SERVICE QUALITY AT RIETVLEI HOSPITAL

A dissertation submitted in fulfilment of the academic requirements for the

degree of

MASTER'S IN PUBLIC MANAGEMENT

TECHNOLOGY

FACULTY OF MANAGEMENT SCIENCES

Department of Public Management, Law and Economics

DURBAN UNIVERSITY OF TECHNOLOGY

SKHUMBUZO GCABASHE:

20508728

Supervisor Professor N.S Matsiliza

ABSTRACT

The motive of this investigation is to evaluate the application of SERVQUAL at Rietvlei Hospital, with the intention to improve standards of service provision at Rietvlei Hospital. The health sector in South African is faced with major challenges that are associated with restructuring with the intent of addressing inadequacies which are a result of the fragmentation of healthcare services inherited from the apartheid era in South Africa. The legacy of apartheid government in South Africa and fragmentation of healthcare systems have resulted to the provision of poor public healthcare services to society. The most disadvantaged and vulnerable groups of people living in rural areas are still facing challenges in accessing quality healthcare service delivery from public healthcare facilities.

Health services post-apartheid in South Africa are plagued by gaps in providing healthcare services to the society. These gaps are created by the discrepancy between customer expectation and management perceptions about customer expectations. The management they do not understand how these customer expectations emanated from. Sometimes management is unable to set targets to meet the customer perceptions and ensure that those targets are achieved, in order to meet the customer expectations. South Africa national core standards were designed in order to enhance service delivery provided by public and private health sectors. These protocols exist to reinstate staff confidence and patient in South African about healthcare service delivery and healthcare system.

This research project aim to determine patient responses about their satisfaction levels regarding health care services they received from South African hospitals especially in rural areas. The study also set out to establish how health sector can realise the provision of quality service delivery and quality healthcare services to the society, as enshrined in South African Constitution Act 108 of 1996. This study used qualitative research paradigm where data was collected using a mixed-methodology, using mainly questionnaires and interviews. The survey revealed that beneficiaries of

the service provided by Rietvlei Hospital were dissatisfied about service standards at Rietvlei Hospital.

It was found that there is a gap regarding management responsiveness, quality of services and communication between the management and the clients. Data revealed that issues such as an old infrastructure, a lack of management skills and financial management skills, as well as shortage of resources are among the main contributing factors which negatively affect the public healthcare system in South Africa. There is less compliance o the White paper on the NHI which outