old. Furthermore, Figure 4.2 demonstrates that only 8.3% of people over 60 years old responded/participated in this study. It is therefore critical to acknowledge that from the age of 21 to 60 years old, most participants were mature enough to provide acceptable, credible and valid answers to questions. The section that follows discusses about the educational levels of respondents.

4.1.2.3 Educational levels

The educational levels of respondents included the characteristics of participants beginning from lower than Matric, Matric, Diploma, University degree, Postgraduate degree, to Post Doctorate. Figure 4.3 discloses the statistics of respondents' participation rate based on their educational levels.

Figure 4.3. Educational levels

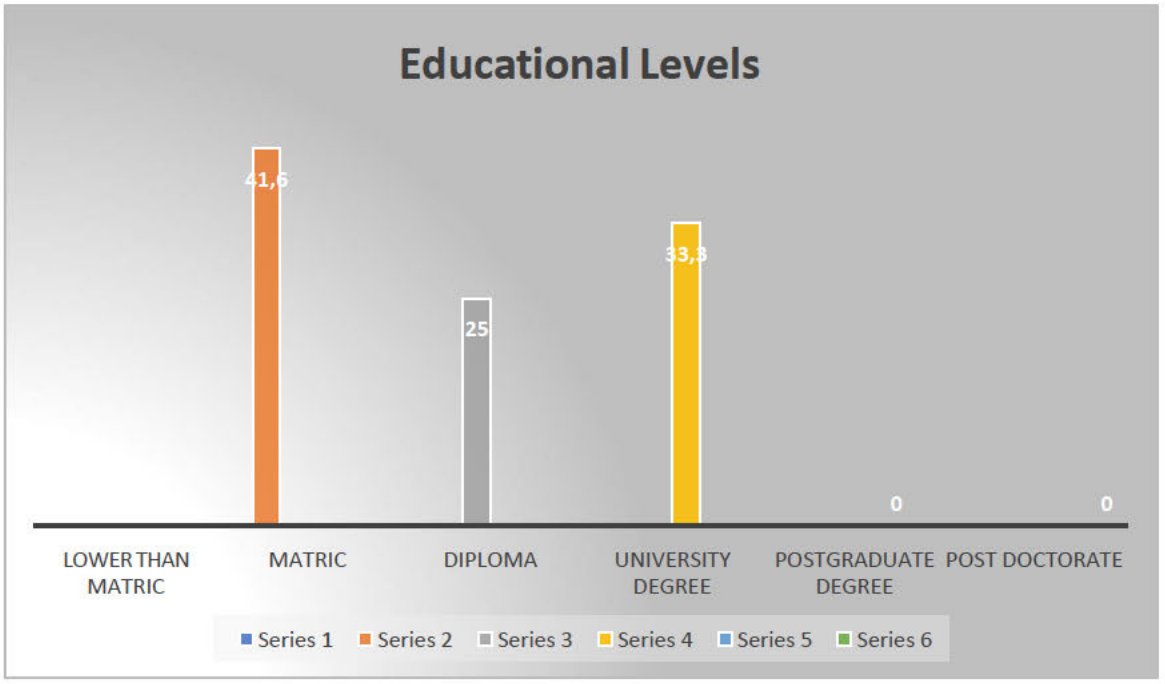


Figure 4.3 reveals that people with Matric (41.6%) have highly participated in this study, following those with university degree (33.3%) and those with diploma (25%). This implies that amongst the patients and medical practitioners who participated in this study, there were not people with lower than Matric qualification, postgraduate degree, as well as post doctorate recognition. But the participation rate shows that respondents were educated people, which translate a certain level of accuracy, trust and validity of responses that were obtained from participants. Figure 4.3 also revealsthat medical practitioners operating at Hlabisa hospital are highly qualified; and patients that are preferring to use Hlabisa hospital facilities are also educated. Therefore, communication between medical practitioners and patients, using an official language such as English should not be a huge issue at Hlabisa hospital. Issues that could be raised when a medical practitioner may be in position of consulting a non-speaking English patient. If that is/would be the case, then management of Hlabisa hospital will have to facilitate communication tool between medical practitioners and patients by providing an alternative plan of employing interpreters formost frequent patients that cannot understand the official working languages. The section that follows explores the working experience of medical practitioners at Hlabisa hospital.

4.1.2.4 Working experience

Figure 4.4 discusses the working experience of medical practitioners at Hlabisa hospital. It exhibits the years of experience of medical practitioners beginning from 5 to 30 years of working experience at Hlabisa hospital.

Figure 4.4 Working experience

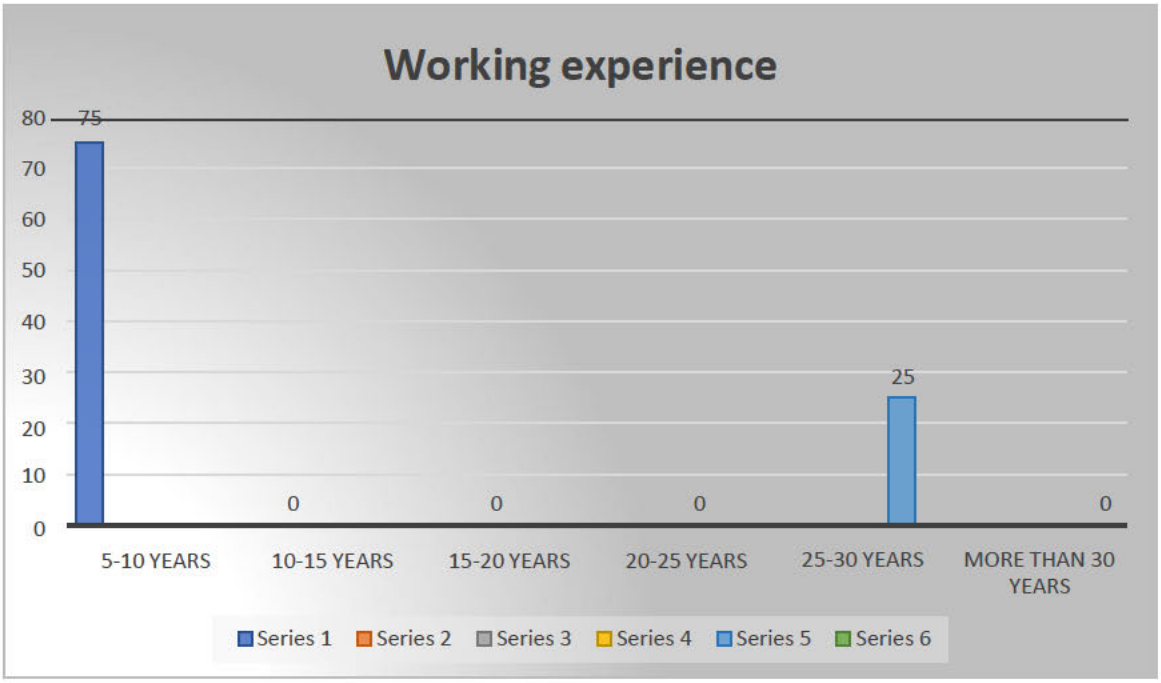


Figure 4.4 demonstrates that medical practitioners working at Hlabisa hospital have a good experience starting between 5 and 30 years. Therefore, Figure 4.4 indicates that 75% of medical practitioners have work experience beginning between 5 to 10 years, while only 25% of them have work experience from 25 to 30 years at Hlabisa hospital. However, there could be other medical practitioners who may have more or less experience at Hlabisa hospital. But they were not available to participate in this study for various/personal reasons. Concerning work experience of medical practitioners at Hlabisa hospital, it is significant to assert that this study reports about only 4 Medical practitioners who participated in the interview based on their availability and interest to the study. In addition, 8 participants were patients and not medical practitioners. In other words, the interview included 12 participants, from which 4 were medical practitioners and 8 patients. The next section displays the race group of respondents (Medical practitioners) operating at Hlabisa hospital.

4.1.2.5 Race group

In this study, the race category of respondents included African, White, Indian and Coloured. Figure 4.5 displays the percentage of respondents based on racial category.

Figure 4.5 Race group

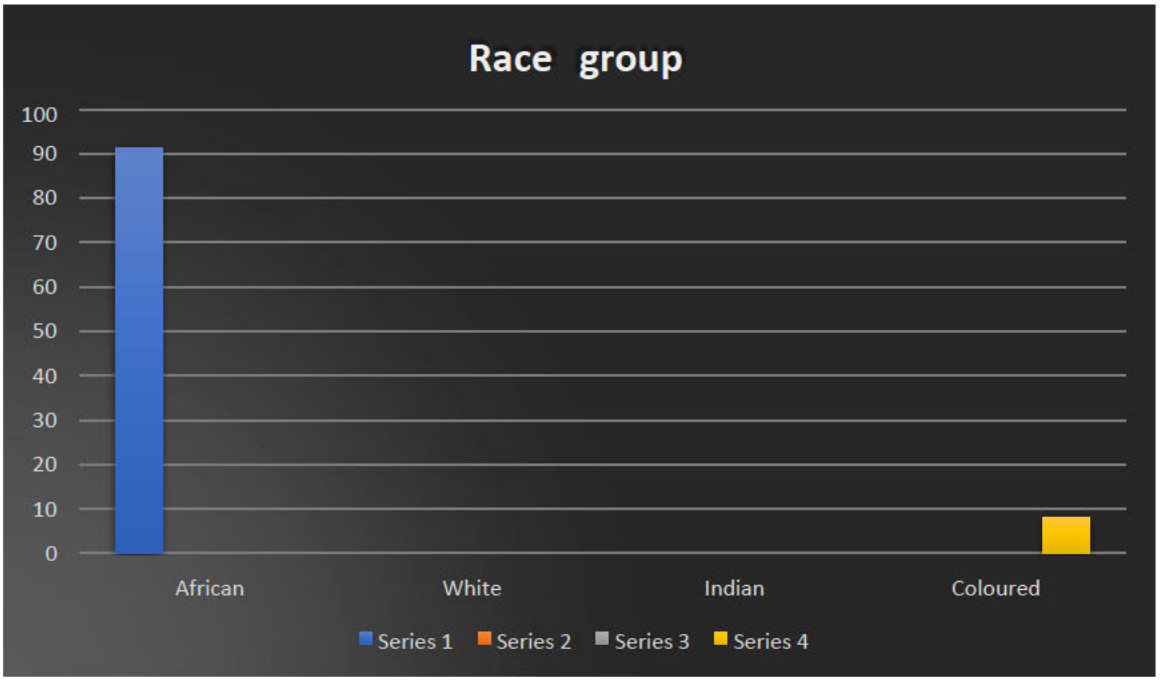


Figure 4.5 indicates that most respondents that participated in this study were African, representing 91.6% of participation rate, following by Coloured respondents, which represent 8.3% of participation rate in this study. The study planned to give interviews to all race categories, but unfortunately, White, and Indian respondents were not available in order to participate in this study. This study did not intentionally exclude White and Indian patients or medical practitioners. Some of the participants were absent or off from the time this study was conducted. Therefore, there was no deliberate intention of discrimination. Simply, these two racial categories were not available and perhaps interested to participate in this study for their unknown individual reasons.

The sections that follow examine the inference of qualitative results aligned to the interview schedule with patients and medical practitioners at Hlabisa hospital.

4.2 Inference of qualitive results aligned to the interview schedule with patients and medical practitioners at Hlabisa hospital

This section comprises two sub-sections. The first sub-section presents the results of the interview schedule with patients at Hlabisa hospital, and the second sub-section offers the results of interview schedule with medical practitioners at Hlabisa hospital. The discussion and interpretation of results are provided further below in section 4.2 (discussion and interpretation of results from patient 1 to patient 8) and section 4.3 (discussion and interpretation of results related to medical practitioners 1 to 4). Furthermore, results are categorized, discussed, and interpreted following the objectives defined for this study.

4.2.1 Results of interview schedule with patients at Hlabisa hospital

Tables 4.2 to Table 4.9 presents the results of interview schedule with patients at Hlabisa hospital. The following abbreviations were used to facilitate the coding of themes and sub-themes during data analysis:

- Q= questions
- Q1 to Q14= Interview questions
- R1 to R12= Respondent 1 to Respondent 12
- R1Q1 to R12Q14= Respondent1/question 1 to respondent 12/question 14.

Table 4.2 Interview schedule with R1/ Hlabisa hospital

Questions (Q): Q1 to Q14	RESULTS (R): R1Q1 to R1Q14
Q1. Are you a regular patient at Hlabisa Hospital?	*R1Q1. Yes*
Q2. How often do you come to this Hospital for medical services?	*R1Q2. Often*
Q3. Have you ever faced any communication challenges between you and the medical practitioner attending to you?	*R1Q3. No*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R1Q4. No*
Q5. Why do you think these factors caused miscommunication between you and your medical practitioner?	*R1Q5. No factors to give, I speak English and isiZulu well*
Q6. Are you active on social media?	*R1Q6. Yes*
Q7. Do you use any social media platform?	*R1Q7. Yes*
Q8. Which of the following social media platform do you use?	*R1Q8. Facebook and WhatsApp.*
Q9. How many times a day do you visit your Social Media account?	*R1Q9. More than 10 times*
Q10. Which social media platform would you prefer to use to communicate with your medical practitioner?	*R1Q10. WhatsApp*
Q11. What are the reasons for the choice of social media platform?	*R1Q11. Easy to use and cheap data*

Q.12 What are some strategies you would recommend for improving communication between medical practitioners and a patient?	*R1Q12. If only there was a WhatsApp group for Hlabisa hospital to send announcements to the community.*
Q13. How can such recommendations be implemented?	*R1Q13. Maybe have a register to fill in our details and cell number so that the hospital would send important notifications for example, when and where to get tested for covid-19. Or maybe tell us how many doctors are available for the day.*
Q14. Conclusion: Of all the things we have discussed today, what would you say are the most important issues you would like to express about the research topic?	*R1Q14. It is the very first time I'm interviewed for research, I feel important. This study could actually assist us as the Hlabisa community because the hospital can tell us by posting announcements like e.g., running short of medication and when it will be available. This will save us travelling money.*

Table 4.2 illustrates the results of interview schedule with patient 1 (R1) at Hlabisa hospital. The results (R1 to R14) are related with questions Q1 to Q14.

Table 4.3 Interview schedule with R2/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q14	RESULTS (R): R2Q1 to R2Q14
Q1. Are you a regular patient at Hlabisa Hospital?	*R2Q1. Yes*
Q2. How often do you come to this Hospital for medical services?	*R2Q2. 5-6 times maybe every three months*
Q3. Have you ever faced any communication challenges between you and the medical practitioner attending to you?	*R2Q3. Yes*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R2Q4. It was the language problem at that time I did not understand English and isiZulu language.*
Q5. Why do you think these factors caused miscommunication between you and your medical practitioner?	*R2Q5. I had no one to help translate for me until they called another person to assist with translation, I'm a foreign international form Zimabwe, im still learing more English and isiZulu, I speak better then back then.*
Q6. Are you active on social media?	*R2Q6. Yes*
Q7. Do you use any social media platform?	*R2Q7. Yes*
Q8. Which of the following social media platform do you use?	*R2Q8. Facebook and WhatsApp*
Q9. How many times a day do you visit your Social Media account?	*R2Q9. 2-10 Times a day*
Q10. Which social media platform would you prefer to use to communicate with your medical practitioner?	*R2Q10. WhatsApp would be much better*
Q11. What are the reasons for the choice of social media platform?	*R2Q11. It is cheap and affordable*
Q.12 What are some strategies you would recommend for improving communication between medical practitioners and a patient?	*R2Q12. For the hospital to have a WhatsApp group or call Centre where they call patients to come take their medication*
Q13. How can such recommendations be implemented?	*R2Q13. The nurses can ask for our numbers and names so that they can call us or put together a WhatsApp group.*
Q14. Conclusion: Of all the things we have discussed today, what would you say are the	*R2Q14. It's a very good topic, but my wish is that it will bring some change for us as the community, maybe*

most important issues you would like to express about the research topic?	*have WhatsApp translate in whatever language another person is using so that the doctor understands, and no one must interpret for you because now that is reviewing you privacy.*

Table 4.3 demonstrates the results of interview schedule with patient 2 (R2) at Hlabisa hospital. The results (R1 to R14) are linked with questions Q1 to Q14.

Table 4.4 Interview schedule with R3/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q14	RESULTS (R): R3Q1 to R3Q14
Q1. Are you a regular patient at Hlabisa Hospital?	*R3Q1. Yes*
Q2. How often do you come to this Hospital for medical services?	*R3Q2. Not too often*
Q3. Have you ever faced any communication challenges between you and the medical practitioner attending to you?	*R3Q3. Yes*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R3Q4. Medical language, but sometimes the medical practitioner would explain in detail if I'm lucky.*
Q5. Why do you think these factors caused miscommunication between you and your medical practitioner?	*R3Q5. Sometimes when there are too many patients, medical practitioners tend to be a bit short tempered not explaining fully your condition.*
Q6. Are you active on social media?	*R3Q6. Yes*
Q7. Do you use any social media platform?	*R3Q7. Yes*
Q8. Which of the following social media platform do you use?	*R3Q8. Facebook and WhatsApp*
Q9. How many times a day do you visit your Social Media account?	*R3Q9. 2-10 Times a day*
Q10. Which social media platform would you prefer to use to communicate with your medical practitioner?	*R3Q10. Facebook*
Q11. What are the reasons for the choice of social media platform?	*R3Q11. You will know to which medical practitioner you are talking to and its cheaper because of Facebook lite.*
Q.12 What are some strategies you would recommend for improving communication between medical practitioners and a patient?	*R3Q12. For the hospital to have a Facebook page and then have people or someone monitoring it.*
Q13. How can such recommendations be implemented?	*R3Q13. The hospital could ask us to write our details and our Facebook names so that they can form a group.*
Q14. Conclusion: Of all the things we have discussed today, what would you say are the most important issues you would like to express about the research topic?	*R3Q14. Good study topic, could help improve how hospital communicates with us as a community and for us to get medical information.*

Table 4.4 shows the results of interview schedule with patient 3 (R3) at Hlabisa hospital. The results (R1 to R14) are aligned with questions Q1 to Q14.

Table 4.5 Interview schedule with R4/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q14	RESULTS (R): R4Q1 to R4Q14
Q1. Are you a regular patient at Hlabisa Hospital?	*R4Q1. Yes*
Q2. How often do you come to this Hospital for medical services?	*R4Q2. Sometimes*
Q3. Have you ever faced any communication challenges between you and the medical practitioner attending to you?	*R4Q3. Yes*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R4Q4.* Medical jargon
Q5. Why do you think these factors caused miscommunication between you and your medical practitioner?	*R4Q5. Using too much medical jargon can lead to misunderstanding to me as the patient.*
Q6. Are you active on social media?	*R4Q6. Yes*
Q7. Do you use any social media platform?	*R4Q7. Yes*
Q8. Which of the following social media platform do you use?	*R2Q8. WhatsApp*
Q9. How many times a day do you visit your Social Media account?	*R4Q9. More than 10 time a day*
Q10. Which social media platform would you prefer to use to communicate with your medical practitioner?	*R4Q10. Facebook*
Q11. What are the reasons for the choice of social media platform?	*R4Q11. If you don't have data, you can use Facebook lite or free mode.*
Q.12 What are some strategies you would recommend for improving communication between medical practitioners and a patient?	*R4Q12. Using easy understandable medical language*
Q13. How can such recommendations be implemented?	*R4Q13. It can be implemented by using very simple medical language for example, optometrist-eye doctor.*
Q14. Conclusion: Of all the things we have discussed today, what would you say are the most important issues you would like to express about the research topic?	*R4Q14. Interesting topic. Some medical practitioners must use simple understandable medical language so that when you explain your medical problem, they give you closure. Without arguing with you or making then appointment bout themselves.*

Table 4.5 displays the results of interview schedule with patient 4 (R4) at Hlabisa hospital. The results (R1 to R14) are correlated with questions Q1 to Q14.

Table 4.6 Interview schedule with R5/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q14	RESULTS (R): R5Q1 to R5Q14
Q1. Are you a regular patient at Hlabisa Hospital?	*R5Q1. Yes*
Q2. How often do you come to this Hospital for medical services?	*R5Q2. Sometimes*
Q3. Have you ever faced any communication challenges between you and the medical practitioner attending to you?	*R5Q3. Yes*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R5Q4.* Medical jargon
Q5. Why do you think these factors caused miscommunication between you and your medical practitioner?	*R5Q5. Using too much medical jargon can lead to misunderstanding to me as the patient.*

Q6. Are you active on social media?	*R5Q6. Yes*
Q7. Do you use any social media platform?	*R5Q7. Yes*
Q8. Which of the following social media platform do you use?	*R5Q8. WhatsApp*
Q9. How many times a day do you visit your Social Media account?	*R5Q9. More than 10 time a day*
Q10. Which social media platform would you prefer to use to communicate with your medical practitioner?	*R5Q10. Facebook*
Q11. What are the reasons for the choice of social media platform?	*R5Q11. If you don't have data, you can use Facebook lite or free mode.*
Q.12 What are some strategies you would recommend for improving communication between medical practitioners and a patient?	*R5Q12. Using easy understandable medical language*
Q13. How can such recommendations be implemented?	*R5Q13. It can be implemented by using very simple medical language for example, optometrist-eye doctor.*
Q14. Conclusion: Of all the things we have discussed today, what would you say are the most important issues you would like to express about the research topic?	*R5Q14. Interesting topic. Some medical practitioners must use simple understandable medical language so that when you explain your medical problem, they give you closure. Without arguing with you or making then appointment bout themselves.*

Table 4.6 reveals the results of interview schedule with patient 5 (R5) at Hlabisa hospital. The results (R1 to R14) are associated with questions Q1 to Q14.

Table 4.7 Interview schedule with R6/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q14	RESULTS (R): R6Q1 to R6Q14
Q1. Are you a regular patient at Hlabisa Hospital?	*R6Q1. Yes*
Q2. How often do you come to this Hospital for medical services?	*R6Q2. I usually come once a month to get my chronic medication.*
Q3. Have you ever faced any communication challenges between you and the medical practitioner attending to you?	*R6Q3. Yes, I face a lot of challenges communicating with medical practitioners.*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R6Q4. Time is one of them, the medical practitioners don't really keep in mind that when you come to the hospital, it is to get medication then go back to our lives but instead they keep us waiting for the entire day while they sit and do nothing. Sometimes they are very short tempered.*
Q5. Why do you think these factors caused miscommunication between you and your medical practitioner?	*R6Q5. The number of sick patients waiting to be attended to, Covid-19 contributed to medical practitioners making patients feel like outsiders instead of people that need help. For example, if I were to go talk to a nurse right now, they would fix their mask a million times sanitize everywhere after I leave as if I go around with Covid-19, that lowers one's self-esteem and their dignity.*
Q6. Are you active on social media?	*R6Q6. Yes, I am*
Q7. Do you use any social media platform?	*R6Q7. Yes, I use several social media platforms.*

Q8. Which of the following social media platform do you use?	*R6Q8. Facebook, Instagram, and WhatsApp*
Q9. How many times a day do you visit your Social Media account?	*R6Q9. More than 10 time a day*
Q10. Which social media platform would you prefer to use to communicate with your medical practitioner?	*R6Q10. WhatsApp*
Q11. What are the reasons for the choice of social media platform?	*R6Q11. Replies are instead; - Uses less data; - Allows for a business account and group chat.*
Q.12 What are some strategies you would recommend for improving communication between medical practitioners and a patient?	*R6Q12. Medical practitioners should be taught interpersonal communication skills so that they're able to work hand-in-hand with patients.*
Q13. How can such recommendations be implemented?	*R6Q13. Just like in the corporate industry, the medical professions should also use short-course or training that will educate medical practitioners on how to treat people and how to communicate with them effectively.*
Q14. Conclusion: Of all the things we have discussed today, what would you say are the most important issues you would like to express about the research topic?	*R6Q14. The only issues would be:* *- The pricey cost of data, South Africa is facing economic problems and unemployment is really high meaning people may not afford communicating via social media.* *- Hlabisa Hospital caters for all kinds of people and we all know that old people find it hard to adapt to technology so they would find it hard to use social media.*

Table 4.7 discloses the results of interview schedule with patient 6 (R6) at Hlabisa hospital. The results (R1 to R14) are linked with questions Q1 to Q14.

Table 4.8 Interview schedule with R7/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q14	RESULTS (R): R7Q1 to R7Q14
Q1. Are you a regular patient at Hlabisa Hospital?	*R7Q1. Yes*
Q2. How often do you come to this Hospital for medical services?	*R7Q2. Monthly*
Q3. Have you ever faced any communication challenges between you and the medical practitioner attending to you?	*R7Q3. Yes*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R7Q4. There was a mix up with the medication.*
Q5. Why do you think these factors caused miscommunication between you and your medical practitioner?	*R7Q5. It was caused by mix up of patient files*
Q6. Are you active on social media?	*R7Q6. Yes,*
Q7. Do you use any social media platform?	*R7Q7. Yes,*
Q8. Which of the following social media platform do you use?	*R7Q8. YouTube, Instagram, and WhatsApp*
Q9. How many times a day do you visit your Social Media account?	*R7Q9. 2-10 Times a day*
Q10. Which social media platform would you prefer to use to communicate with your medical practitioner?	*R7Q10. WhatsApp*
Q11. What are the reasons for the choice of social media platform?	*R7Q11. Because it's easy and everyone uses the platform, also cheaper form of communication on social media*

Q.12 What are some strategies you would recommend for improving communication between medical practitioners and a patient?	*R7Q12. Creating a group chat for patients with similar problems and or medical issues.*
Q13. How can such recommendations be implemented?	*R7Q13. Hlabisa hospital needs to create a group that will help everyone get help at the same time, e.g., medical information*
Q14. Conclusion: Of all the things we have discussed today, what would you say are the most important issues you would like to express about the research topic?	*R7Q14. Not everyone owns an android cell phone and not everyone can use an android cell phone so this social media platform is a good idea, but it could not be able to assist everyone.*

Table 4.8 unveils the results of interview schedule with patient 7 (R7) at Hlabisa hospital. The results (R1 to R14) are related with questions Q1 to Q14.

Table 4.9 Interview schedule with R8/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q14	RESULTS (R): R8Q1 to R8Q14
Q1. Are you a regular patient at Hlabisa Hospital?	*R8Q1. Yes*
Q2. How often do you come to this Hospital for medical services?	*R8Q2. Monthly*
Q3. Have you ever faced any communication challenges between you and the medical practitioner attending to you?	*R8Q3. Yes*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R8Q4. Wrong diagnosis which leads to the doctor giving me wrong medication.*
Q5. Why do you think these factors caused miscommunication between you and your medical practitioner?	*R8Q5. I'm not sure, but I think it's because I did not explain enough to the doctor therefore the doctor assumed my diagnoses.*
Q6. Are you active on social media?	*R8Q6. Yes,*
Q7. Do you use any social media platform?	*R8Q7. Yes,*
Q8. Which of the following social media platform do you use?	*R8Q8. WhatsApp*
Q9. How many times a day do you visit your Social Media account?	*R8Q9. 2-10 Times a day*
Q10. Which social media platform would you prefer to use to communicate with your medical practitioner?	*R8Q10. WhatsApp*
Q11. What are the reasons for the choice of social media platform?	*R8Q11. Cheap data*
Q.12 What are some strategies you would recommend for improving communication between medical practitioners and a patient?	*R8Q12. For medical practitioners to first introduce themselves when they attend to you as a patient and to be good listeners, not to be rude and or short tampered.*
Q13. How can such recommendations be implemented?	*R8Q13. A workshop could be done to assist medical practitioners to attend patients in a better way and communicate better.*
Q14. Conclusion: Of all the things we have discussed today, what would you say are the most important issues you would like to express about the research topic?	*R8Q14. I'm hoping that this research will bring more improvement to our hospital especial our medical practitioners with the way they talk to us patients. I'm not sure about the use of social media being used to communicate with us patients but there is always a first time for everything.*

Table 4.9 shows the results of interview schedule with patient 8 (R8) at Hlabisa hospital. The results (R1 to R14) are associated with questions Q1 to Q14.

4.2.1.1 Discussion and interpretation of results linked to Patients' frequency's information at Hlabisa Hospital

Discussion and interpretation of results include R1Q1 to R8Q8 based on the questions that respondents were required to answer. Table 4.10 refers to R1Q1and R2Q2.

Table 4.10 Patients' frequency information related to Hlabisa Hospital

QUESTIONS (Q): Q1 to Q2	RESULTS (R): R1Q1 to R2Q2
Q1. Are you a regular patient at Hlabisa Hospital?	*R1Q1: Yes*
Q2. How often do you come to this Hospital for medical services?	*R2Q2: Often, not often, sometimes, usually, monthly*

Table 4.10 reveals Five categories of patients that are frequently using Hlabisa Hospital's facilities/services. Results indicate that *"yes"* patients that were interviewed are regular patients at Hlabisa Hospital (R1Q1). Concerning patient frequency to Hlabisa Hospital, results indicate that patients *"often, not often, sometimes, usually or monthly"* walk/go to Hospital for medical services (R2Q2). Therefore, participants' answers in terms of frequency are categorized in 4 parcels in Figure 4.6, including often, not often, sometimes, and monthly.

Figure 4.6 Patients' frequency information related to Hlabisa Hospital

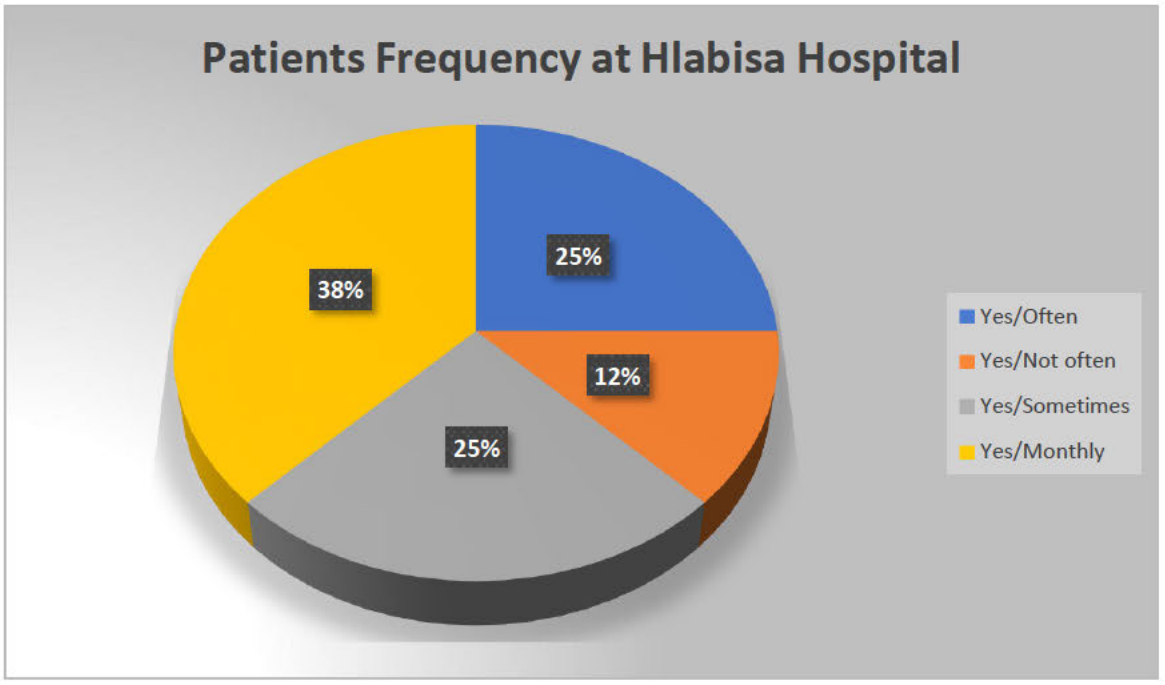


Figure 4.6 discloses the following:

- Around 38% of patients said that *"Yes/Often"* they visit Hlabisa Hospital for services.
- Around 25% of patients said that *"Yes/Sometimes"* they visit Hlabisa Hospital for services.
- Around 25% of patients said that *"Yes/ Monthly"* they visit Hlabisa Hospital for services. And
- Only around 12% of patients indicated that "Yes/Not often: they visit Hlabisa Hospital for services.

The results of this study showed that most patients are regular users of Hlabisa Hospital services. This suggests that the management of Hlabisa Hospital can closelyrelate with patients through social media and promote relationship enhancement communication tool between medical practitioners and patients at Hlabisa hospital. Communication using social media (Facebook and Whatsapp) implies that the transmission and sharing of knowledge and information between different parties with the view of creating an understanding may facilitate or enforce relationship between patient and medical practitioners at Hlabisa Hospital (Kee, 2018). Therefore, social media platforms can play a crucial role in the dissemination of information and become a rich and valuable source of information. Social media can allow patients to connect with relatives, medical practitioners, and/or colleagues, etc., (Taha, 2021: 1).

4.2.2.4 Discussion and interpretation of results aligned to factors that contribute to improving interpersonal communication between medical practitioners and patients at Hlabisa hospital

Discussion and interpretation of results aligned to factors that contribute to improving interpersonal communication between medical practitioners and patients at Hlabisa hospital are presented in Table 4.11. It includes Themes (Q3 to Q5) and sub-themes (R3 to R5).

Table 4.11 Factors that contribute to improving interpersonal communication between medical practitioners and patients at Hlabisa hospital

QUESTIONS (Q): Q3 to Q5	RESULTS (R): R3Q3 to R5Q5
Q3. Have you ever faced any communication challenges between you and the medical practitioner attending to you?	*R3Q3: No (12.5%) and Yes (87.5%)*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R4Q4: No; language problem (English and isiZulu languages); Medical language; Medical jargon; Time factor; Mix up with medication; wrong diagnostic.*
Q5. Why do you think these factors caused miscommunication between you and your medical practitioner?	*R5Q5: Because of lack of translation; medical practitioners tend to be a bit short tempered not explaining fully your condition; using too much medical jargon can lead to misunderstanding; using too much medical jargon make patients feel like outsiders; using too much medical jargon can lead to misunderstanding to patient; which may lead to lowers one's self-esteem and dignity; misunderstanding may cause mix up of patient files.*

According to Russell (2016:3-5), the interaction between medical practitioners and a patient involves an active engagement where the medical practitioner needs to understand the nature and condition of patients so that correct diagnosis and prescription could be made. Therefore, the patient should be able to express his or her condition in a manner that could enable the medical practitioners to come up with the correct diagnosis. Therefore, in line with the above understanding, Q3 required participants to express their views concerning communication challenges/barriers between them and the medical practitioner attending to them. Table 4.11 reveals the factors that contribute as barriers to improving interpersonal communication between medical practitioners and patients at Hlabisa hospital. Results show the following:

- 87.5% of respondents agreed that they have been facing communication challenges with medical practitioners attending to them, while

- 12.5 % of respondents disagreed of having challenges with medical practitioners at Hlabisa hospital.

In relation with Q4, which is related to Q3, respondents were required to give any examples of such factors/challenges that affect/contribute to interpersonal communication between them and their medical practitioners. The following views were disclosed by respondents:

- Language problem (English and Zulu languages)
- Medical Jargon/Medical language
- Time factor
- Mix up with medication
- Wrong diagnostic

In addition, Q5, which is linked to Q4, required respondents to indicate if these factors can cause miscommunication between them and medical practitioners. Patients indicated that these factors could cause the following:

- Medical practitioners tend to be a bit short tempered and not explaining fully patient condition,
- Using too much medical jargon can lead to misunderstanding,
- Using too much medical jargon could make patients feel like outsiders,
- Using too much medical jargon can cause misunderstanding to patient, which may lead to lower one's self-esteem and dignity,
- Misunderstanding may cause mix up of patient files, and
- Lack of translation can cause confusion and misunderstanding between medical practitioners and patients.

Concerning the time factor, respondents reported that time is one of the key factors affecting interpersonal communication between them and their medical practitioners. According to respondents, medical practitioners don't really keep in mind the time factor management in terms of the time to spend when coming to the hospital to get consulted and collect medication, and then the time to go back to their various other businesses. Respondents reported that medical practitioners keep them waiting for the entire day while they sit, busy talking between themselves, and doing nothing. Sometimes Medical practitioners are very short tempered when engaging or communicating with them about the time or other issues. When they are out of good temper it happens that they do wrong diagnosis, which leads to the doctor giving wrong medication or mixing up medication.

Respondents also reported that in many cases, medical practitioners utilize medical jargon or medical language (term/word) that is difficult to understand as a patient. Furthermore, in many times, when using Jargon in front of patients, it seems that

medical practitioners are talking privacy about/against patient, which lead patients to feel a lack of interest in communication or poor communication between the patient and medical practitioner. Communication in terms of feedback between medical practitioners and patients is somehow delayed by considering all the above factors (Bojovic et al., 2018: 2) and Graversen et al., 2019:19). Additionally, language practice or problem (English and Zulu languages) was reported as a huge communication barrier between medical practitioners and patients. This mostly happen when medical practitioners cannot speak local languages that one of the patients can understand, and vice versa.

Therefore, communication barrier most often leads to a situation that result to patient inability to fully understand his or her medical condition, wrong diagnosis by the medical practitioner and incorrect prescription. Chandra et al (2018:2-3) suggested that in a situation where there is communication barrier (cultural beliefs and traditionalpractices, low literacy level, the use of medical jargon, etc.) a translator of different languages can be used by the medical practitioner to reduce or avoid possibilities of wrong information being conveyed to the other party. Thus, for constructive engagement between medical practitioners and patients there is need for a conduciveenvironment that provides an open communication interaction between the two parties.

4.2.2.5 Discussion and interpretation of results aligned to the extent to which social media could act as a communication bridge between medical practitioners and patients and its implications at Hlabisa hospital

Discussion and interpretation of results aligned to the extent to which social media could act as a communication bridge between medical practitioners and patients and its implications at Hlabisa hospital. Table 4.12 presents the themes (Q6 to Q11) and sub-themes (R6 to R11) related to social media effects as a communication bridge between medical practitioners and patients and its implications at Hlabisa hospital.

Table 4.12 The extent to which social media could act as a communication bridge between medical practitioners and patients and its implications at Hlabisa hospital

QUESTIONS (Q): Q6 to Q11/Main Themes	RESULTS (R): R6Q6 to R11Q11/Sub-themes
Q6. Are you active on social media?	*R6Q6: Yes = 100%*
Q7. Do you use any social media platform?	*R7Q7: Yes*
Q8. Which of the following social media platform do you use?	*R8Q8: Facebook, WhatsApp, Instagram, and YouTube.*
Q9. How many times a day do you visit your Social Media account?	*R9Q9: More 10 times a day (4) and 2-10 times a day (4).*
Q10. Which social media platform would you prefer to use to communicate with your medical practitioner?	*R10Q10: WhatsApp (5) and Facebook (3)*
Q11. What are the reasons for the choice of social media platform?	*R11Q11:* *- Easy to use and cheap data* *- It is cheap and affordable* *- Uses less data* *- Allows for a business account and group chat.* *- cheaper form of communication on social media*

Table 2.12 describes about the extent to which social media could act as a communication bridge between medical practitioners and patients and its implications at Hlabisa hospital. It shows that for daily lives of many of its users, social media platforms such as YouTube, Facebook, WhatsApp, and Instagram have been suggested as the most social platform used by patients in order to interact with medical practitioners at Hlabisa hospital. Therefore, Salimi et al (2019:171) describes that social media sites such as WhatsApp, Facebook, etc., can serve as a connection between patients and medical practitioners. This social networking platform can enable patients and medical practitioners to interact or communicate easily.

Furthermore, Facebook is mostly used to promote corporations and advertise deals, and companies and organizations use Twitter to announce promotional offers and promotions. However, in any communication settings, the interaction is mostly between two or more people with an objective of creating an understanding between the parties involved (Salimi et al., 2019:171). Thus, Q7 required respondents to indicate if they use any social media platform. All patients (100%) responded “Yes”. Q8, which is linked to Q7 required respondents to specify about which of the social media platform do they use. They stated that they mostly use Facebook, WhatsApp,

Instagram, and YouTube. Figure 4.7 illustrates the frequency of most used social media platforms by patients.

Figure 4.7 Most used social media platforms by patients

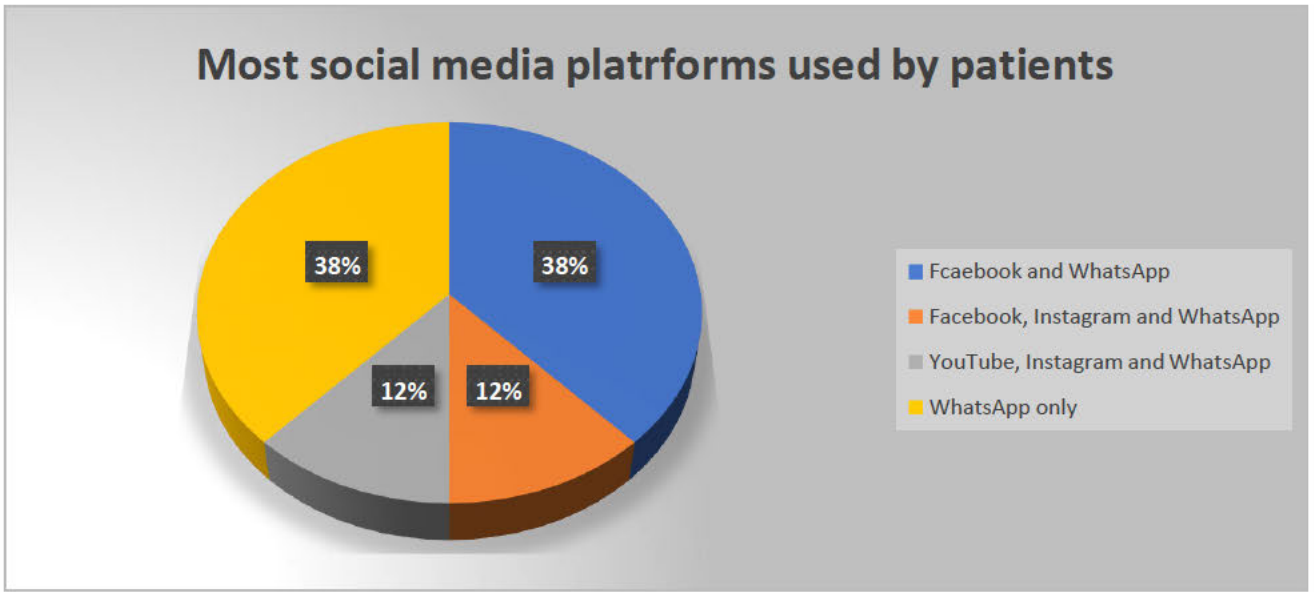


Figure 4.7 demonstrates the following:

- Around 38% of patients use Facebook and WhatsApp as social media platforms,
- Around 38% of patients use WhatsApp only as social media platform,
- Around 12% of patients use Facebook, Instagram, and WhatsApp as social media platforms, and
- Around 12 of patients use YouTube, Instagram, and WhatsApp as social media platforms.

Figure 4.7 also illustrates that WhatsApp (100%) is one of the most social media platforms used by patients, following by Facebook (25%) and Instagram (25%), which are equally used by patient and lastly, YouTube (12.5%). In addition to Q8, which relates to Q9, respondents were required to indicate how many times a day do them visit their Social Media account. Figure 4.8 demonstrates respondents' frequency in using social media platforms.

Figure 4.8. Respondents' frequency in using social media platforms

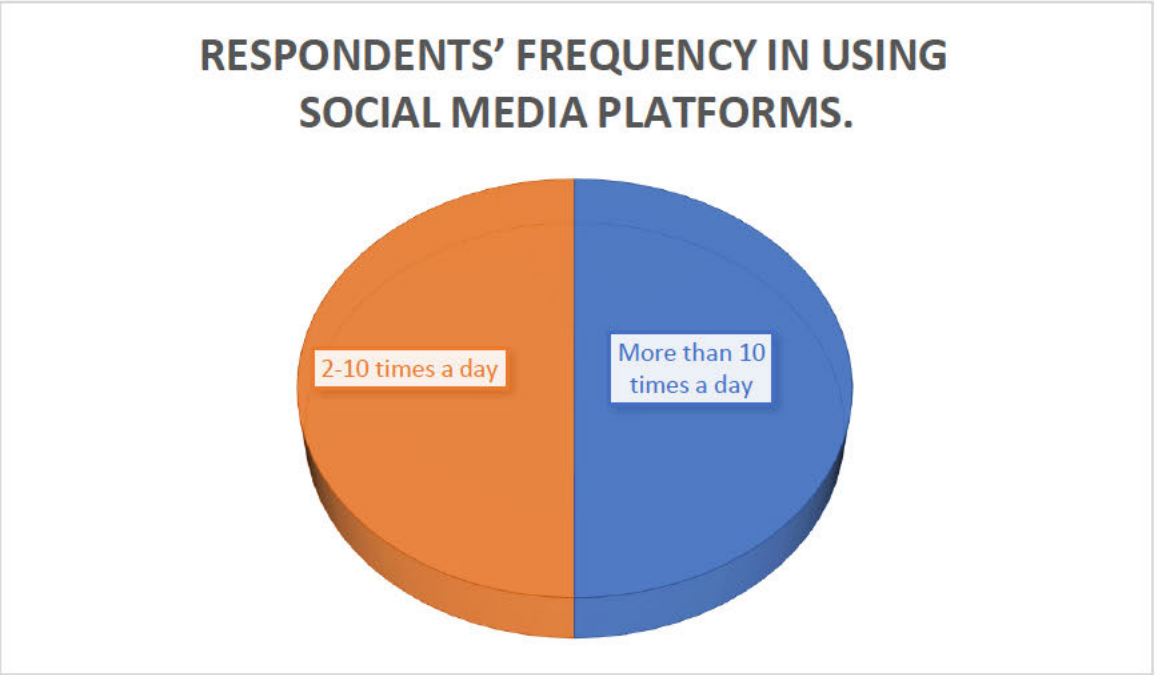


Figure 4.8 shows an equilibrium in terms of the frequency concerning the usage social media platforms by patients. The following reports were captured: 50% of patients use social media more 10 times a day (4) and 50% of patients use social media 2-10 times a day (4). However, Q10 that directly relate with Q9 required respondents to specify about which social media platform would them prefer to use in order to communicate with their medical practitioner. Respondents reported that WhatsApp (5) and Facebook (3) are the most preferred social media platforms that they use. Figure 4.9 displays the most preferred social media used by patients.

Figure 4.9 Most preferred social media used by patients.

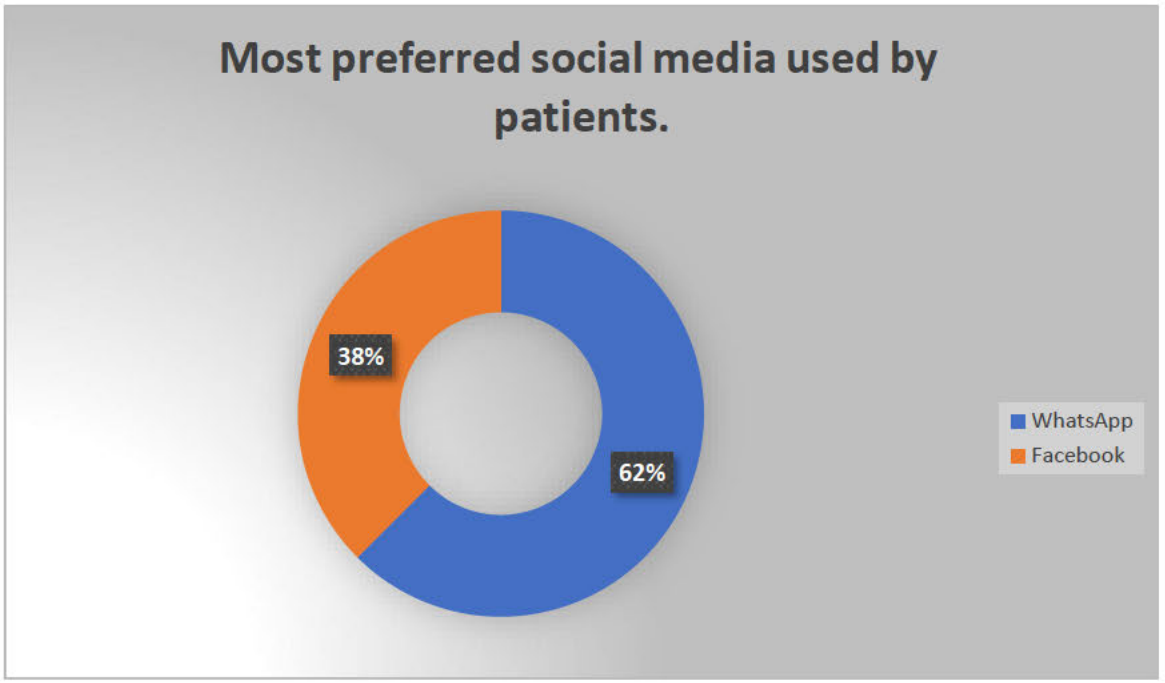


Figure 4.9 translates that WhatsApp (62%) is the most preferred social media used by patients compared to Facebook or other social media platforms. In completing Q9, respondents were required to report (Q11) about what could be the reasons behind the choice of their preferred social media platform. The following are the reasons reported by respondents: WhatsApp and Facebook are

- *Easy to use and cheap data,*
- *Cheap and affordable,*
- *Uses less data,*
- *Allow for a business account and group chat, and*
- *Cheaper form of communication on social media*

Specifically, respondents added that WhatsApp and Facebook assist patients to know to which medical practitioner they are interacting or talking to, and that its cheaper to use face Facebook Lite because if they don't have data, they can use Facebook Lite or free mode. Also, because WhatsApp and Facebook are easy and everyone for communication on social media. However, in addition to the above, it is known that communication between businesses and their clients, around the world, have not only been improved by social media but has also assisted businesses in increasing their sales and market reach. When looked at how social media is used to enhance businesses around the world and how social media has improved people's lives in terms of communication, it's clear that social media could play a vital role as an

enhancement communication tool between medical practitioners and patients. According to Alsobayel (2016:1-2) and Ventola (2014:491) based on a health care viewpoint, social media can be utilized for a variation of reasons including enhancing professional networking and education, patient communication, care and education, public health programs and research.

4.2.2.6 Discussion and interpretation of results related to possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients at Hlabisa hospital

This section discusses the possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients at Hlabisa hospital. Therefore, Table 4.13 displays the themes and sub-themes related to possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients at Hlabisa hospital.

Table 4.13 Possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients at Hlabisa hospital

Question (Q): Q12 to Q14	RESULTS (R): R1Q12 to R8Q14
Q.12 What are some strategies you would recommend for improving communication between medical practitioners and a patient?	*R1Q12, R2Q12, R3Q12, R4Q12, R5Q12, R6Q12, R7Q12, and R8Q12.*
Q13. How can such recommendations be implemented?	*R1Q13, R2Q13, R3Q13, R4Q13, R5Q13, R6Q13, R7Q13, and RQ13.*
Q14. Conclusion: Of all the things we have discussed today, what would you say are the most important issues you would like to express about the research topic?	*R1Q14, R2Q14, R3Q14, R4Q14, R5Q14, R6Q14, R7Q14, and R8Q14.*

Table 4.13 illustrates the themes and sub-themes, which are discussed in the sub-sections further below.

4.2.2.6.1 Strategies recommended for improving communication between medical practitioners and patient

In this section, respondents were required (Q12) to recommend some strategies in order to improve communication between medical practitioners and patients. The following recommendations were given by the respondents:

- *A WhatsApp group for Hlabisa hospital will be helpful to send/receive announcements to/from the community. For example, WhatsApp group or call Centre could be better to alert patients for the collection of medication,*

- *The hospital should have a Facebook page and then have people or someone monitoring it,*

- *Medical practitioners should be using an easy and understandable medical language*,

- *Medical practitioners should be taught interpersonal communication skills so that they're able to work hand-in-hand with patients,*

- *Hlabisa hospital should create a group chat for patients with similar problems and or medical issues to interact between themselves and medical practitioners, and*

- *Medical practitioners should first introduce themselves when attending patient and to be good listeners, not to be rude and or to have short tampered.*

The section that follows discusses about the possible approach to implementing Strategies recommended for improving communication between medical practitioners and patient.

4.2.2.6.2 Possible approach to implementing Strategies recommended for improving communication between medical practitioners and patient

This section relates directly to the above-mentioned subs-section. Therefore, it discusses on how these aforementioned recommendations could be implemented. In link with Q13 respondents suggested that:

- *There should be a register to fill in patients' details, including cell numbers so that the hospital would be sending important notifications for example, when and where to get tested for covid-19, or may be to tell patients on how doctors could be available for the day to assist or consult patients,*
- *The nurses should ask for patients' contact details or cell numbers and names so that they can contact patients for example through a WhatsApp group,*
- *The hospital should ask patients to write their details and their Facebook names so that they can form a group, or Hlabisa hospital needs to create a group that will help everyone get help at the same time, e.g., medical information,*
- *It can be implemented by using very simple medical language for example, optometrist-eye doctor,*

- *Just like in the corporate industry, the medical professions should also use short-course or training that will educate medical practitioners on how to treat people and how to communicate with them effectively,*
- A workshop could be done to assist medical practitioners to attend patients in a better way and communicate better.

4.2.2.6.2 Conclusion on the interviews' questions discussed between the interviewer and interviewees based on the most important issues that they expressed about the research topic

In this sub-section, respondents were asked (Q14) to appreciate or indicate their views concerning all questions discussed between the interviewer and interviewees based on the most important issues that they expressed about the research topic. Respondents' views are as follows:

- *It is the very first time I'm interviewed for research, I feel it is important. This study could assist us as the Hlabisa community in the way that the hospital will be posting announcements, for example when running short of medication and when it will be available. This could assist us as community from saving the travelling cost money,*
- *It's a very good topic, but my wish is that it will bring some change for us as the community, maybe to have a WhatsApp group that will assist in translating in whatever language that another person may use so that the doctor understands,* and no one must interpret for you because now that is reviewing your privacy,
- *Good study topic. It could help improve how hospital communicates with us as a community and for us to get medical information,*
- *Interesting topic. Some medical practitioners must use simple understandable medical language so that when you explain you can be understood.*
- *Interesting topic. Some medical practitioners must use simple understandable medical language so that when you explain your medical problem, they give you closure. Without arguing with you or making appointment bout themselves,*
- The only issues would be:

- *The pricey cost of data, South Africa is facing economic problems and unemployment is really high meaning people may not afford communicating via social media.*
- *Hlabisa Hospital caters for all kinds of people and we all know that old people find it hard to adapt to technology so they would find it hard to use social media.*

- *Not everyone owns an android cell phone and not everyone can use an android cell phone, so this social media platform is a good idea, but it may not be able to assist everyone.*

- *I'm hoping that this research will bring more improvement to our hospital especial our medical practitioners with the way they talk to us as patients. I'm not sure about the use of social media being used to communicate with us (patients), but there is always a first time for everything.*

In light of the aforementioned, it crucial to emphasize that effective medical practitioner and patient communication is a vital clinical function, and the resulting communication is the heart and art of medicine and a central constituent in the delivery of health care. Therefore, Ha and Longnecker (2010:1) indicated that doctor-patient communication is vital to creating a respectable interpersonal relationship, facilitating exchange of information, and including patients in decision making. In addition, Khubeka (2017:724), SAMA (2020:7), and Khubeka et al (2020:1) suggested that medical practitioners may use different types of social medias such as Twitter, WhatsApp, Instagram, Facebook, and WhatsApp in order to interact with patients. Good medical practitioner and patient communication has the potential to facilitate comprehension of medical information, and permit for healthier identification of patients' needs, insights, and expectations. The emergence of social-media platforms such as WhatsApp could provide a solution in the improving communication between medical practitioners and patients. Thus, a good interaction between medical practitioners andpatients could not only save lives but also improve quality of life, reduce the time patients wait to see a medical practitioner at health facilities, for an information which they could easily access through a social-media platform, such as WhatsApp.

4.3 Interview schedule with medical practitioners at Hlabisa hospital

Table 4.14 to Table 4.17 represents the interview schedule with medical practitioners at Hlabisa hospital. The following abbreviations were used to facilitate the coding of themes and sub-themes during data analysis:

- Q= questions
- Q1 to Q13= Interview questions
- R9 to R12= Respondent 9 to Respondent 12
- R9Q1 to R12Q13= Respondent9/question 1 to respondent 12/question 13.

Table 4.14 Interview schedule with R9/ Medical practitioner 1/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q13	RESULTS (R): R9Q1 to R9Q13
Q1. Are you a medical practitioner at Hlabisa Hospital?	*R9Q1. Yes*
Q2. How many years have you been a medical practitioner here at Hlabisa Hospital?	*R9Q2. 9 Years*

Q3. Have you ever faced any communication challenges between you and the patient you were attending too?	*R9Q3. Yes*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R9Q4. Language barrier*
Q5. Why do you think these factors caused miscommunication between you and your patient?	*R9Q5. lack of medical knowledge. E.g., patient has no idea of how the hospital system works, when patients are sick and showing very high symptoms of HIV, patients believe that they are bewitched and that there is no need for them to take the HIV test especially old males. Medical practitioners would make it their duty to teach and explain to the patient from scratch because some older patients still believe that HIV is for non-black people.*
Q6. Are you active on social media?	*R9Q6. Yes*
Q7. Which of the following social media platform do you use	*R9Q7. Facebook and WhatsApp.*
Q8. How many times a day do you visit your social media	*R9Q8. More than 10 days*
Q9. Which social media platform would you prefer to use to communicate with your patients?	*R9Q9. WhatsApp*
Q10. What are the reasons for the choice of social media platform?	*R9Q10. You can chat on free mode*
Q.11 What are some strategies you would recommend for improving communication between medical practitioner and the patient?	*R9Q11. Community groups would be good. E.g., to remind patients who are on chronic medication to come and get their medication on their due dates and patients to use the Facebook group to lodge a complaint.*
Q12. How can such recommendations be implemented?	*R9Q12. Going back to basics, start at clinics and educate the youth to be part of the community, teach them how to manage diabetes. Have a WhatsApp group that can translate any information posted on WhatsApp community group.*
Q13. Conclusion: Of all the things we've discussed today, what would you say are the most important issues you would like to express about the research topic?	*R9Q13. This is an interesting research topic that could change and improve communication not only between medical practitioners and patients but the community of Hlabisa. Information posted in the communication group would assist patients to look after themselves a little bit more, even medical practitioners would ask patients if they knew anything about their current sickness. This would help the nurses and doctors know where to start helping the patient and or fill in the gaps.*

Table 4.14 shows the results of interview schedule with medical practitioner 1 (R9) at Hlabisa hospital. The results (R9) are associated with questions Q1 to Q13.

Table 4.15 Interview schedule with R10/ Medical practitioner 2/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q13	RESULTS (R): R10Q1 to R10Q13
Q1. Are you a medical practitioner at Hlabisa Hospital?	*R10Q1. Yes*
Q2. How many years have you been a medical practitioner here at Hlabisa Hospital?	*R10Q2. 10 Years*
Q3. Have you ever faced any communication challenges between you and the patient you were attending too?	*R10Q3. Yes*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R10Q4. language barrier of Isizulu and English*
Q5. Why do you think these factors caused miscommunication between you and your patient?	*R10Q5. Language barrier (Somalian)*
Q6. Are you active on social media?	*R10Q6. Yes*
Q7. Which of the following social media platform do you use	*R10Q7. WhatsApp.*
Q8. How many times a day do you visit your social media	*R10Q8. 2-10 times a day*
Q9. Which social media platform would you prefer to use to communicate with your patients?	*R10Q9. WhatsApp*
Q10. What are the reasons for the choice of social media platform?	*R10Q10. Form groups, speak to multiple people at once and easy to use*
Q.11 What are some strategies you would recommend for improving communication between medical practitioner and the patient?	*R10Q11. Having a Facebook community page for Hlabisa hospital*
Q12. How can such recommendations be implemented?	*R10Q12. Using face book or the internet to translate.*
Q13. Conclusion: Of all the things we've discussed today, what would you say are the most important issues you would like to express about the research topic?	*R10Q13. The use of social media could assist in reducing ques.*

Table 4.15 shows the results of interview schedule with medical practitioner 2 (R10) at Hlabisa hospital. The results (R10) are associated with questions Q1 to Q13.

Table 4.16 Interview schedule with R11/ Medical practitioner 3/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q13	RESULTS (R): R11Q1 to R11Q13
Q1. Are you a medical practitioner at Hlabisa Hospital?	*R11Q1. Yes*
Q2. How many years have you been a medical practitioner here at Hlabisa Hospital?	*R11Q2. 30 Years*
Q3. Have you ever faced any communication challenges between you and the patient you were attending too?	*R11Q3. Yes*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R11Q4. Foreign national from (Zimbabwe)*
Q5. Why do you think these factors caused miscommunication between you and your patient?	*R11Q5. Language barrier*

Q6. Are you active on social media?	*R11Q6. Yes*
Q7. Which of the following social media platform do you use	*R11Q7. WhatsApp and Facebook.*
Q8. How many times a day do you visit your social media	*R11Q8. 2-10 times a day*
Q9. Which social media platform would you prefer to use to communicate with your patients?	*R11Q9. WhatsApp*
Q10. What are the reasons for the choice of social media platform?	*R11Q10. Easy communication and patients will remain anonymous.*
Q.11 What are some strategies you would recommend for improving communication between medical practitioner and the patient?	*R11Q11. Group communication would help.*
Q12. How can such recommendations be implemented?	*R11Q12. Having a WhatsApp group*
Q13. Conclusion: Of all the things we've discussed today, what would you say are the most important issues you would like to express about the research topic?	*R11Q13. This is a fascinating research topic. it would create more communication between medical practitioners and patients at Hlabisa hospital. If Hlabisa hospital had a group for Hlabisa residents, we as medical practitioners would post services that are provided by the hospital. An example of this would be the positing of covid-19 testing and vaccination services at a particular ward. The Corporate hospital board deals with complains, patients can use the WhatsApp group to send in complaints as well as give us recommendations to improve our services.*

Table 4.16 shows the results of interview schedule with medical practitioner 3 (R11) at Hlabisa hospital. The results (R11) are associated with questions Q1 to Q13.

Table 4.17 Interview schedule with R12/ Medical practitioner 4/ Hlabisa hospital

QUESTIONS (Q): Q1 to Q13	RESULTS (R): R12Q1 to R12Q13
Q1. Are you a medical practitioner at Hlabisa Hospital?	*R12Q1. Yes*
Q2. How many years have you been a medical practitioner here at Hlabisa Hospital?	*R12Q2. 5 Years*
Q3. Have you ever faced any communication challenges between you and the patient you were attending too?	*R12Q3. No*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	*R12Q4. No*
Q5. Why do you think these factors caused miscommunication between you and your patient?	*R12Q5. No*
Q6. Are you active on social media?	*R12Q6. Yes*
Q7. Which of the following social media platform do you use	*R12Q7. Instagram and WhatsApp*
Q8. How many times a day do you visit your social media	*R12Q8. 2-10 times a day*
Q9. Which social media platform would you prefer to use to communicate with your patients?	*R12Q9. WhatsApp*
Q10. What are the reasons for the choice of social media platform?	*R12Q10. Patients will be given privacy*

Q.11 What are some strategies you would recommend for improving communication between medical practitioner and the patient?	*R12Q11. No, I do not recommend social media to be used between medical practitioner and patient, this is because patients take advantage.*
Q12. How can such recommendations be implemented?	*R12Q12.* Face to face communication would be better.
Q13. Conclusion: Of all the things we've discussed today, what would you say are the most important issues you would like to express about the research topic?	*R12Q13. The use of social media would be a good idea; however, I would not personally recommend it to be used between medical practitioner and patients. This is because patients can cause cyber bullying towards medical practitioners. I believe this could work if each department or ward would have WhatsApp chat group and someone to be put in charge to chat with patients.*

Table 4.17 shows the results of interview schedule with medical practitioner 4 (R12) at Hlabisa hospital. The results (R12) are associated with questions Q1 to Q13.

4..3.1 Discussion and Interpretation of Results related to medical practitioners from Hlabisa hospital

4.3.1.1 Introduction

A medical practitioner's communication and interpersonal skills incorporates the ability to facilitate accurate diagnosis, counsel suitably, give therapeutic instructions, and establish caring relationships with patients. Ha and Longnecker (2010:2) declared that that there are essential clinical skills in the practice of medicine, which lead to achieving the best outcome and patient satisfaction. These skills are essential for the effective delivery of care. Therefore, interactive skills build on the basis of communication skill promote suitable communication between both patient and doctor. The eventual objective of any doctor-patient communication is to progress the patient's health and medical care. Effective medical practitioner and patient communication is a vital clinical function, and the resulting communication is the heart and art of medicine and a central constituent in the delivery of health care. This section discusses results related to medical practitioners from Hlabisa hospital.

4.3.1.2 Discussion and interpretation of results linked to medical practitioners information related to Hlabisa Hospital

This section discusses two specific questions that required respondents to provide information if they are medical practitioners at Hlabisa hospital, and to indicate how many years they have been working as medical practitioners at Hlabisa hospital. Table 4.18 illustrates the results based on these two questions. Discussion and interpretation are also provided further below.

Table 4. 18 Medical practitioners' information related to Hlabisa hospital

QUESTIONS (Q1/2)	RESULTS (R1/2)
Q1. Are you a medical practitioner at Hlabisa Hospital?	***Q1:*** *R9Q1., R10Q1., R11Q1., and R12Q1.*
Q2. How many years have you been a medical practitioner here at Hlabisa Hospital?	***Q2:*** *R9Q2., R10Q2., R11Q2., and R12Q2*

Question Q1: Are you a medical practitioner at Hlabisa Hospital?

Respondents (R9Q1., 10Q1., R11Q1., and R12Q1) were required to express themselves if they are medical practitioners at Hlabisa Hospital. The answers to this question are as follows:

- *R9Q1. Yes*
- *R10Q1. Yes*
- *R11Q1. Yes*
- *R12Q1. Yes*

This study intended to interview 4 medical practitioners at Hlabisa hospital. Therefore, results reveal that 100% (4 out of 4) of medical practitioners that participated in the study are really medical practitioners operating at Hlabisa hospital. Thus, it can be considered that information obtained from the four medical practitioners reflects a noticeable level of credibility and accuracy.

Question Q2: How many years have you been a medical practitioner here at Hlabisa Hospital?

In this question, respondents (R9Q2., R10Q2., R11Q2., and R12Q2) were required to specify the number of years they have been working as medical practitioners at Hlabisa Hospital. The following are the results:

- *R9Q2. 9 Years*
- *R10Q2. 10 Years*
- *R11Q2. 30 Years*
- *R12Q2. 5 Years*

The results from this question show that medical practitioners operating at Hlabisa Hospital are experienced staff, given that the number of years indicated by respondents that were interviewed include a period beginning from 5 to 30 years. Therefore, such as stated earlier, results demonstrate the credibility and accuracy of information obtained from respondents at Hlabisa Hospital. Their experience in the

number of years working at this hospital contributed on the quality of information that was provided to the researcher. The section that follows explores the discussion and interpretation of results related to the factors that contribute to improving interpersonal communication between medical practitioners and patients.

4.3.1.4 Discussion and interpretation of results related to the factors that contribute to improving interpersonal communication between medical practitioners and patients

Table 4.19 illustrates factors that affect/contribute to improving interpersonal communication between medical practitioners and patients.

Table 4.19 Factors that contribute to improving interpersonal communication between medical practitioners and patients.

QUESTIONS (Q3/4/5)	RESULTS (R3/4/5)
Q3. Have you ever faced any communication challenges between you and the patient you were attending too?	***Q3:*** *R9Q3., R10Q3., R11Q3., and R12Q3.*
Q4. Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?	***Q4****: R9Q4., R10Q4., R11Q4., and R12Q4.*
Q5. Why do you think these factors caused miscommunication between you and your patient?	***Q5:*** *R9Q5., R10Q5., R11Q5., and R12Q5.*

Question Q3: Have you ever faced any communication challenges between you and the patient you were attending too?

Respondents (R9Q3., R10Q3., R11Q3., and R12Q3) were required to indicate if they have ever faced any communication challenges with patient they have been attending too. The following answers were suggested by respondents:

- *R9Q3. Yes*
- *R10Q3. Yes*
- *R11Q3. Yes*
- *R12Q3. No*

The answers to the above question recoded 75% (3 out of 4) of respondents, which agreed that medical practitioners are experiencing or facing communication challenges in relation with the patient they are attending too. However, 25% (1 out of 4) of respondents disagreed with this statement. He/she indicated that there are no communication challenges between medical practitioners and patients when attending

them. Therefore, Bojovic et al (2018:2) and Graversen et al (2019:19) postulated that communication in terms of feedback between medical practitioners and patients is somehow delayed because of the poor communication between the patient and medical practitioner. Chandra at al. (2018:2) and Kee et al (2017:97-98) clarified that it is crucial for healthcare professionals to acknowledge that communication intervention must be individualised and that divergence can arise as the medical practitioner and patient might decode the very same message differently.

Ha and Longnecker (2010:3) indicated that there are numerous barriers to good communication in medical practitioner and patient relationship, including anxiety and fear, doctors' burden of work, fear of litigation, fear of physical or oral abuse, and unrealistic patient expectations. Klein (2005:14) stated that the way a nurse, physician or therapist communicate can have impacts on how care is perceived. The connection amongst the healthcare providers and patients is influenced by how they interact with each other. Suitable communication skills can support medical practitioners identifying patient problems more truthfully, ensuring that patients viewpoints are considered so that greater patient fulfilment is achieved. Thus, it is very significant to underline that the existing of challenges constitutes an opportunity towards the improvement of communication system between the medical practitioners and patients at Hlabisa hospital. Therefore, individually or collectively, medical practitioners at Hlabisa hospital are required to be pro-active and able to use all necessary resources in their disposition to facilitate the reciprocity of communication in their workplace.

Question Q4: Can you give any examples of such factors/challenges that contributed to interpersonal communication between you and your medical practitioner?

This question requested respondents (R9Q4., R10Q4., R11Q4., and R12Q4) to indicate the factors or challenges that contribute to interpersonal communication barriers between medical practitioners and patients, Results revealed the following:

- *R9Q4. Language barrier*
- *R10Q4. language barrier of Isizulu and English*
- *R11Q4. Foreign national from (Zimbabwe)*
- *R12Q4. No barrier*

Answers to this question show that 75% (3 out of 4) respondents expressed language barrier as the most significant barrier affecting interpersonal communication between medical practitioners and patients at Hlabisa hospital. However, 25% (1 out 4)

respondents reported that there is no interpersonal communication barrier between medical practitioners and patients. It is understood that this respondent may be correct when stating that there is no language barrier between medical practitioners and patients, given that local patient may not have any difficulties of expressing themselves using local languages when interacting with Medical Practitioners.

Contrary, language barrier may become a huge issue/barrier when interpersonal communication involves a foreign national patient and Local medical practitioner or vice versa. This implies that Hlabisa hospital will have to find a way, which could facilitate interpersonal communication involving foreign national patients and Local medical practitioners. For example, the hospital may facilitate the employment of interpreters, mostly in the language that the patient can understand. Language barriermay affect the effectiveness and efficiency of professionalism or services render by the hospital to patients or medical that cannot be able to speak/understand the language of the medical practitioner and vice versa.

Question Q5: Why do you think these factors caused miscommunication between you and your patient?

The intention of this question was to unveil or disclose the reasons causing/leading to miscommunication between the medical practitioner and patient. The following answers were recorded from the respondents (R9Q5., R10Q5., R11Q5., and R12Q5):

- R9Q5. Lack of medical knowledge. E.g., patient has no idea of how the hospital system works, when patients are sick and showing very high symptoms of HIV, patients believe that they are bewitched and that there is no need for them to take the HIV test especially old males. Medical practitioners would make it their duty to teach and explain to the patient from scratch because some older patients still believe that HIV is for non-black people.
- *R10Q5. Language barrier (Somalian)*
- *R11Q5. Language barrier*
- *R12Q5. No*

This question required the reasons for miscommunication between medical practitioners and patients. The results revealed (75% of respondents / 3 out 4) that the lack of medical knowledge and language practice barrier could be among the prevalent causes or reasons for miscommunication between medical practitioners and patients. An example is provided above that justify the lack of knowledge as one of the key barriers affecting interpersonal communication at Hlabisa hospital. Therefore, the need for skills training and the employment of interpreters could facilitate the way out

to factors causing miscommunication between both, medical practitioners, and patients. In addition, the hospital should consider the spoken languages of patients, which usually or frequently are using Hlabisa hospital as their hospital of reference for medical assistance and facilities. Most importantly, initiative should be underway to advise foreign nationals that cannot for example speak IsiZulu, English or any other local languages to come with to Hlabisa hospital with an interpreter that can speak English. It is assumed that most of the medical practitioners should have a good understanding of the English language and be fluent in communicating with patients or patients' interpreters when consulting them.

Furthermore, 25% (1 out of 4) of medical practitioners indicated that "No", language practice cannot be as one of the factors causing miscommunication between medical practitioners and patients. According to him/her, other factors could be indicated as barriers to miscommunication between medical practitioners and your patients. Unfortunately, the respondent remained neutral in this question, not willing to name these factors. In summary, the lack of medical knowledge may not be the real reason for miscommunication between medical practitioners and patients, given that the record from medical practitioners that responded to this question indicate an importantyear of experience in the field. But the real problem may be that of language barrier, which an urgent attention from the management of the Hlabisa hospital. There could be many other challenges/barriers related to miscommunication between medical practitioners and patients at Hlabisa hospital, but most respondents indicated persistently that language is the most critical barrier of communication.

4.3.1.5 Discussion and interpretation of results related to the extent to which social media could act as a communication bridge between medical practitioners and patients and its implications

Table 4.20 discusses the extent to which social media could act as a communication bridge between medical practitioners and patients and its implications.

Table 4.20 The extent to which social media could act as a communication bridge between medical practitioners and patients and its implications.

QUESTIONS (Q6/7)	RESULTS (R6/7)
Q6. Are you active on social media?	***Q6:*** *R9Q6., R10Q6., R11Q6., and R12Q6.*
Q7. Which of the following social media platform do you use	***Q7:*** *R9Q7., R10Q7., R11Q7., and R12Q7.*
Q8. How many times a day do you visit your social media	***Q8****: R9Q8., R10Q8., R11Q8., and R12Q8*
Q9. Which social media platform would you prefer to use to communicate with your patients?	***Q9:*** *R9Q9., R10Q7., and R11Q9., and R11Q9.*
Q10. What are the reasons for the choice of social media platform?	***Q10:*** *R9Q10., R10Q10., R11Q10., and R12Q10*

Question Q6: Are you active on social media?

Respondents (Q6: R9Q6., R10Q6., R11Q6., and R12Q6) were requested to divulgate if their active on social media. The following answers were proposed:

- *R9Q6. Yes*
- *R10Q6. Yes*
- *R11Q6. Yes*
- *R12Q6. Yes*

In relation to question Q6, respondents (100%, 4 out of 4 Medical practitioners) agreed that they are active on social media. Question Q6 is directly related to question Q7. Now, **question Q7** consisted of requesting respondents (R9Q7., R10Q7., R11Q7., and R12Q7) to indicate which of the social media platform are them using. The following answers were provided:

- *R9Q7. Facebook and WhatsApp*
- *R10Q7. WhatsApp*
- *R11Q7. WhatsApp and Facebook*
- *R12Q7. Instagram and WhatsApp.*

Therefore, results are showing that WhatsApp is the most used social media that is being used to facilitate communication between medical practitioners and patients at Hlabisa hospital. In addition, results reveal that Facebook and Instagram are also used as tools to convey information between medical practitioners and patients at Hlabisa hospital. This implies that the active use of social media constitutes a significant link of communication between medical practitioners and patients at Hlabisa hospital. However, no barriers have been indicated by respondents in the use of social media towards facilitating communication between medical practitioners and patients at Hlabisa hospital.

Question Q8: How many times a day do you visit your social media**?**

An additional related question to question Q6 and Q7 consisted of finding out how many times a day do medical practitioners are using social media. The following suggestions from respondents (R9Q8., R10Q8., R11Q8., and R12Q8) have been made:

- *R9Q8. More than 10 days*
- *R10Q8. 2-10 times a day*
- *R11Q8. 2-10 times a day*
- *R12Q8. 2-10 times a day*

These results demonstrate that 75% (3 out of 4) respondents are often using social media at least 2-10 times a day. In addition, 25% (1 out of 4) respondents approved using social media more than 10 times a day. This simply means that medical practitioners are very active in using social media as a tool of communication with patients at Hlabisa hospital. **Question Q9,** which relates to question Q8, demanded respondents signify which social media platform would them prefer to use in communicating with your patients? The most relevant answers from respondents (R9Q9., R10Q7., and R11Q9., and R11Q9) to this question are as follow:

- *R9Q9. WhatsApp*
- *R10Q7. WhatsApp.*
- *R11Q9. WhatsApp*
- *R11Q9. WhatsApp*

These above results are revealing that WhatsApp (100%, 4/4 medical practitioners) is the most preferred and common social media platform that respondents suggested as the utmost easier and simple to use, in order to ensure and facilitate communication between medical practitioners and patients at Hlabisa hospital.

Question Q10: What are the reasons for the choice of social media platform?

In addition to question Q9, question Q10 required respondents to demonstrate the reasons for choosing a specific social media platform, such as WhatsApp. The reasons suggested by medical practitioners (R9Q10., R10Q10., R11Q10., and R12Q10) are as follow:

- *R9Q10. You can chat on free mode*

- *R10Q10. Form groups, speak to multiple people at once and easy to use*
- *R11Q10. Easy communication and patients will remain anonymous.*
- *R12Q10. Patients will be given privacy*

Results to the above question show that social media platform like WhatsApp can facilitate communication between medical practitioners and patients using a group to speak to multiple people at once and that it is easy to use at a lower cost. Additionally, R11Q10 and R12Q10 emphasized that social media platform can keep patients remain anonymous in term of their privacy. Based on the aforementioned discussion, SAMA (2020:7) suggested that social media platforms such as WhatsApp can be quick and a convenient way for medical practitioners to effectively communicate with patients. According to Jacobs et al (2016:17), social networking has changed the contact infrastructure of the planet. And it has become a common reference point and social help. The United Kingdom's General Medical Council (GMC) recommended that the use of social media by doctors will support patient care by engaging users in public health and policy debates, developing national and international professional networks, and promoting access to health and service information for patients. Leonard (2004:86) mentions that real communication and teamwork is indispensable for the delivery of high quality and safe patient care. The section that follows explores the discussion and interpretation of results associated with the Possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients.

4.3.1.6 Discussion and interpretation of results associated with the Possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients

Table 4.21 discloses Possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients

Table 4.21 Possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients

QUESTIONS (Q)	RESULTS (R)
Q.11 What are some strategies you would recommend for improving communication between medical practitioner and the patient?	***Q11:*** *R9Q11., R10Q11., R11Q11., R12Q11*
Q12. How can such recommendations be implemented?	***Q12:*** *R9Q12., R10Q12., R11Q12., and R12Q12*

Q13. Conclusion: Of all the things we've discussed today, what would you say are the most important issues you would like to express about the research topic?	*Q13: R9Q13., R10Q13., R11Q13., and R12Q13*

Question Q.11: What are some strategies you would recommend for improving communication between medical practitioner and the patient?

Respondents were required to express some strategies that they would like to recommend for improving communication between medical practitioner and the patient. The following results were given by respondents (R9Q11., R10Q11., R11Q11., R12Q11):

- *R9Q11. Community groups would be good. E.g., to remind patients who are on chronic medication to come and get their medication on their due dates and patients to use the Facebook group to lodge a complaint.*
- *R10Q11. Having a Facebook community page for Hlabisa hospital*
- *R11Q11. Group communication would help.*
- *R12Q11. No, I do not recommend social media to be used between medical practitioner and patient, this is because patients take advantage*

Results based on the recommendations for improving communication between medical practitioner and the patient demonstrate that R9Q11 and R12Q11 together suggested that having a community group or group communication would be good and help both medical practitioners and patients in terms of facilitating communication. In addition, R10Q10 suggested that having a Facebook community page for Hlabisa hospital may have a great impact on both, medical practitioners, and patients in terms of sharing pertinent information. The important benefit of constituting a community WhatsApp group or a Facebook group for Hlabisa hospital may consists of reducing certain cost, including transportation cost for patients that may not want to consult medical practitioners face to face at the hospital. However, respondent R10Q11 indicated that "No" I do not recommend social media to be used between medical practitioner and patient, this is because patients may take advantage of abusing medical practitioners time out of official work time or may be sending information/ messages that may relate to the objective of the social media platform group. The inconvenient or challenges of social media platform group is that nobody can control the flow of messages, videos or pictures that patients may display from the social media group. Anyone can send anything that may affect another patient in the group. There is not much privacy for certain things in the use of social media, certain patients

may not like their privacy to known by others. Thus, it will require individual or collective discipline in the interpersonal communication between medical practitioners and patients in terms of using social media platform for exchanging useful information.

Question Q12: How can such recommendations be implemented?

I this question, Respondents were required to explain or suggest on how exactly recommendations could be implemented. The following propositions from respondents (R9Q12., R10Q12., R11Q12., and R12Q12) were given:

- *R9Q12. Going back to basics, start at clinics and educate the youth to be part of the community, teach them how to manage diabetes. Have a WhatsApp group that can translate any information posted on WhatsApp community group.*
- *R10Q12. Using Facebook or the internet to translate.*
- *R11Q12. Having a WhatsApp group*
- *R12Q12. Face to face communication would be better.*

Question Q12 relates to question Q11. The earlier question focused on some strategies you would recommend for improving communication between medical practitioner and the patient, while the following one deals with recommendations be implemented. Therefore, R9Q12 respondent recommended that it is crucial for patientto start going at clinic for basic information related to health. He/she further indicated that specially educating the youth as part of the community, teach them how to manage disease such as diabetes will require face to face interaction with medical practitioners for better communication (R12Q12). Furthermore, the use of social media platform such as WhatsApp group and Facebook was recommended (or the Internet) in order to send valuable information to patients, as well as translating any information posted on WhatsApp group through different other understandable languages could assist many patients that are using the online system in trying to solve their health problems.

Question 13: Conclusion: Of all the things we've discussed today, what would you say are the most important issues you would like to express about the research topic?

Question Q13 is a summary question that was asked to respondents about their appreciation concerning the most important issues they would like to express regarding the research topic. The following statements from respondents (R9Q13., R10Q13., R11Q13., and R12Q13) were presented:

- *R9Q13. This is an interesting research topic that could change and improve communication not only between medical practitioners and patients but the community of Hlabisa. Information posted in the communication group would assist patients to look after themselves a little bit more, even medical practitioners would ask patients if they knew anything about their current sickness. This would help the nurses and doctors know where to start helping the patient and or fill in the gaps.*
- *R10Q13. The use of social media could assist in reducing questions.*
- *R11Q13. This is a fascinating research topic. it would create more communication between medical practitioners and patients at Hlabisa hospital. If Hlabisa hospital had a group for Hlabisa residents, we as medical practitioners would post services that are provided by the hospital. An exampleof this would be the positing of covid-19 testing and vaccination services at a particular ward. The Corporate hospital board deals with complains, patients can use the WhatsApp group to send in complaints as well as give us recommendations to improve our services.*
- *R12Q13. The use of social media would be a good idea; however, I would not personally recommend it to be used between medical practitioner and patients. This is because patients can cause cyber bullying towards medicalpractitioners. I believe this could work if each department or ward would have WhatsApp chat group and someone to be put in charge to chat with patients.*

These above statements related to question Q12 can also be considered as recommendations, for both, Hlabisa hospital in terms of improving their services, as well as for medical practitioners and patients as members of the Hlabisa community. Thus, the use of social media platforms may present both advantages and disadvantages in a certain way. If well implemented, the above recommendations may improve the interpersonal communication between medical practitioners and patients at Hlabisa hospital, and the entire Hlabisa community. If not well controlled, fake information on social media platforms may cause a huge negative impact to the community. An information campaign or community's educational training on social media usage between the medical practitioners and Hlabisa residents or community will be necessary in order to facilitate interpersonal communication between medical practitioners from Hlabisa Hospital and the community. Furthermore, social media sites such as YouTube could be utilized to broadcast a video of a condition that a patient is suffering from as a medical professional explains the entire illness process. An example of an illness such as Tuberculosis (TB) could fit the understanding of the aforementioned description. This would assist the patient to gain a better understanding of the disease and would also play a role in making the patient understands the importance of finishing their medical course.

4.4 Chapter summary

This chapter discussed about the presentation of Qualitative Results aligned to the interview schedule with patients and medical practitioners at Hlabisa hospital. Tables and Figures illustrate the themes and sub-themes which led to the discussion and interpretation of results related to the aim and objectives of this study. Therefore, the main aim of this study consisted of examining the use of social media as a relationship enhancement communication between medical practitioners and patients. It intended to connecting/link positively and constructively the medical practitioner and patients via social media by considering medical ethics. The objectives, which were discussed in this chapter intended to explore factors that affect/contribute to improving interpersonal communication between medical practitioners and patients; determine to what extent social media could act as a communication bridge between medical practitioners and patients and its implications; and suggest possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients.

Thus, the results indicated that social media could play a greater role and bring many changes in the procurement and retailing behavior among people. The low cost and effective social media usage can provide opportunities for medical practitioners and patients improve interaction and communication at Hlabisa hospital. Therefore, the medical structure in South Africa will have to develop systems that facilitate communication between medical practitioners and patients. It will also be critical for South African medical practitioners to protect confidentiality by communicating directly with patients via social media platforms without invading the patient's medical history.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This study explored the use of social media as a relationship enhancement communication tool between medical practitioners and patients. According to Jayasree (2015:1), communication implies the transmission and sharing of knowledge and information between different parties with the view of creating an understanding. Communication breakdowns are global in medicine and lead to a variety of medical errors. This study explores the use of social media as a relationship enhancement communication between medical practitioners and patients. It intended to connect/link positively and constructively the medical practitioner and patients via social media.

Recommendations are arguably the utmost important part of the analysis phase this is where the researcher suggest specific interventions or strategies to report the issues and constraints identified in the assessment. Recommendations should directly respond to key findings arrived at through data collection and analysis. According to Ebrahim (2018:2) cite, the conclusion is intended to help the reader understand why the research should matter to them after they have finished reading the thesis. A conclusion is not a summary of the points or a re-statement of the research problem but a synthesis of key points. For most essays, one well- developed paragraph is sufficient for a conclusion, although in some cases, a two- or-three paragraph conclusion may be required.

This study intended to explore the use of social media as a relationship enhancement communication tool between medical practitioners and patients at Hlabisa hospital. Social media platforms have played a crucial role in the dissemination of information and have been a rich and valuable source of information during the COVID-19 era. Users interact and exchange information in social media through apps and website with the collection of various digital software support.

The conclusions and recommendations are discussed in this chapter, in order to bring out the study to a close, the pervious chapter (chapter 4) reviewed the overall goal of the study, objectives of the study, as well as the research questions in order to determine whether they were achieved or not. The following chapters were

constructed to accomplish the objectives of the study. The study orientation was outlined in the first chapter. In this chapter (chapter 1), the study's background, the research topic and research aim were discussed. This chapter also discusses the significance as well as the constraints that were placed on the research chapter one acts as a research strategy. The chapter reviled that the study's suggestion problem statement and research technique were appropriate. Chapter one created the groundwork for subsequent dissertation chapters.

Chapter two discussed the use of social media as a relationship enhancement communication tool between medical practitioners and patients and employed a qualitative approach which had the potential of eliciting insightful information. Chapter two included the literature review and used academic journals, books and newspapers. Chapter two aligned the study objectives and identified factors that contribute to interpersonal communication between medical practitioners and patients as well as its implications. Finally, chapter two provided for possible recommendationscaptured from and explored through the literature. Chapter three included the research methodology, research design, advantages and disadvantages of using a qualitative research method. Sampling method, data collection methods, advantages and disadvantages of opened and closed questions delimitation of scope and ethical considerations. This chapter describes how the research was conducted. The reliability and validity of data collection instruments are discussed along with anonymity and confidentiality. This chapter assisted the researcher identify the appropriate research method. In the fourth chapter, the findings were reported and presented. Data collected was analyzed using the Nvivo software and thematic analysis. Findings of the research were discussed in chapter four with interpretations.

5.2 Aim of the study

The aim of the study was met as the use of social media as a relationship enhancement communication tool between medical practitioners and patients was established through the research findings in chapter four. this study involved 12 respondents, including 8 patients and 4 medical practitioners from Hlabisa hospital. The investigation conducted at Hlabisa hospital revealed that a majority of participant's who took part in this study are using social media practitioners they use social media

such as WhatsApp to communicate with each other at wards. The researcher further identified communication challenges between medical practitioners and patients.

5.3 there were three research questions for this study which guided the study design and the collection of data have been answered. The purpose of the study was captured with the following research questions

- What could be the factors that contribute to improving interpersonal communication between medical practitioners and patients?
- To what extent social media could act as a communication bridge between medical practitioners and patients, and what could be the critical implications?
- What are the possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients?

5.4 Section 1 biographical statistics

This study looked at the biographical statistics of patients and medical practitioners at Hlabisa hospital, gender participation rate, age category, educational levels, work experience of participants and race groups of all participants.

In the biographical statistics for the participant's results revealed that 33.3 percent of males participated in the study. The biographical statistic included both patients and medical practitioners from Hlabisa hospital. The biographical status revealed a huge gap of inequality of gender participation in this study. Thebiographical statistic also revealed that female medical practitioners at Hlabisa hospital and patients were mostly available to participate in this study more than males.

5.4.1 Recommendations

There is a need of more males to be employed at Hlabisa hospital so they too can be part of important studies like these. As for male patients, Hlabisa hospital needs do more advertising of for example on diseases that affect males like testicular cancer, prostate cancer and HIV Aids. This could be achieved by using traditional advertising by using posters around Hlabisa and create a face book page.

5.5 section 2 age category

The age category is represented by figure 4.2 in a form of a bar graph. This section revealed majority of patients and medical practitioners who were part of this study were between the ages of 21-60 years. These participants were mature enough to provide credible answers to the research questions. Participants between 31-40 years is represented by 66 percent of the participation rate and 21-60 years was represented by 25 percent. This is because of the education level, that participants gave credible answers to this study.

5.6 section 3 educational level

This study included participants beginning from lower than matric, Diploma, University degrees, postgraduate to Doctorate. Figure 4.3 revealed participants with matric highly participated in this study followed by those with university degree and those with diploma. This study reveals that medical practitioners operating at Hlabisa hospital are highly qualified in their field. Communication should not be a huge issue at Hlabisa hospital when looking at the level of educated participants combined. Languages such as English and isizulu should not be an issue when communication takes place between medical practitioners and patients.

Recommendations for educational level

Patients who are visiting Hlabisa hospital and foreign nationals and do not understand English and IsiZulu, management of Hlabisa hospital should consider to facilitate communication tool between medical practitioners by providing an alternative plan of employing interpreters for most frequent patients that cannot understand the official languages.

5.7 Section 4: Race

The race section encompasses African, White, Indian and coloured participants and this section of chapter 4 is based on the racial who participated in this study were Africans, followed by coloured respondents, unfortunately white an Indian respondent were not present during this study. This study did not initially exclude the two races on purpose, but they were not present during the time this study was conducted.

5.7.1 Recommendations for race

Hlabisa hospital and the department of health in KwaZulu natal have the duty or ought to increase awareness of racial and ethnic disparities in public funded health plans and apply the same managed care. According to ACP (2010:2) explain disparities is “racial or ethnic differences in the quality of healthcare that are due to access related factors or clinical needs, preferences, and appropriateness intervention. ACP further mention that the racial and ethnic health care disparities between patient and provider, cultural barriers, provide stereotyping and lack of access to providers.

Mhlanga and Garidzirai (2020:1) cite only 9.9 percent of black African households have access to medical aide, while Indians and colourds have 52 percent and 17 percent, respectively. The number of white households with medical aid is 72.9 percent with 16.4 percent health insurance coverage nationally, the other reality is that the number of people who depend on public healthcare is much higher since undocumented foreign nationals also depend on public healthcare to access healthcare. DOH revieled that the private sector spent 4.4 percent of gross domestic product (GDP) on health, but only provided healthcare to 16 percent of the population,while the public sector spent 16 percent of GDP on health but had to provide care to 84 percent of the population.

In 2010 Mtubatuba hosts a total population of 202176, most who are black (98 percent) and Mtubatuba is closer to Empangeni-Richards Bay. Females’ makeup most of the population of 54 percent with males making up the remaining 46 percent. Mtubatuba population is made up of 29 percent of uMkhanyakude total population of 696193 and partly 2 percent of the KZN province’s population of 11466708.

According to Rourke (2008:322-325) explain, people in rural area generally have less access to healthcare than their urban counterparts, fewer medical practitioners’ mental health programs, and healthcare facilitates in these areas often mean less preventative care and longer response times, in times of emergencies. The lack of healthcare workers has resulted in unconventional ways of delivering healthcare to rural dwellers including medical consultations by phone or by internet as well as mobile preventative care and treatment programmes. Rourke further explain there have beenincreased efforts to attract health professionals to isolated locations, such as increasing the number of medical students from rural areas and improving financial

incentives for rural practices. This could be the main reason as to why white and Indian residents residing in Mtubatuba and without medical aid prefer to go to government hospitals in uMkhanyakude closely located in the urban areas.

According to the KZNhealth:2022, hospital revitalization program at Hlabisa hospital the upgrade of theatres-phase 1 is complete and phase2 is due for completion this year, new OPD, and pharmacy, in line with the division of revenue Act6 of 2011 DORA, outline the purpose of the revitalization front.

To provide funding to enable provinces to plan, manage, modernize and transform the infrastructure, health technology, monitoring and evaluation of hospitals in line with national policy objectives.

To transform hospital management and improve quality of care in line with the national policy health Further state sub-programmes of hospital revitalization under the organizational development and management section quality assurance which involves the modification of health systems in order to improve the quality of services that are provided. (Establish of hospital-based quality assurance (QA) management teams and the implementation of the national care standards for health establishment in south Africa with its accompanying norms and standards to introduce sound supervisory systems, an adverse event reporting system and implement the Batho pele privacy to ensure that the community being serviced by the hospital is empowered through the patients' rights charter, complaints procedure, help desk and hospital boards.

Motheo construction group shared images of Hlabisa hospital renovations completed according to Motheo construction, Hlabisa hospital renovations start date may 2018 to April 2022. images attached below.

www.motheogroup.co.za

https://www.facebook.com/pages/category/construction-company/Motheo-Construction-Group-613768955334938/

with this information in mind. Hlabisa hospital has a greater advantage with advertising its hospital on social media for example Facebook, update the Hlabisa hospital website

and engage in the community by sponsoring events, participating in or hosting health fairs, provide wellness information, talk to local schools and schools around uMkhanyakude district and build their community within.

RESEARCH QUESTIONS WERE ANSWERED

5.8 Research question number 1

- what could be the factors that contribute to improving interpersonal communication between medical practitioners and patients?

According to Negri et al (2013: 7-8) explain effective communication (IPC) between medical practitioners and patient is one of the most important elements for improving patient satisfaction, compliance and health outcomes. patients who understand the nature of their illness and its treatment, who believe the provider is concerned about their well-being, show grater satisfaction with the care received and are more likely to comply with treatment regimes. Negri further cite unfortunately, effective communication does not always occur naturally, nor is it easily acquired even when client and medical practitioner come from the same geographic area and speak the same language, they often have different educational, socio-economic and cultural backgrounds. moreover, their expectations about the health encounter may be different, or may be faced with other problems, such as lack of privacy during the encounter, or time constraints due to heavy patient loads.

Chichirez and Purcarea (2018:199) enlightened communication is a fundamental clinical skill that if performed competently and effectively, facilitates the establishment of a relationship of trust between medical practitioner and patient, a truly therapeutic alliance.

observing the finding of chapter 4, the outcome of interview questions 4 which is related to question 3reveald that 87.5 percent of participants agreed that they have been facing communication challenges with medical practitioners from Hlabisa hospital medical practitioners attending to them, while 12.5 disagree of having challenges with medical practitioners at Hlabisa hospital.

respondents gave examples of factors that contribute to interpersonal communication between them, and their medical practitioners and the following views were unveiled.

- language problem (English and isizulu)

- medical jargon
- wrong diagnosis

patients at Hlabisa hospital indicated these factors could cause the following:

- medical practitioner stend to be short tempered and not fully explaining the patients' medical condition.
- too much medical jargon making patients feel like outsiders
- lack of translation can cause confusion and misunderstanding between medical practitioner and patient

Khee et al (2018:9-10) mentions communication errors that lead to patient dissatisfaction and eventual complaints medical jargon, not enough information on patient diaognosis. and lack of translation in terms of language spoken by patients.

Hlabisa hospital to identify patients who are foreign nationals who speak the same language and who pay Hlabisa hospital regular visits for medication and for other sicknesses. to employ an interpreter from who speak the same language as the patient's language to assist in interpretating accurate information to both parties. however, the interpreter must undergo basic training on medication so that the potential interpret could interpret the diagnosis of the patient and as well as how to use the medication given to the patient and what to do in case medication has side effects.

5.9 Research question number 2

To what extent could social media act as a communication bridge between medical practitioners and patients?

in chapter 4 a study conducted by Ventola (2014:491) revealed that social media can be utilised for several reasons including enhancing education, patient communication care and education health programs and research. George et al (2013:2-10) mentions health professionals began using social media to benefit patients, enhance professional networks, and advance understanding of individual and contextual factors influencing public health. social media such as Facebook, Twitter, WhatsApp and YouTube are powerful symbols of a new generation of online tool and applications that foster user generated content, social interaction, and real-time collaboration. these technologies encompass blogs, social networks, video-and photo-sharing sites, wikis, and myriad and other media and pervasive around the world. in 2012, face book

surpassed a billion users world-wide, or nearly 1/7th of humanity. invariability, SM are not only shaping people's personal lives they are also influencing professional environments within healthcare, recent estimates of social media usage by doctors has risen dramatically from 41 percent in 2010 to by 90 percent in 2011, while rates ofuse have been found to be about 90 percent for medical students. George et al further explain that social media has created vast global networks with immense power to quickly spread information, mobilise high numbers of people behind a course, or even foment political change. Mwaura (1-7) social media has the potential of being an effective health promotion tool in South Africa. it presents an opportunity for scaling health promotion programs because of its low cost, its ability to have virtual communities and the ease of access eliminating geographical barriers. table4.12 describes about the extent to which social media could act as communication bridge between medical practitioners and patients as well as its implications at Hlabisa hospital. chapter 4 findings reveal that mijority of participants prefer Facebook and WhatsApp the reasons being easy to use, cheap data allows for business account and group chat and affordable.

social media platforms like Facebook and WhatsApp could serve as a connection between patients and medical practitioners, these social media platforms can enable patients and medical practitioners to interact or communicate with each other effectively. figure4.7 revealed most social media platforms used by patients is Facebook and WhatsApp with 38 percent each on the pie chart shown of figure 4.7.

5.9.1 Recommendations

using Facebook or WhatsApp Hlabisa hospital must create social media platforms for Hlabisa community that will have residents who reside at Hlabisa and those of who are regular patients. this social media platform should advertise what Hlabisa hospital is planning to do with regards to promoting health awareness programmes, reminding patients who have appointments to come and whatever documents patients need to bring along for the appointment and remind patients with chronic disease to fetch medication in and on time of their return date.

5.10 Research question number 3

what are the possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients?

in chapter 4 table 4.13 illustrates themes and sub-themes, related to possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients at Hlabisa hospital.

in question 12, respondents who participated in this study were required to recommend strategies that could improve communication between Hlabisa hospital medical practitioners and patients and some strategies were the following:

- A WhatsApp group for Hlabisa hospital will be helpful to send/receive announcements to/from the community. For example, WhatsApp group or call Centre could be better to alert patients for the collection of medication.
- Medical practitioners should first introduce themselves when attending patient and to be good listeners, not to be rude and or to have short tampered.
- Hlabisa hospital should create a group chat for patients with similar problems and or medical issues to interact between themselves and medical practitioners, and
- The hospital should have a Facebook page and then have people or someone monitoring it.

5.11 This section discusses on how these recommendations could be implemented. The focus of this section is on improving communication between medical practitioners and patients.

- There should be a register to fill in patients' details, including cell numbers so that the hospital would be sending important notifications for example, when and where to get tested for covid-19, or may be to tell patients on how doctors could be available for the day to assist or consult patients,
- The hospital should ask patients to write their details and their Facebook names so that they can form a group, or Hlabisa hospital needs to create a group that will help everyone get help at the same time, e.g., medical information,
- It can be implemented by using very simple medical language for example, optometrist-e The hospital should ask patients to write their details and their Facebook names so that they can form a group, or Hlabisa hospital needs to create a group that will help everyone get help at the same time, e.g., medical information,
- It can be implemented by using very simple medical language for example, optometrist-eye doctor,

The above recommendations could be implemented on improving communication between medical practitioners and patients but to name a few of the above from findings in chapter 4 as suggested by patients. Patients are the most important participants in this study hence, they are the ones who spend money on traveling expenses to get to the hospital. Their opinion matters the most. Nothing can

change overnight however it is recommended that with time the above recommendations be implemented to improve communication.

The interviews were based on the interviews' questions discussed between the interviewer and interviewees.

Interviewees were asked to appreciate or indicate their views concerning all questions discussed between an interviewer and interviewees based on the most important issues that they expressed about the research topic.

- It’s a very good topic, but my wish is that it will bring some change for us as the community, maybe to have a WhatsApp group that will assist in translating in whatever language that another person may use so that the doctor understands, and no one must interpret for you because now that is reviewing your privacy,
- Good study topic. It could help improve how hospital communicates with us as a community and for us to get medical information,
- Interesting topic. Some medical practitioners must use simple understandable medical language so that when you explain your medical problem, they give you closure. Without arguing with you or making appointment bout themselves,

Every suggestion will have benefits and disadvantages. Participants expressed the following concerns on the above with regards to the research topic.

- Hlabisa Hospital caters for all kinds of people, and we all know that old people find it hard to adapt to technology so they would find it hard to use social media.
- Not everyone owns an android cell phone and not everyone can use an android cell phone, so this social media platform is a good idea, but it may not be able to assist everyone.

Medical practitioners on the other hand in from a study used in chapter 4 reveal that Communication is the heart and art of medicine and is a central constituent in the delivery of health care. The objective of any doctor-patient communication is to progress the patient's health and medical care.

Results show that medical practitioners operating at Hlabisa Hospital are experienced staff, given that the number of years indicated by respondents that were interviewed include a period beginning from 5 to 30 years. The section that follows explores the discussion and interpretation of results related to the factors that contribute to improving interpersonal communication between medical practitioners and patients.

5.12 Factors that contribute to improving interpersonal communication between medical practitioners and patients.

- 75% of respondents agreed that medical practitioners are experiencing or facing communication challenges in relation with the patient they are attending too. 25% (1 out of 4) of respondents disagreed with this statement and indicated that there are no communication challenges between medical practitioners and patients when attending them.
- Language barrier may become a huge issue/barrier when interpersonal communication involves a foreign national patient and Local medical practitioner or vice versa. Hlabisa hospital will have to find a way, which could facilitate interpersonal communication involving foreign national patients and local medical practitioners. For example, the hospital may facilitate the employment of interpreters, mostly in the language that the patient can understand.
- The lack of medical knowledge may not be the real reason for miscommunication between medical practitioners and patients. The real problem may be that of language barrier, which an urgent attention from the management of the Hlabisa hospital should address. Most respondents indicated persistently that language is the most critical barrier of communication.

5.13 Discussion and interpretation of results related to the extent to which social media could act as a communication bridge between medical practitioners and patients and its implications.

- Results show that WhatsApp is the most used social media to facilitate communication between medical practitioners and patients at Hlabisa hospital. Facebook and Instagram are also used as tools to convey information. This

implies that the active use of social media constitutes a significant link of communication between medics and patients.

- SAMA (2020:7) suggested that social media platforms such as WhatsApp can be a convenient way for medical practitioners to effectively communicate with patients. The use of social media by doctors will support patient care by engaging users in public health and policy debates, developing national and international professional networks, and promoting access to health and service information for patients.

5.14 Discussion and interpretation of results associated with the Possible recommendations that could be used by policy makers in addressing communication challenges between medical practitioners and patients

- Results based on the recommendations for improving communication between medical practitioner and the patient demonstrate having a Facebook community page for Hlabisa hospital may have a great impact on both, medicalpractitioners, and patients. The inconvenient or challenges of social media platform group is that nobody can control the flow of messages, videos or pictures that patients may display from the social media group.
- The use of social media platforms by Hlabisa hospital may present both advantages and disadvantages in a certain way. If well implemented, the above recommendations may improve the interpersonal communication between medical practitioners and patients. The above recommendations can also be considered as recommendations for other members of the community to improve their services.

Chapter 4 discussed the main aim of this study consisted of examining the use of social media as a relationship enhancement communication between medical practitioners and patients. It intended to connecting/link positively and constructively the medical practitioner and patients via social media by considering medical ethics. The results indicated that social media could play a greater role and bring many changes in the procurement and retailing behaviour among people.

5.15 Final Recommendations and conclusion for this study

This study found that WhatsApp and Facebook are the most suitable or used social media platforms to be used at Hlabisa hospital in order to facilitate communication

between medical practitioners and patients as well as an important medium to advertise significant wellness events. whoever will be responsible for the Hlabisa hospital social media platform must be strategic, be well informed, authentic and strategic. use listening skills to check understanding, understand cultural differences and how they might impact communication. Be empathetic toward the patients.

REFERENCES

Abbasi, R. A., Maqbool, O., Mushtaq, M., Aljohani, N. R., Daud, A., Alowibdi, J. S. & Shahzad, B. 2018. Saving lives using social media: Analysis of the role of twitter for personal blood donation requests and dissemination, *Telematics and informatics, 35*(4), 892-912. https://doi.org/10.1016/j.tele.2017.01.010

Abiodun, R., Daniels, F., Pimmer, D. C. & Chipps, J. 2020. A WhatsApp community of practice to support new graduate nurses in South Africa, *Nurse education in practice*, 46, pp. 102826-102826. https://doi.org/10.1016/j.nepr.2020.102826

Adelaja, O. 2013. The Impact of social media on the Social, Political and Economic Environments in Africa. In *New Media Influence on Social and Political Change in Africa* (pp. 319-335). IGI Global. https://www.igi-global.com/chapter/content/76852

Adenle, A. A. 2019. Assessment of solar energy technologies in Africa-opportunities and challenges in meeting the 2030 agenda and sustainable development goals, *Energy policy*, 137, pp. 111-180. https://doi.org/10.1016/j.enpol.2019.111180

Adu, P. A., Yassi, A., Ehrlich, R. & Spiegel, J. M. 2020. Perceived Health System Barriers to Tuberculosis Control Among Health Workers in South Africa, *Annals of global health, 86*(1), 15-15. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7019201/

Agrawal, A., Wu, W. & Khachewatsky, I. 2007. Evaluation of an electronic medication reconciliation system in inpatient setting in an acute care hospital, *Studies in health technology and informatics, 129*(Pt 2), 1027-

1031.
https://search.informit.org/doi/10.3316/INFORMIT.782211540166740

Akash, A., Chandawarkar, M. D., Gould, D. J., Stevens, W. G. 2018. The Top 100 Social Media Influencers in Plastic Surgery on Twitter: Who Should You Be Following? *Aesthetic Surgery Journal*, *38*(8), 913-917, August 2018, https://doi.org/10.1093/asj/sjy024

Akman, I. & Mishra, A. 2017. Factors influencing consumer intention in social commerce adoption, *Information technology & people (West Linn, Or.), 30*(2), 356-370. https://doi.org/10.1108/ITP-01-2016-0006

Alanzi, T. & Al-Yami, S. 2019. Physicians' Attitude towards The Use of Social Media for Professional Purposes in Saudi Arabia, *International journal of telemedicine and applications,* 2019, pp. 6323962-6. https://doi.org/10.1016/j.imu.2021.100553

Al-Khalifa, K. S., Al-Swuailem, A. S., AlSheikh, R., Muazen, Y. Y., Al-Khunein, Y. A., Halawany, H. & Al-Abidi, K. S. 2021. The use of social media for professional purposes among dentists in Saudi Arabia, *BMC oral health,* *21*(1), 26-26. https://bmcoralhealth.biomedcentral.com/articles/10.1186/s12903-021-01390-w

Alsobayel, H. (2016). Use of social media for Professional Development by Health Care Professionals: A Cross-Sectional Web-Based Survey, JMIR medical education, vol. 2, no.2, pp. e15.Available: https://mededu.jmir.org/2016/2/e15/?utm_source=TrendMD&utm_medium=cpc&utm_campaign=JMI R_TrendMD_1 (Accessed 27 February).

Arkorful, V. E., Hammond, A., Basiru, I., Boateng, J., Doku, F., Pokuaah, S., Agyei, E. K., Baoteng, J. A. & Lugu, B. K. 2021. A Cross-Sectional Qualitative Study of Barriers to Effective Therapeutic Communication

among Nurses and Patients, *International journal of public administration,* 44(6), 500-512. https://doi.org/10.1080/01900692.2020.1729797

Aronson, J. K. 2009. Medication errors: what they are, how they happen, and how to avoid them. *QJM: An International Journal of Medicine, 102*(8), 513-521. https://doi.org/10.1093/qjmed/hcp052

Azimoh, C. L., Klintenberg, P., Wallin, F. & Karlsson, B. 2015. Illuminated but not electrified: An assessment of the impact of Solar Home System on rural households in South Africa, *Applied energy,* 155, pp. 354-364. https://doi.org/10.1016/j.apenergy.2015.05.120

Baker, E. H. 21 February 2014. Socioeconomic Status, Definition. https://doi.org/10.1002/9781118410868.wbehibs395

Baker, L. and Phillips, J. 2019. Tensions in the transition: the politics of electricity distribution in South Africa. *Environment and Planning C: Politics and Space, 37*(1), 177-196. https://doi.org/10.1177/2399654418778590

Baburajan, V., e Silva, J.D.A. and Pereira, F.C., 2022. Open vs closed-ended questions in attitudinal surveys-Comparing, combining, and interpreting using natural language processing. Transportation research part C: emerging technologies, 137, p.103589. Accessed 8 March 2022. Available: https://doi.org/10.1016/j.trc.2022.103589

Braun, V., Clarke, V., Boulton, E., Davey, L. and McEvoy, C., 2021. The online survey as a qualitative research tool. International Journal of Social Research Methodology, 24(6), pp.641-654. Accessed 12 March 2022. Available:

https://doi.org/10.1080/13645579.2020.1805550

Baptista, I. 2019. Electricity services always in the making: Informality and the work of infrastructure maintenance and repair in an African city. *Urban Studies*, *56*(3), 510-525. https://doi.org/10.1177/0042098018776921

Bhasale, A. 1998. The wrong diagnosis: identifying causes of potentially adverse events in general practice using incident monitoring. *Family Practice, 15*(4), 308-318. https://doi.org/10.1093/fampra/15.4.308

Blom, P. P. and Uwizeyimana, D. E. 2020. Assessing the Effectiveness of e-Government and e-Governance in South Africa: During National Lockdown URL: https://doi.org/10.5430/rwe.v11n5p208

Bojovic, O., Medenica, M., Zivkovic, D., Rakocevic, B., Trajkovic, G., Kisic-Tepavcevic, D. & Grgurevic, A. (2018). Factors associated with patient and health system delays in diagnosis and treatment of tuberculosis in Montenegro, 2015-2016, PloS one, vol. 13, no. 3, pp. e0193997. Available: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0193997&type=printable (Accessed 10 September 2020).

Bosch, T. E. 2009. Cell phones for health in South Africa. *Health communication in Southern Africa: Engaging with social and cultural diversity*, 11, pp. 279-300. https://books.google.co.za/books?hl=en&lr=&id=C7_dUZUPz0wC&oi=fnd&pg=PA279&dq=+CELLPHONE+FOR+HEALTH+IN+SOUTH+AFRICA&ots=TpHZxlqb7f&sig=qWgorrjAkHEEhOKS52x1dmsLunI&redir_esc=y#v=onepage&q=CELLPHONE%20FOR%20HEALTH%20IN%20SOUTH%20AFRICA&f=false

Brandt, J., Buckingham, K., Buntain, C., Anderson, W., Ray, S., Pool, J. R. and Ferrari, N. 2020. Identifying social media user demographics and topic diversity with computational social science: a case study of a major international policy forum. *Journal of Computational Social Science*, pp.1-22. https://doi.org/10.1007/s42001-019-00061-9

Budree, A., Fietkiewicz, K. and Lins, E. 2019. Investigating usage of social media platforms in South Africa. *The African Journal of Information Systems, 11*(4), p.318. https://digitalcommons.kennesaw.edu/ajis/vol11/iss4/1/

Bylund, C. L., Peterson, E. B. & Cameron, K. A. 2011; 2012. A practitioner's guide to interpersonal communication theory: An overview and exploration of selected theories, *Patient education and counselling, 87*(3), 261-267. https://doi.org/10.1016/j.pec.2011.10.006

Carpenter, J. P., Morrison, S. A., Craft, M. and Lee, M. 2020. How and why are educators using Instagram? *Teaching and teacher education*, 96, p. 103149. https://doi.org/10.1016/j.tate.2020.103149

Chavez, K. S., Dwyer, A. A. & Ramelet, A. 2018. International practice settings, interventions and outcomes of nurse practitioners in geriatric care: A scoping review, *International journal of nursing studies,* 78, pp. 61-75. DOI: 10.1016/j.ijnurstu.2017.09.010

Chandra, S., Mohammadnezhad, M. & Ward, P. 2018, Trust and Communication in a Doctor- Patient Relationship: A Literature Review, Journal of Healthcare Communications, vol. 3, no. 3. Available: https://pdfs.semanticscholar.org/a097/c93bc442033ec66eb8fab030a56825a42a54.pdf (Accessed on 22 January 2020).

Chichirez, C. M. & Purcărea, V. L. 2018. Interpersonal communication in healthcare, *Journal of medicine and life, 11*(2), 119-122. Interpersonal communication in healthcare (nih.gov)

Chipidza, F. E., Wallwork, R. S. & Stern, T. A. 2015. Impact of the doctor-patient relationship, *Primary care companion to the Journal of clinical psychiatry, 17*(5), 360. doi: 10.4088/PCC.15f01840

Chipps, J., Pimmer, C., Brysiewicz, P., Walters, F., Linxen, S., Ndebele, T. & Gröhbiel, U. 2015. Using mobile phones and social media to facilitate education and support for rural-based midwives in South Africa, *Curationis (Pretoria), 38*(2), 1500-1500. http://dx.doi.org/10.4102/curationis.v38i2.1500

Chou, C. L., Ainsworth, A., & O'Brien, B. C. 2016, An assessment strategy for interprofessional interactions of primary care practitioner trainees, *Journal of interprofessional education & practice, 2*, pp. 1-3. https://doi.org/10.1016/j.xjep.2015.12.003

Chou, F. H. C., Tsai, K. Y., Wu, H. C. and Shen, S. P. 2016. Cancer in patients with schizophrenia: What is the next step? *Psychiatry and clinical neurosciences, 70*(11), 473-488. https://doi.org/10.1111/pcn.12420

Chou, W. S. & Budenz, A. 2020. Considering Emotion in COVID-19 Vaccine Communication: Addressing Vaccine Hesitancy and Fostering Vaccine Confidence, *Health communication, 35*(14), 1718-1722. https://doi.org/10.1080/10410236.2020.1838096

Chugh, R. & Ruhi, U. 2017 Social media in higher education: A literature review of Facebook, *Education and information technologies, 23*(2), 605-616. https://doi.org10.1007/s10639-017-9621-2

Cline, G. B. & Luiz, J. M. 2013. Information technology systems in public sector health facilities in developing countries: the case of South Africa, *BMC medical informatics and decision making, 13*(1), 13-13. https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/1472-6947-13-13

Çakır, H. and Cengiz, Ö., 2016. The use of open ended versus closed ended questions in Turkish classrooms. Open Journal of Modern Linguistics, 6(02), p.60. Accessed 12 February 2022. Available: https://www.scirp.org/html/3-1640480_64807.htm

Crick, J.M., 2021. Qualitative research in marketing: what can academics do better?. Journal of Strategic Marketing, 29(5), pp.390-429.

Accessed 12 February 2022. Available: https://doi.org/10.1080/0965254X.2020.1743738

Christensen, L.B., Johnson, B., Turner, L.A. and Christensen, L.B., 2011. Research methods, design,

and analysis. Accessed 12 February 2022. Available:

https://www.pearsonhighered.com/assets/preface/0/2/0/5/0205944566.pdf

Chris Skinner; Gary Mersham; Dalien Rene Benecke, 2016, handbook of public relations 11 thedition Publisher Oxford University Press Southern Africa eText ISBN 9780190412661,0190412666.

Dawe, V. & Hardie, J. 2021. The Rise of the Big Data Doctor: Recent Advances and Warnings in Digital Public Health Technology, *Electronic journal of general medicine, 18*(3), pp. em284. https://doi.org/10.29333/ejgm/9763

Department of Health in Kwa-Zulu natal. Page 2022:112 https//mtubatuba.gov.za.

Dube, B. 2020. Rural online learning in the context of COVID 19 in South Africa: Evoking an inclusive education approach, *Multidisciplinary journal of educational research, 10*(2), 135-157. https://www.hipatiapress.com/hpjournals/index.php/remie/article/view/5607

Farooq, R., 2021. Employee exit and its relationship with multidimensional knowledge retention: the moderating role of organizational structure. VINE

Journal of Information and Knowledge Management Systems. . Accessed 10 February 2022. Available

https://www.emerald.com/insight/content/doi/10.1108/VJIKMS-06-2021-0093/full/html

Filik, R., Purdy, K., Gale, A. and Gerrett, D. 2006. Labelling of medicines and patient safety: evaluating methods of reducing drug name confusion. *Human Factors, 48*(1), 39-47. https://doi.org/10.1518/001872006776412199

Gagnon, K. and Sabus, C. 2015. Professionalism in a digital age: opportunities and considerations for using social media in health care. *Physical therapy, 95*(3), 406-414. https://doi.org/10.2522/ptj.20130227

George, G. & Mburu, G. 2017. Determining the efficacy of national strategies aimed at addressing the challenges facing health personnel working in rural areas in KwaZulu-Natal, South Africa, *African journal of primary healthcare & family medicine, 9*(1), 1-8. http://dx.doi.org/10.4102/phcfm.v9i1.1355

Gianfredi, V., Grisci, C., Nucci, D., Parisi, V., Moretti, M. 2018. Communication in health. *Recenti Progressi in Medicina*. 2018 Jul-Aug; *109*(7), 374-383. DOI: 10.1701/2955.29706.

Gilligan, A. M., Gandhi, P., Song, X., Wang, C., Henriques, C., Sander, S. and Smith, D. M. 2017. All-cause, stroke-, and bleed-specific healthcare costs: comparison among patients with non-valvular atrial fibrillation (NVAF) newly treated with dabigatran or warfarin. *American Journal of Cardiovascular Drugs, 17*(6), 481-492. https://link.springer.com/article/10.1007/s40256-017-0244-1

Graversen, D.S., Pedersen, A.F., Carlsen, A.H., Bro, F., Huibers, L. & Christensen, M.B. 2019, Quality of out-of-hours telephone triage by general

practitioners and nurses: development and testing of the AQTT – an assessment tool measuring communication, patient safety and efficiency, Scandinavian journal of primary health care, vol. 37, no. 1, pp. 18-29. Available:
https://www.tandfonline.com/doi/full/10.1080/02813432.2019.1568712 (Accessed 10 September 2020).

Guidry, J. P. D., Jin, Y., Orr, C. A., Messner, M. & Meganck, S. 2017. Ebola on Instagram and Twitter: How health organizations address the health crisis in their social media engagement, *Public relations review, 43*(3), 477-486. DOI: 10.1016/j.pubrev.2017.04.009.

Gokasan, T. A. and Ozad, B. E. 2020. Social Media Addiction, Gratified Needs and Self-Esteem Relationship: "Is My Self-Esteem Correlated with the Level of My Facebook Usage?" pp. 59-70 in *Academic studies in Social, Human and Administrative Sciences-II*, , Kiroğlu, H. S. (ed). Available: https://www.researchgate.net/profile/Serdar-Oeztuerk-4/publication/348265348_SOURCES_OF_ENERGY_AND_THE_SIGNIFICANCE_OF_OIL/links/5ff5772945851553a022a797/SOURCES-OF-ENERGY-AND-THE-SIGNIFICANCE-OF-OIL.pdf

Ha, J.F. & Longnecker, N. 2010, Doctor-patient communication: a review, The Ochsner journal, vol. 10, no. 1, pp. 38-43. Available: www.ochsnerjournal.org/content/10/1/38.abstract (Accessed 20 January 2020).

Hagg, E., Dahinten, V. S. & Currie, L. M. 2018. The emerging use of social media for health-related purposes in low and middle-income countries: A scoping review, *International journal of medical informatics (Shannon, Ireland),* 115, pp. 92-105. https://doi.org/10.1016/j.ijmedinf.2018.04.010

Hao, J., Gao, B. 2017. *Advantages and Disadvantages for Nurses of Using Social Media.* Available: https://scientonline.org/open-access/advantages-and-disadvantages-for-nurses-of-using-social-media.pdf (Accessed 22 May 2021)

Hartley, B. R. & Elowitz, E. 2020. Barriers to the Enhancement of Effective Communication in Neurosurgery, *World neurosurgery,* 133, pp. 466-473. https://doi.org/10.1016/j.wneu.2019.08.133

Hassan, I. 2018. Avoiding medication errors through effective communication in healthcare environment. *Movement, Health & Exercise*, 7(1), 113-126. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3573437

Hassanien, M. A. and Abou-Kamer, R. A. 2018. YouTube videos as a tool for faculty development in medical education: A learning analytic overview. *MedEdPublish*, 7. DOI: https://doi.org/10.15694/mep.2018.0000082.1

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems). 2019. *HCAHPS Fact Sheet (CAHPS® Hospital Survey) October 2019*. Available: https://www.hcahpsonline.org Centers for Medicare & Medicaid Services, Baltimore, MD. (Accessed 24 May 2021).

In, J., 2017. Introduction of a pilot study. Korean journal of anaesthesiology, 70(6), p.601. . Accessed 12 February 2022. Available:

Hewitt J. Ethical Components of Researcher–Researched Relationships in Qualitative

Interviewing. Qualitative Health Research. 2007;17(8):1149-1159.

doi:10.1177/1049732307308305

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5716817/

Jacobson, J., Gruzd, A. & Hernández-García, Á. 2020. Social media marketing: Who is watching the watchers? *Journal of retailing and*

consumer services, 53, pp. 101774. https://doi.org/10.1016/j.jretconser.2019.03.001

Jackson, K. and Bazeley, P., 2019. Qualitative data analysis with NVivo. Sage.

https://books.google.co.za/books?hl=en&lr=&id=OGuPDwAAQBAJ&oi=fnd&pg=PP1&dq=+Qualitative+Data+Analysis+With+NVivo&ots=1elw8qR

Janse van Vuuren, M. & Opperman, C. J. 2018. WhatsApp in a clinical setting: the good, the bad and the law, *South African Journal of Bioethics and Law,* 11(2), 102-103. https://doi.org/10.7196/SAJBL 2018.v11i2.643

Jardien-Baboo, S., Jordan, P., Ricks, E., ten Ham-Baloyi, W. & van Rooyen, D. 2019. Best practice guideline for patient-centred care in South African public hospitals, *Africa journal of nursing and midwifery,* 21(2), 1-20. https://doi.org/10.1111/jan.14716

Jeyarajasekar, T. and Priya, M. K. 2020. Human Factors in Healthcare. *Solid State Technology*, *63*(2s). https://www.researchgate.net/profile/Jeyarajasekar-Ttr/publication/344880122_Human_Factors_in_Healthcare/links/5f967d1d299bf1b53e45e42f/Human-Factors-in-Healthcare.pdf

Jiyane, G. V., Majanja, M. K., Ocholla, D. N. & Mostert, B. J. 2012. Contribution of informal sector women entrepreneurs to the tourism industry in eThekwini Metropolitan Municipality, in KwaZulu-Natal: barriers and issues: recreation and tourism, *African journal for physical health education, recreation, and dance, 18*(41), 709-728. https://hdl.handle.net/10520/EJC128348

Jones, M. 2015. The Complete History of Social Media: A Timeline of the Invention of Online Networking. *History Cooperative*, 14 September 2014. Available: https://historycooperative.org/.../amp/

Kailasam, V. and Samuels, E. 2015. Can social media help mental health practitioners prevent suicides? *Current Psychiatry, 14*(2), 37-51. https://www.researchgate.net/profile/Vasanth-Kattalai-Kailasam-2/publication/271827010_Can_social_media_help_mental_health_practitioners_prevent_suicides/links/54d23f210cf28e069723b80f/Can-social-media-help-mental-health-practitioners-prevent-suicides.pdf

Karapanos, E., Teixeira, P. & Gouveia, R. 2016. Need fulfilment and experiences on social media: A case on Facebook and WhatsApp, *Computers in human behavior*, 55, pp. 888-897. https://doi.org/10.1016/j.chb.2015.10.015

Keller, B., Labrique, A., Jain, K. M., Pekosz, A. & Levine, O. 2014. Mind the gap: social media engagement by public health researchers, *Journal of medical Internet research,* 16(1), e8-e8. https://doi.org/10.2196/jmir.2982

Kee, J.W.Y., Khoo, H.S., Lim, I. & Koh, M.Y.H. 2018. Communication Skills in Patient-Doctor Interactions: Learning from Patient Complaints, Health Professions Education, 4 (2),97-106.Available: https://www.sciencedirect.com/science/article/pii/S2452301116301225 (Accessed, 21 June 2022).

Khac Hai, N., Lawpoolsri, S., Jittamala, P., Thi Thu Huong, P. & Kaewkungwal, J. 2017. Practices in security and confidentiality of HIV/AIDS patients' information: A national survey among staff at HIV outpatient clinics in Vietnam, *PloS one, 12*(11), e0188160-e0188160. https://doi.org/10.1371/journal.pone.0188160

Khan, S., Siddique, R., Shereen, M. A., Ali, A., Liu, J., Bai, Q., Bashir, N. and Xue, M. 2020. Emergence of a novel coronavirus, severe acute respiratory syndrome coronavirus 2: biology and therapeutic options. *Journal of clinical microbiology, 58*(5). DOI: 10.1128/JCM.00187-20.

Kong, G., Xu, D., Yang, J., Wang, T. and Jiang, B. 2020. Evidential Reasoning Rule-Based Decision Support System for Predicting ICU Admission and In-Hospital Death of Trauma, in *IEEE Transactions on Systems, Man, and Cybernetics: Systems*, doi: 10.1109/TSMC.2020.2967885.

Kotler, P. & Keller, K. L. 2015. *Marketing management,* 15th Global ed, Pearson, Boston, Mass.

Kubheka, B. 2017. Ethical and legal perspectives on the medical practitioners use of social media, *South African medical journal, 107*(5), 386-389. http://www.samj.org.za/index.php/samj/article/view/11883

Kubheka, N. 2020. *Launch of HealthCheck: A Daily COVID-19 Risk Screening System for Universities*. Available: https://pdby.co.za/...(Accessed 25 May 2021).

Larkins, K., Murphy, V. & Loveday, B. P. T. 2020. Use of social media for surgical education in Australia and New Zealand, *ANZ journal of surgery, 90*(6), 1004-1008. https://doi.org/10.1111/ans.15768

Lembani, R., Gunter, A., Breines, M. and Dalu, M. T. B. 2020. The same course, different access: the digital divide between urban and rural distance education students in South Africa. *Journal of Geography in Higher Education*, 44(1), 70-84. https://doi.org/10.1080/03098265.2019.1694876

Leonardi, P. M. 2014. Social Media, Knowledge Sharing, and Innovation: Toward a Theory of Communication Visibility, *Information systems research,* 25(4), 796-816. https://doi.org/10.1287/isre.2014.0536

Leonard, M., Graham, S. & Bonacum, D. 2004, The human factor: the critical importance of effective teamwork and communication in providing safe care, Quality and Safety in Health Care, vol. 13, no. suppl 1, pp. i85- i90. Available: https://qualitysafety.bmj.com/content/13/suppl_1/i85.short (Accessed 22 February 2022).

Li, F., Larimo, J. & Leonidou, L. C. 2021. Social media marketing strategy: definition, conceptualization, taxonomy, validation, and future agenda, *Journal of the Academy of Marketing Science, 49*(1), 51-70. https://doi.org/10.1007/s11747-020-00733-3

Lim, W. M. 2016. Social media in medical and healthcare: opportunities and challenges. *Marketing intelligence & planning*. https://doi.org/10.1108/MIP-06-2015-0120

Lin, D. H., Jones, C. M., Compton, W. M., Heyward, J., Losby, J. L., Murimi, I. B., Baldwin, G. T., Ballreich, J. M., Thomas, D. A., Bicket, M. and Porter, L. 2018. Prescription drug coverage for treatment of low back pain among US Medicaid, Medicare Advantage, and commercial insurers. *JAMA network open, 1*(2), pp. e180235-e180235. https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2685625

Lin, I., Green, C. & Bessarab, D. 2016. 'Yarn with me': applying clinical yarning to improve clinician-patient communication in Aboriginal health care, *Australian journal of primary health, 22*(5), 377-382. https://doi.org/10.1071/PY16051

Liu, P. L. & Jiang, S. 2021. Patient-Centered Communication Mediates the Relationship between Health Information Acquisition and Patient Trust in Physicians: A Five-Year Comparison in China, *Health Communication, 36*:2, 207-216, DOI: 10.1080/10410236.2019.1673948

Madon, S. 2000. The Internet and socio-economic development: exploring the interaction, *Information technology & people* (West Linn, Or.), 13(2), pp. 85-101. https://www.emerald.com/insight/content/doi/10.1108/09593840010339835/full/html

Malhotra, N.K. 2010, Marketing research: an applied orientation, 6th, Global edn, Pearson, New York; Boston, Mass. Accessed12 February 2020). Available:

http://dro.deakin.edu.au/view/DU:30010407

Mersham, G., Skinner, C. and von Essen, L., 2016. Handbook of public relations. Oxford UniversityPress. Accessed 12 February 2022. Available: http://hdl.handle.net/11072/511

Neuert, C.E., Meitinger, K., Behr, D. and Schonlau, M., 2021. The use of open-ended questions in surveys. Methods, data, analyses: a journal for quantitative methods and survey methodology (mda), 15(1), pp.3-6. . Accessed 12 February 2022. Available:

Majamana, Y. 2018. Educators' and learners' views on factors that contribute to poor performance of grade 12 physical science learners in the uMkhanyakude District in KwaZulu-Natal. Master's degree: University of Zululand.http://uzspace.unizulu.az.za/xmlui/handle.net/10530/1763

Malecki, K. M. C., Keating, J. A. and Safdar, N. 2021. Crisis Communication and Public Perception of COVID-19 Risk in the Era of Social Media, *Clinical Infectious Diseases*, 72(4), 697-702, 15 February 2021, https://doi.org/10.1093/cid/ciaa758

Markus Saarijärvi, Ewa-Lena Bratt, When face-to-face interviews are not possible: tips and tricks for video, telephone, online chat, and email interviews in qualitative research,

European Journal of Cardiovascular Nursing, Volume 20, Issue 4, April 2021, Pages 392–396, https://doi.org/10.1093/eurjcn/zvab038

Martinez, R., Rogers, A. D., Numanoglu, A. & Rode, H. 2018. The value of WhatsApp communication in paediatric burn care, *Burns*, 44(4), 947-955. https://doi.org/10.1016/j.burns.2017.11.005

Marutha, N. and Ngoepe, M. 2017. The role of medical records in the provision of public healthcare services in the Limpopo province of South Africa. *South African Journal of Information Management, 19*(1), 1-8. https://doi.org/10.4102/sajim.v19i1.873

Maymone, M. B., Du, T. & Dellavalle, R. P. 2019. Healthcare and dermatology on WeChat, *Dermatology online journal, 25*(4). https://escholarship.org/uc/item/0zx2g65k

McDonald, M. P. and Rowsell-Jones, A. 2012. *The digital edge: Exploiting new technology and information for business advantage*. Gartner E-Books. https://www.gartner.com/imagesrv/books/digital-edge/TheDigitalEdge.pdf

Mheidly, N. and Fares, J. 2020. Leveraging media and health communication strategies to overcome the COVID-19 infodemic. *Journal of public health policy*, *41*(4), 410-420. https://link.springer.com/article/10.1057/s41271-020-00247-w

Mhlanga, D. and Garidzirai, R., 2020. The influence of racial differences in the demand for healthcare in South Africa: A case of public healthcare. *International journal of environmental research and public*

health, *17*(14), p.5043. Available: https://doi.org/10.3390/ijerph17145043. Accessed: (25 September 2022).

Mohale, G. T. 2020. The Implications of Social Media Use on Development in Africa: A Development Theory Perspective. *Global Journal of Management and Business Research, [S.I.], fev.2020. ISSN 2249-4588*. Available: https://www.journalofbusiness.org/index.php/GJMBR/article/view/3017

Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A. & Hoving, C. 2013. A New Dimension of Health Care: Systematic Review of the Uses, Benefits, and Limitations of Social Media for Health Communication, *Journal of medical Internet research,* *15*(4), e85-e85. https://www.jmir.org/2013/4/e85

Moyo, R. and Salawu, A. 2017. Patients' perception of doctor-patient health communication in a rural community. *Communitas*, 22, pp. 98-112. https://doi.org/10.18820/24150525/Comm.v22.8

Mpanza, D. & Govender, P. 2017. Rural realities in service provision for substance abuse: a qualitative study in uMkhanyakude district, KwaZulu-Natal, South Africa, *South African family practice,* 59(3), 110-115. DOI**:** 10.4102/safp.v59i3.4715

Mwaura, J., Carter, V. and Kubheka, B.Z., 2020. Social media health promotion in South Africa: Opportunities and challenges. *African Journal of Primary Health Care and Family Medicine*, *12*(1), pp.1-7. Available: https://hdl.handle.net/10520/EJC-1ead6526f2 (Accessed 24 September 2022)

Nardin, S., Alotaibi, N. M., & Lozano, A. M., 2017. YouTube as a Source of Information on Neurosurgery, *World neurosurgery,* 105, pp. 394-398. https://doi.org/10.1016/j.wneu.2017.05.111

Nare, H., Mataire, N. 2020. The future of the youth under siege, implications of the democratic and economic trajectories of post-apartheid South Africa. *Sociol Int J. 4*(2), 59–62. DOI: 10.15406/sij.2020.04.00224

Ndaba, T., 2018. The influence of socio-economic challenges on the learning experiences of Information and Corporate Management third year students: a case study in Durban, KwaZulu-Natal (Doctoral dissertation). https://hdl.handle.net/10321/3376

Neuert, Cornelia E.; Katharina Meitinger, Dorothée Behr, Matthias Schonlau (2021): "The use of open-ended questions in surveys." Methods, data, analyses 15 [1]: 3-5 –

https://mda.gesis.org/index.php/mda/article/download/366/280

(Accessed 02 December 2021).

Nichols, P., Copeland, T. S., Craib, I. A., Hopkins, P. and Bruce, D. G. 2008. Learning from error: identifying contributory causes of medication errors in an Australian hospital. *Medical Journal of Australia*, *188*(5), 276-279. https://doi.org/10.5694/j.1326-5377.2008.tb01619.x

Nkosana, M. T., Skinner, D. J. & Goodier, D. C. 2016. Challenges of ICT adoption and utilisation in small rural restaurants: a case study of the KwaZulu-Natal Midlands, *African Journal of Hospitality, Tourism and Leisure, 5*(4). http://hdl.handle.net/10321/2277

Noh, J-I., Chad, D. and Jin-Wan, S. 2019. Factors Influencing Social Media Use in Local Government. *Informatization Policy, 26*, pp 36-52. Available: http://scholar.dkyobobook.co.kr/searchDetail.laf?barcode=4010027398633

Oghenemavwe, L.E., Orupabo, C.D. and Horsfall, T.J., 2022. Soil pH effect on bone degradation: Implications in forensic investigation. *Advances in*

Biomedical and Health Sciences, *1*(3), p.156. Soil pH effect on bone degradation: Implications in forensic investigation Oghenemavwe LE, Orupabo CD, Horsfall TJ - Adv Biomed Health Sci (abhsjournal.net)

Okeke, L. A., Cadmus, S., Okeke, I. O., Muhammad, M., Awoloh, O., Dairo, D., Waziri, E. N., Olayinka, A., Nguku, P. M., Fawole, O. 2014. Prevalence and risk factors of Mycobacterium tuberculosis complex infection in slaughtered cattle at Jos South Abattoir, Plateau State, Nigeria. *The Pan African medical journal, 18(*Supp 1), 7-7. http://www.ncbi.nlm.nih.gov/books/NBK25497/doi: 10.11694/pamj.supp.2014.18.1.3841

Paradis, T., Zorigtbaatar, A., Trepanier, M., Fiore, J.F., Fried, G.M., Feldman, L.S. and Lee,

L., 2020. Meta-analysis of the diagnostic accuracy of C-reactive protein for infectious

complications in laparoscopic versus open colorectal surgery. Journal of Gastrointestinal

Surgery, 24(6), pp.1392-1401.

Parmar, N., Dong, L. & Eisingerich, A. B. 2018. Connecting with Your Dentist on Facebook: Patients' and Dentists' Attitudes towards Social Media Usage in Dentistry, *Journal of medical Internet research,* 20(6), e10109-e10109. doi: 10.2196/10109

Pauli, J., 2021. How to write? Experiences, challenges and possibilities of ethnographic writing. Ethnoscripts, 23(1). Accessed 12 February 2022. Available: https://journals.sub.uni-hamburg.de/ethnoscripts/article/view/1673

Pentecost, M., Gerber, B., Wainwright, M. & Cousins, T. 2018. Critical orientations for humanising health sciences education in South Africa,

Medical humanities, 44(4), 221-229. http://dx.doi.org/10.1136/medhum-2018-011472

Pershad, Y., Hangge, P. T., Albadawi, H. & Oklu, R. 2018. Social Medicine: Twitter in Healthcare, *Journal of clinical medicine*, 7(6), 121. https://doi.org/10.3390/jcm7060121

Pillay, Y., Motsoaledi, P. A. 2018. Digital health in South Africa: innovating to improve health. *BMJ Glob Health* 2018; 3e000722. doi:10.1136/bmjgh-2018-000722

Pizzuti, A. G., Patel, K. H., McCreary, E. K., Heil, E., Bland, C. M., Chinaeke, E, *et al*. 2020. Healthcare practitioners' views of social media as an educational resource. *PLoS ONE,* 15(2): e0228372. https://doi.org/10.1371/journal.pone.0228372

Riva, F., Ahlborg, H., Hartvigsson, E., Pachauri, S. and Colombo, E. 2018. Electricity access and rural development: Review of complex socio-economic dynamics and causal diagrams for more appropriate energy modelling. *Energy for Sustainable Development,* 43, pp. 203-223. https://doi.org/10.1016/j.esd.2018.02.003

Robinson. R. 2020. 7 Top Social Media Sites in 2020. *Adobe Spark*. Available: https://www.adobe.com/express/learn/blog/top-social-media-sites (Accessed May 2021).

Rourke, J., 2008. Increasing the number of rural physicians. *CMAJ*, *178*(3), pp.322-325. Availabe: DOI: https://doi.org/10.1503/cmaj.070293. Accessed (24 September 2022)

Rousidis, D., Koukaras, P. & Tjortjis, C. 2020. Social media prediction: a literature review, *Multimedia tools and applications, 79*(9-10), 6279-6311. https://link.springer.com/article/10.1007/s11042-019-08291-9

Russell, A.R. 2016, The Role of Effective Communication in Medine. Trace: Tennessee Research and Creative Exchange.1-22. Available: https://trace.tennessee.edu/cgi/viewcontent.cgi?article=3025&=&context=utk_chanhonoproj&=&seiredir=1&referer=https%253A%252F%252Fscholar.google.com%252Fscholar%253Fhl%253Den%2526as_sdt%253D0%25252C5%2526q%253D%252Bthe%252Brole%252Bof%252Beffective%252Bcommunication%252Bin%252Bmedicine%2526btnG%253D#search=%22role%20effective%20communication%20medicine%22 (Accessed 20 January 2020).

Rutten, W., Blaas-Franken, J. & Martin, H. 2016. The impact of (low) trust on knowledge sharing, *Journal of knowledge management, 20*(2), 199-214. https://doi.org/10.1108/JKM-10-2015-0391

Salimi, D., Tavasoli, K., Gilani, E., Jouyandeh, M. & Sadjadi, S.J. 2019, The impact of social media on marketing using bibliometrics analysis, International Journal of Data and Network Science, vol. 3, no. 3, pp. 165-184. Available: www.GrowingScience.com/ijds (20 February 2020).

Schlosser, A. E. 2020. Self-disclosure versus self-presentation on social media, *Current opinion in psychology,* 31, pp. 1-6. https://doi.org/10.1016/j.copsyc.2019.06.025

Schneider, E. C., Sarnak, D. O., Squires, D., Shah, A. and Doty, M. M. 2017. *Mirror Mirror 2017*. New York: Commonwealth Fund. https://australiangpalliance.com.au/wp-content/uploads/2018/05/Schneider_mirror_mirror_2017.pdf

Scott, N. & Goode, D. 2020. The use of social media (some) as a learning tool in healthcare education: An integrative review of the literature, *Nurse education today,* 87, pp. 104357-104357. https://doi.org/10.1016/j.nedt.2020.104357

Semyonov-Tal, K. and Lewin-Epstein, N., 2021. The importance of combining open-ended and closed-ended questions when conducting patient satisfaction surveys in hospitals. Health Policy OPEN, 2, p.100033. Accessed 12 February 2022. Available:

https://doi.org/10.1016/j.hpopen.2021.100033

Sekaran, U. and Bougie, R. 2013. Research methods for business - a skills building approach. 6th ed. United Kingdom: Wiley.

Shareef, M. A., Mukerji, B., Dwivedi, Y. K., Rana, N. P. & Islam, R. 2019. Social media marketing: Comparative effect of advertisement sources, *Journal of retailing and consumer services,* 46, pp. 58-69. https://doi.org/10.1016/j.jretconser.2017.11.001

Sheldon, P. & Bryant, K. 2016. Instagram: Motives for its use and relationship to narcissism and contextual age, *Computers in human behavior, 58*, pp. 89-97. https://doi.org/10.1016/j.chb.2015.12.059

Shrivastav, A. S. and Sachdeva, P. D. 2018. Medication Error: Its Type, Causes, and Strategies to Avoid Them. *Pharma Science Monitor, 9*(1). http://www.pharmasm.com/pdf_files/20180401023751_36_poonam.pdf

Sigalit, W., Sivia, B. and Michal, I. 2017. Factors associated with nursing students' resilience: Communication skills course, use of social media and satisfaction with clinical placement. *Journal of Professional Nursing, 33*(2), 153-161. https://doi.org/10.1016/j.profnurs.2016.08.006

Sisk, B. A., Friedrich, A. B., Kaye, E. C., Baker, J. N., Mack, J. W. & DuBois, J. M. 2021. Multilevel barriers to communication in pediatric oncology: Clinicians' perspectives, *Cancer.* https://doi.org/10.1002/cncr.33467

Sloan, L. & Quan-Haase, A. 2017. *The SAGE handbook of social media research methods*, SAGE Publications, London.

Smailhodzic, E., Hooijsma, W., Boonstra, A. and Langley, D. J. 2016. Social media use in healthcare: A systematic review of effects on patients and on their relationship with healthcare professionals. *BMC Health Serv Res 16*(1): 442. Doi: 10.1186/s12913-016-1691-0.

Stokes, Y., Vandyk, A., Squires, J., Jacob, J. D. and Gifford, W. 2019. Using Facebook and LinkedIn to recruit nurses for an online survey. *Western journal of nursing research, 41*(1), 96-110. https://doi.org/10.1177/0193945917740706

Sulthana,A.N., Evangelin, M.R., Vasantha, S. 2021. Influence of Social Media marketing in post COVID-19. Research gate: Design engineering. 2021 (7), 6370-6377.

Surmiak, A.D. 2018, Confidentiality in Qualitative Research Involving Vulnerable Participants: Researchers' Perspectives, Forum: Qualitative Social Research, vol. 19, no. 3. Available FQS,

Available: http://www.qualitative-research.net/ (Accessed 12 February 2022).

Taha, A.V., Pencarelli, T., Škerháková, V., Fedorko, R., and Košíková, M. 2021. The Use of social media and Its Impact on Shopping Behavior of Slovak and Italian Consumers during COVID-19 Pandemic. Sustainability journal. 2021 (13) 1-19.

Ventola, C.L. 2014, social media and health care professionals: benefits, risks, and best practices, P and T: A peer-reviewed journal for formulary management, vol. 39, no. 7, pp. 491-520. Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103576/?tool=pmcentrez&report=abstract (Accessed 27 2020).

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., McIntyre, R.S., Choo, F.N., Tran, B., Ho, R., Sharma, V.K. and Ho, C., 2020. A longitudinal study on the mental health of general population during the COVID-19 epidemic in China. *Brain, behavior, and immunity*, *87*, pp.40-48 Available: https://doi.org/10.1016/j.bbi.2020.04.028 (Accessed 27 2020).

Wawrowski, B. and Otola, I., 2020. Social media marketing in creative industries: How to use social media marketing to promote computer

games?. *Information*, *11*(5), p.242. Available: doi:10.3390/info11050242. (Accessed 27 2020).

Yasya, W., Muljono, P. and Seminar, K.B., 2019. Breastfeeding and online social support in a Facebook group. In *Rural Socio-Economic Transformation: Agrarian, Ecology, Communication and Community Development Perspectives* (pp. 56-63). CRC Press. Available:Breastfeeding and online social support in a Facebook group | 6 | Rura (taylorfrancis.com)

Zhao, L., Tian, L., Cai, T., Claggett, B. and Wei, L.J., 2013. Effectively selecting a target population for a future comparative study. *Journal of the American Statistical Association*, *108*(502), pp.527-539. Available: https://doi.org/10.1080/01621459.2013.770705 (Accessed 25 June 2022).

APPENDICS

APPENDIX 1

INTERVIEW SCHEDULE FOR PATIENTS (ENGLISH VERSION)

INTRODUCTION

This study intends exploring the use of social media as a relationship enhancement communication tool between medical practitioners and patients.

TIME AND PLACE FOR INTERVIEWS: the interviews will last a maximum of 20-25 minutes and can have breaks in between if need be. INTERVIEWEES will receive clear details of where and when the interviews will take place.

GUIDING QUESTIONS
The proposed study intends answering the following questions.

1) Are you a patient at Hlabisa Hospital?
2) How often do you come to this Hospital for medical services?
3) Have you ever faced any communication challenges between you and the medical practitioner attending to you?
4) Can you give any examples of such factors that contributed to interpersonal communication between you and your medical practitioner?
5) Why do you think these factors caused miscommunication between you and your medical practitioner?
6) Are you active on social media?
7) Do you use any social media platform?

8) Which of the following social media platform do you use?

☐ Face book

☐ Twitter

☐ You tube

☐ Instagram

☐ WhatsApp

9) How many times a day do you visit your Social Media account?

☐ Not every day Once a day
☐ 2-10 Times a day
☐ More than 10 time a day

10) Which social media platform would you prefer to use to communicate with your medical practitioner?
11) What are the reasons for the choice of social media platform?
12) What are some of the ways would you recommend being used in enhancing communication relationship between medical practitioner and the patient?
13) How can such recommendations be implemented?

CONCLUDING QUESTION
Of all the things we have discussed today, what would you say are the most important issues you would like to express about the research topic?

CONCLUSION
Thank you for participating. This has been a very successful discussion. Your opinions will be an asset to this study.

I would like to assure you that any comments featuring in this report will be anonymous.

APPENDIX 2

INTERVIEW SCHEDULE FOR MEDICAL PRACTITIONERS

INTRODUCTION

This study intends exploring the use of **social media as a relationship enhancement communication toolbetween medical practitioners and patients.**

TIME AND PLACE FOR INTERVIEWS: the interviews will last a maximum of 20-25 minutes and can havebreaks in between if need be. **INTERVIEWEES** will receive clear details of where and when the interviews will take place.

GUIDING QUESTIONS

The proposed study intends answering the following questions.

1) Are you a medical practitioner at Hlabisa Hospital?
2) How many years have you been a medical practitioner here at Hlabisa Hospital?
3) Have you ever faced any communication challenges between you and the patient you were attending too?
4) Can you give any examples of such factors that contributed to interpersonal communicationbetween you and your medical practitioner?
5) Why do you think these factors caused miscommunication between you and your medicalpractitioner?
6) Are you active on social media?
7) Which of the following social media platform do you use

☐ Twitter

☐ You tube

☐ Instagram

☐ WhatsApp

8) How many times a day do you visit your Social Media account?

☐ Not every day
☐ Once a day
☐ 2-10 times a day
☐ More than 10 times a day

9) Which social media platform would you prefer to use to communicate with your patients?
10) What are the reasons for the choice of social media platform?
11) What are some of the ways would you recommend being used in enhancing communicationrelationship between medical practitioner and the patient?
12) How can such recommendations be implemented?

13) CONCLUDING QUESTION

Of all the things we've discussed today, what would you say are the most important issues you would

like to express about the research topic?

14) CONCLUSION

Thank you for participating. This has been a very successful discussion. Your opinions will be an asset tothis study.

I would like to assure you that any comments featuring in this report will be anonymous.

ISITHASISELO 3

ISITHASISELO UHLELO LOKUXOXISANA

ISINGENISO

Lolu cwaningo luhlose ukuhlola ukusetshenziswa kweSocial Media njengethuluzi lokuxhumana lokuthuthukisa ubudlelwane phakathi kwabasebenzi bezokwelapha neziguli.

ISIKHATHI NENDAWO YOKUXOXA NABO: izingxoxo zizohlala imizuzu engama-20-25 futhi zingaba namakhefu phakathi uma kudingeka. IZINGXOXHO ezizotholwa ziyocaciselwa ukuthi izingxoxo zizoba kuphi futhi nini.

IMIBUZO YOKUQONDISA

Ucwaningo oluhlongozwayo luhlose ukuphendula le mibuzo elandelayo;

1) Ngabe uyisiguli esibhedlela sakwaHlabisa?
2) Ufika kangaki kulesi sibhedlela ukuthola usizo lwezokwelapha?
3) Wake wabhekana nanoma yiziphi izinselelo zokuxhumana phakathi kwakho nodokotela okubonelelayo?
4) Unganikeza noma yiziphi izibonelo zalezo zinto ezinikele ekuxhumaneni nabantu phakathi kwakho nodokotela wakho?
5) Ucabanga ukuthi kungani lezi zinto zidale ukuxhumana okungekuhle phakathi kwakho nodokotela wakho?
6) Uyasebenza yini ezinkundleni zokuxhumana?
7) Ingabe usebenzisa noma iyiphi inkundla yezokuxhumana?

8) Iyiphi yale nkundla yezokuxhumana oyisebenzisayo?

Face book ☐

☐ Twitter

☐ You tube

☐ Instagram

☐ WhatsApp

9) Uvakashela kangaki ngosuku nge-akhawunti yakho ye-Social Media?

☐ Hhayi nsuku zonke
☐ Kanye ngosuku
☐ Izikhathi ezi-2-10 ngosuku
☐ Isikhathi esingaphezu kweshumi ngosuku

10) Iyiphi inkundla yezokuxhumana ongathanda ukuyisebenzisa ukuxhumana nodokotela wakho?
11) Yiziphi izizathu zokukhetha inkundla yezokuxhumana?
12) Yiziphi ezinye izindlela ongancoma ukuthi zisetshenziswe ekuthuthukiseni ubudlelwane bokuxhumana phakathi kukadokotela nesiguli?
13) Zingasetshenziswa kanjani lezo zincomo?

UMBUZO OPHETHAYO

Kuzo zonke izinto esixoxe ngazo namhlanje, ungathi yiziphi izingqinamba ezibaluleke kakhulu ongazenza
uthanda ukuveza ngesihloko socwaningo?

ISIPHETHO

Siyabonga ngokubamba iqhaza. Lokhu kube yingxoxo ephumelele kakhulu. Imibono yakho izoba wusizo kulolu cwaningo.

Ngithanda ukukuqinisekisa ukuthi noma yimiphi imibono equkethwe kulo mbiko ngeke idalulwe.

APPENDIX 4: Letter of Consent

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Jacqueline Sikhakhane, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number:_,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____ _____ _____

Full Name of Participant Date Time Signature / Right Thumbprint

I, Jacqueline Thembeka. Sikhakhane herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

__Jacqueline T. Sikhakhane_ _____2022

Full Name of Researcher Date Signature

_____

Name of Witness (If applicable) Date Signature

_____ _____

Name of Legal Guardian (If applicable) Date Signature

APPENDIX 5: Gatekeeper letter from Department of Health

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/ 3189/ 3123 Fax: 033 394 3782
Email:
www.kznhealth.gov.za

DIRECTORATE:
Health Research & Knowledge Management

NHRD Ref: KZ_202112_003

Dear Ms JT Sikhakhane
(DUT)

Approval of research

1. The research proposal titled **'The use of social media as a relationship enhancement communication tool between medical practitioners and patients'** was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

   The proposal is hereby **approved** for research to be undertaken at Hlabisa Hospital.

2. You are requested to take note of the following:
   a. *All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to: regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.*
   b. *Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.*
   c. *Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.*
   d. *Provide an interim progress report and final report (electronic and hard copies) when your research is complete to* ***HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200*** *and e-mail an electronic copy to hrkm@kznhealth.gov.za*
   e. *Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.*

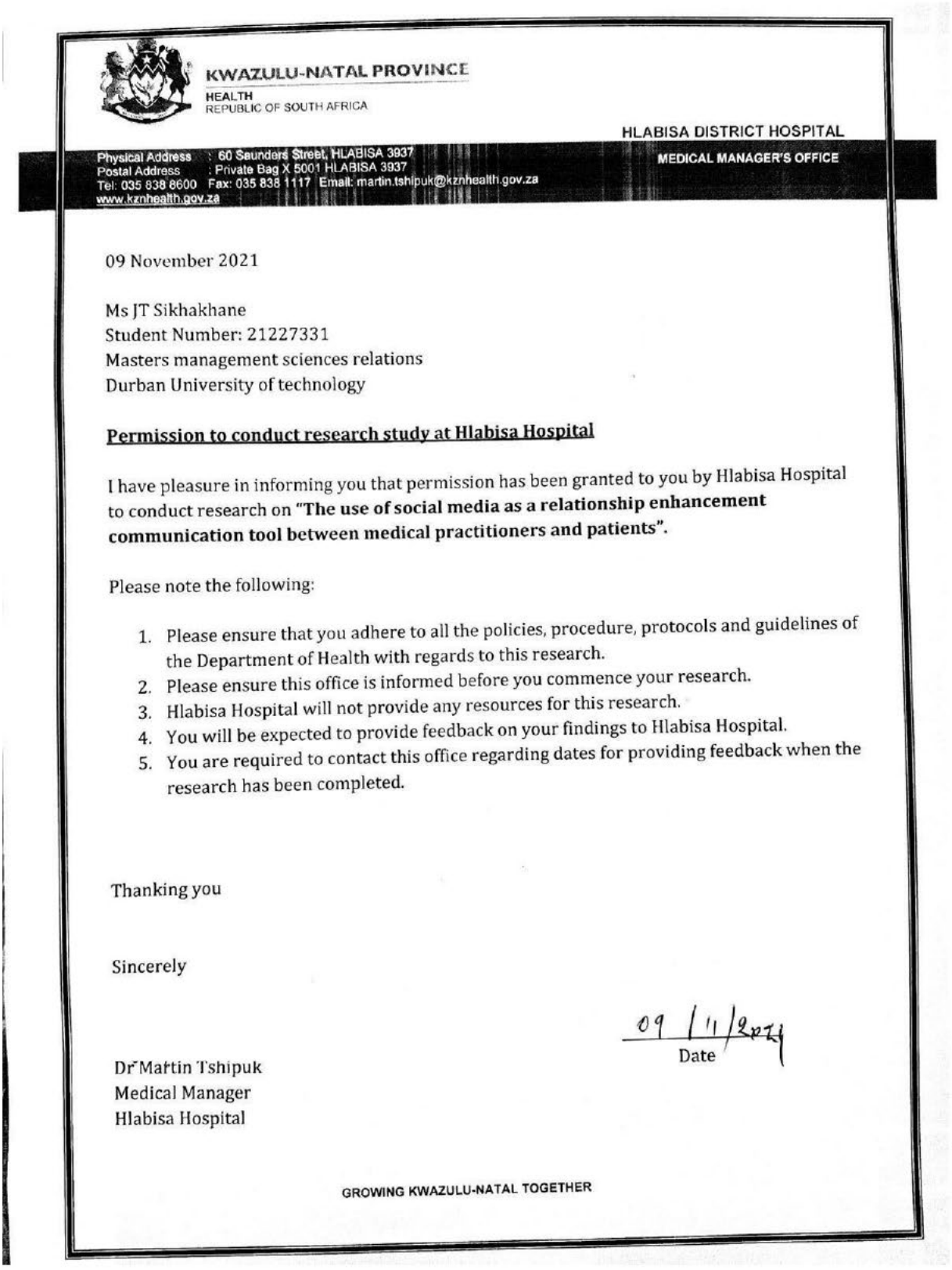
For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 10/12/ 2021

Fighting Disease, Fighting Poverty, Giving Hope

APPENDIX 6: Gatekeeper letter from Hlabisa Hospital



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

HLABISA DISTRICT HOSPITAL
MEDICAL MANAGER'S OFFICE

Physical Address : 60 Saunders Street, HLABISA 3937
Postal Address : Private Bag X 5001 HLABISA 3937
Tel: 035 838 8600 Fax: 035 838 1117 Email: martin.tshipuk@kznhealth.gov.za
www.kznhealth.gov.za

09 November 2021

Ms JT Sikhakhane
Student Number: 21227331
Masters management sciences relations
Durban University of technology

Permission to conduct research study at Hlabisa Hospital

I have pleasure in informing you that permission has been granted to you by Hlabisa Hospital to conduct research on **"The use of social media as a relationship enhancement communication tool between medical practitioners and patients".**

Please note the following:

1. Please ensure that you adhere to all the policies, procedure, protocols and guidelines of the Department of Health with regards to this research.
2. Please ensure this office is informed before you commence your research.
3. Hlabisa Hospital will not provide any resources for this research.
4. You will be expected to provide feedback on your findings to Hlabisa Hospital.
5. You are required to contact this office regarding dates for providing feedback when the research has been completed.

Thanking you

Sincerely

09/11/2021
Date

Dr Martin Tshipuk
Medical Manager
Hlabisa Hospital

GROWING KWAZULU-NATAL TOGETHER

APPENDIX 7: TURNITIN REPORT

Dissertation for Jacqueline T Sikhakhane 4th attempt.

ORIG NALITY REPORT

9 %	13%	8%	14%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.ncbi.nlm.nih.gov Internet Source	1%
2	Submitted to Durban University of Technology Student Paper	1%
3	www.researchgate.net Internet Source	1%
4	Submitted to Dorset College Student Paper	1%
5	Submitted to Laureate Higher Education Group Student Paper	1%
6	www.science.gov Internet Source	1%
7	ir.dut.ac.za Internet Source	<1%

8	docplayer.net Internet Source	<1%
9	Submitted to Mancosa	

	Student Paper	<1%
10	www.kznhealth.gov.za Internet Source	<1%
11	"Notes on contributors", Australian Journal of Linguistics, 10/2008 Publication	<1%
12	www.tandfonline.com Internet Source	<1%
1	academic.oup.com Internet Source	<1%
1	www.samedical.org Internet Source	<1%
	Al Muqahwi, Rabab. "The Impact of Language Communication Barriers on Non-Arab Medical Practitioners' Healthcare Delivery and Ways of Addressing Miscommunication Issues: an Exploratory-Phenomenological Study of Bahrain", The University of Liverpool (United Kingdom) Publication	<1%
	www.wma.net Internet Source	<1%
	pdfs.semanticscholar.org Internet Source	<1%

18	www.coursehero.com Internet Source	<1%
19	www.scielo.org.za Internet Source	<1%
20	Vishnu Baburajan, João de Abreu e Silva, Francisco Camara Pereira. "Open vs closed-ended questions in attitudinal surveys - Comparing, combining, and interpreting using natural language processing", Transportation Research Part C: Emerging Technologies, 2022 Publication	<1%
21	Submitted to Kaplan University Student Paper	<1%
22	Submitted to Grand Canyon University Student Paper	<1%
23	hdl.handle.net Internet Source	<1%
24	Jacobs, Robyn, Leanne Boyd, Kirsty Brennan, C.K. Sinha, and Stefano Giuliani. "The importance of social media for patients and families affected by congenital anomalies: a Facebook cross-sectional analysis and user survey", Journal of Pediatric Surgery, 2016. Publication	<1%
25	Submitted to Middlesex University Student Paper	<1%

26	Submitted to University of Birmingham Student Paper	<1
27	dspace.alquds.edu Internet Source	
28	Submitted to Western Governors University Student Paper	
29	mededu.jmir.org Internet Source	
30	personalpages.manchester.ac.uk Internet Source	
31	rozenbergquarterly.com Internet Source	
32	Submitted to Ain Shams Student Paper	
33	chetumenu.com Internet Source	
34	James M. Cric marketing: Journal o Publication	
35	Sub Stu	
3		

	in Neurosurgery", World Neurosurgery, 2020 Publication	
37		
38	Submitted to Ghana Technology University College Student Paper	<1%
[illegible]	Submitted to University of New England Student Paper	<1%
40	Kirsten Larkins, Victoria Murphy, Benjamin P. T. Loveday. "Use of social media for surgical education in Australia and New Zealand", ANZ Journal of Surgery, 2020 Publication	<1%
41	www.pharmasm.com Internet Source	<1%
42	Anuradha Tiwari, Tarakeshwar Gupta. "chapter 12 Role of IT and Social Media in Democratic Change", IGI Global, 2020 Publication	<1%
43	Submitted to University of West London Student Paper	<1%
44	online.pharmaciae.org.za Internet Source	<1%
45	ujcontent.uj.ac.za Internet Source	<1%
	Submitted to MAHSA University Student Paper	< %

46	Submitted to University of Central England in Birmingham Student Paper	<1%
47	Bartosz Wawrowski, Iwona Otola. "Social Media Marketing in Creative Industries: How to Use Social Media Marketing to Promote Computer Games?", Information, 2020 Publication	<1%
48	Ngoako S. Marutha, Mpho Ngoepe. "The role of medical records in the provision of public healthcare services in the Limpopo province of South Africa", SA Journal of Information Management, 2017 Publication	<1%
49	issuu.com Internet Source	<1%
50	Submitted to Southern New Hampshire University - Continuing Education Student Paper	<1%
51	Submitted to Griffth University Student Paper	<1%
52	Submitted to Tarleton State University Student Paper	<1%
53	researchspace.ukzn.ac.za Internet Source	<1%

54	Submitted to Zambia Centre for Accountancy Studies Student Paper	<1%
55	Yvette C. Ehlers Smith, Mfundo S.T. Maseko, Mbalenhle Sosibo, Pumla V. Dlamini et al. "Indigenous knowledge of South African bird and rangeland ecology is effective for informing conservation science", Journal of Environmental Management, 2021 Publication	<1%
56	Submitted to American Sentinel University Student Paper	<1%
57	Submitted to University of KwaZulu-Natal Student Paper	<1%
58	repository.up.ac.za Internet Source	<1%
59	Asongu Acha-Anyi, Paul N. Acha-Anyi, Simplice A. Asongu, Vanessa S. Tchamyou. "Social media for health promotion: A visual analysis of TB proof South Africa's Facebook page", Technology in Society, 2020 Publication	<1%
60	Submitted to Edge Hill University Student Paper	<1%
61	Mbalenhe Buthelezi, Tatenda Chatikobo, Lorenzo Dalvit. "United in diversity? Digital	<1%

62	differences and inequalities within a South African rural community", Information, Communication & Society, 2021 Publication	
63	Submitted to Monash South Africa Student Paper	<1%
[illegible]	www.highbeam.com Internet Source	<1%
65	Submitted to Erasmus University of Rotterdam Student Paper	<1%
66	Submitted to International Health Sciences University Student Paper	<1%
67	gfgc.kar.nic.in Internet Source	<1%
68	scholar.ufs.ac.za Internet Source	<1%
[illegible]	www.journaltocs.hw.ac.uk Internet Source	<1%
	Dasruth, Judy. "Teachers' Perceptions of Their Principals' Digital Leadership Practices in Gauteng West", University of Johannesburg (South Africa), 2021 Publication	<1%

70 Rayees Farooq. "chapter 4 How to Design and Frame a Questionnaire", IGI Global, 2018 <1
Publication

71 file.upi.edu
Internet Source

72 Submitted to University of Witwatersrand
Student Paper

73 Submitted to Chamberlain College of
Student Paper

74 Submitted to Murray State Univ
Student Paper

75 Submitted to The Universit
Student Paper

76 bmchealthservres.bio
Internet Source

77 teethgeek.com
Internet Source

78 www.thiem
Internet Source

79 Subm
Chir
Stud

80

81	Submitted to London Metropolitan University Student Paper	<1%
82	Submitted to Monash University Student Paper	<1%
83	Yankah, Jonas Ekow. "An Integrated Framework of Marketing in Construction Contracting Enterprises in the Ghanaian Construction Industry", University of Johannesburg (South Africa), 2021 Publication	<1%
84	www.ssoar.info Internet Source	<1%
85	Submitted to University of Bristol Student Paper	<1%
86	Submitted to University of Dundee Student Paper	<1%
87	Submitted to University of the Arts, London Student Paper	<1%
88	mirecc.va.gov Internet Source	<1%
89	Submitted to College of Professional and Continuing Education (CPCE), Polytechnic University Student Paper	<1%

90	Krista S. Chavez, Andrew A. Dwyer, Anne-Sylvie Ramelet. "International practice settings, interventions and outcomes of nurse practitioners in geriatric care: A scoping review", International Journal of Nursing Studies, 2017 Publication	<1%
91	Submitted to Midlands State University Student Paper	<1%
92	Submitted to Truckee Meadows Community College Student Paper	<1%
93	Submitted to University Malaysia of Computer Science & Engineering Student Paper	<1%
94	core.ac.uk Internet Source	<1%
95	ebin.pub Internet Source	<1%
96	uir.unisa.ac.za Internet Source	<1%
97	Submitted to Coventry University Student Paper	<1%
98	Submitted to University of the Western Cape Student Paper	<1%

99 ucf.digital.flvc.org
Internet Source
<1

100 Submitted to Curtin University of Technology
Student Paper

101 Submitted to Texas State University- San Marcos
Student Paper

102 Verónica Rita Dias Coutinho, Cristina Oliveira Santos, Catarina Isabel Ro Catarina Isabel Geraldes Santos "Administration of chemothera admitted to a haematology s practice implementation pr Implementation, 2022
Publication

103 Submitted to Westc
Student Paper

104 Adebayo, Oluf Facebook t Managem Airlines Kingd
Public

105

in pediatric oncology: Clinicians' perspectives", Cancer, 2021
Publication

106 Submitted to Eiffel Corporation
Student Paper

107 insightjournal.park.edu
Internet Source

108 journals.co.za
Internet Source

109 pure.uva.nl
Internet Source

110 repositorio.iscte-iul.pt
Internet Source

111 Submitted to Edith Cow
Student Paper

112 Submitted to Holm
Student Paper

113 Natalie Scott
social med
healthcar
the liter
Publicatio

114 Su
S

1

<1%

116

mobt3ath.com <1%

117 Internet Source

Submitted to The University of the West of Scotland <1%

118 Student Paper

vuir.vu.edu.au <1%

119 Internet Source

www.adph.org <1%

120 Internet Source

www.leadsquared.com <1%

121 Internet Source

Ann E Schlosser. "Self-disclosure versus self-presentation on social media", Current Opinion in Psychology, 2020 <1%

122 Publication

Ingerick, Patricia A.. "Adult Learning and Reflecting on Political News: An Examination of the Public Pedagogy of Social Media", The Pennsylvania State University, 2022 <1%

123 Publication

Submitted to Johnson County Community College <1%

Student Paper

Submitted to Keuka College

124	Student Paper	<1 %
125	Submitted to SUNY College of Technology at Delhi Student Paper	<1 %
126	Submitted to State College of Florida, Manatee - Sarasota (formerly, Manatee Community College) Student Paper	<1 %
127	Submitted to University for Development Studies Student Paper	<1 %
128	Submitted to University of Durham Student Paper	<1 %
129	m4media.online Internet Source	<1 %
130	Alsahafi, Waseem Abdulali. "The Socio-Political Implications of Social Media Participation and Activism among Young Adults in Saudi Arabia.", Nottingham Trent University (United Kingdom), 2020 Publication	<1 %
131	Submitted to National University of Ireland, Maynooth Student Paper	<1 %

132	Submitted to Nelson Mandela Metropolitan University Student Paper	<1%
133	Submitted to University of Derby Student Paper	<1%
134	Submitted to University of Oklahoma Health Science Center Student Paper	<1%
135	Submitted to University of Rwanda Student Paper	<1%
136	acdla.net Internet Source	<1%
137	ir-library.ku.ac.ke Internet Source	<1%
138	liboasis.buse.ac.zw:8080 Internet Source	<1%
139	Brenda Kubheka. "Ethical and legal perspectives on the medical practitioners use of social media", South African Medical Journal, 2017 Publication	<1%
140	Rita Abiodun, Felicity Daniels, Dr Christoph Pimmer, Jennifer Chipps. "A whatsapp community of practice to support new graduate nurses in South Africa", Nurse Education in Practice, 2020	<1%

Publication

141 Submitted to University of Oklahoma
Student Paper

142 Submitted to Utah Education Network
Student Paper

143 Submitted to Brickfields Asia College
Student Paper

144 Submitted to Campbellsville Universi
Student Paper

145 Submitted to Liverpool John Mo University
Student Paper

146 Submitted to University o
Student Paper

147 phcfm.org
Internet Source

148 Submitted to U
Student Paper

149 Submitte
Student Pap

150 Sub
Stu

15

152	Kibera Slum: A Quantitative Correlational Study", Northcentral University, 2022 Publication	
153	cupdf.com Internet Source	<1%
154	www.icevirtuallibrary.com Internet Source	<1%
155	Karabo Sitto, Elizabeth Lubinga. ""My Birth Control Makes Me Emotionally Psycho": Online Female Narratives about Contraceptives", Communicatio, 2021 Publication	<1%
156	Submitted to Manchester Metropolitan University Student Paper	<1%
157	Sameer D. Kini, Firas A. Houssein, Armo Derbarsegian, Sarah M. Adams, Katie M. Phillips, Ahmad R. Sedaghat. "Surveying the Landscape of Social Media Usage for Health Care by Otolaryngology Patients", The Laryngoscope, 2022 Publication	<1%
	Shaw, Susan M., Lee, Janet. "Gendered Voices, Feminist Visions", Gendered Voices, Feminist Visions, 2022 Publication	<1%

158 Shilongo, Esland. "Treatment Outcomes and Associated Factors in TB/HIV-Coinfected Patients in Namibia", Walden University, 2022 — <1%
Publication

159 archives.univ-biskra.dz — <1%
Internet Source

160 www.mdedge.com — <1%
Internet Source

161 Submitted to Leeds Beckett University — <1%
Student Paper

162 Submitted to Regis College — <1%
Student Paper

163 Submitted to Trinity College Dublin — <1%
Student Paper

164 www2.hec.ca — <1%
Internet Source

165 Submitted to Fatima College — <1%
Student Paper

166 Haun, Daniel D.. "Let's Be Friends: Examining Consumer Brand Relationships Through the Lens of Brand Personality, Engagement, and Reciprocal Altruism", University of South Carolina, 2022 — <1%
Publication

167 Submitted to Intercollege
Student Paper

<1%

168

Kurubaran Ganasegeran, Pukunan Renganathan, Abdul Rashid, Sami Abdo Radman Al-Dubai. "The m-Health revolution: Exploring perceived benefits of WhatsApp use in clinical practice", International Journal of Medical Informatics, 2017 <1%

169 Publication

Sarpong, Dennis. "Immigrant Perceptions of Police: From Nigeria to Arizona", Northern Arizona University, 2021 <1%

170 Publication

Thompson, Adrianne Aiko. "Using a Class WhatsApp™ Group with EAP Students: Sense of Community, Benefits, and Challenges", University of Florida, 2022 <1%

171 Publication

Submitted to Trident University International <1%

172 Student Paper

Submitted to University of Abertay Dundee <1%

173 Student Paper

Submitted to University of Bradford <1%

174 Student Paper

Vyas, Mayank D.. "An Exploratory Study on Selected Dimensions of Learning Organization <1%

and Its Impact with TQM on Higher Education Sector with Special Context to the Maharaja Sayajirao University of Baroda.", Maharaja Sayajirao University of Baroda (India), 2020
Publication

175 repository.nwu.ac.za
Internet Source

176 sajhivmed.org.za
Internet Source

177 univendspace.univen.ac.
Internet Source

178 worldwidescienc
Internet Source

179 www.ijbcp
Internet Sour

APPENDIX 8: EDITOR'S CERTIFICATE

Helen Richter
Advanced Editing, Proofreading
& Copywriting
feetjieding@gmail.com
+27 729538169

13 November 2022

To whom it may concern

CERTIFICATE OF EDITING & AUTHENTICATION

I have proofread and language edited the Master's dissertation titled:

"THE USE OF SOCIAL MEDIA AS A RELATIONSHIP ENHANCEMENT COMMUNICATION TOOL BETWEEN MEDICAL PRACTITIONERS AND PATIENTS AT HLABISA HOSPITAL"

by

Jacqueline Thembeka. Sikhakhane

To the best of my knowledge, the work is free of spelling, grammar, structural and stylistic errors and the contents are certified as the author's own work.

With thanks.

H. S. Richter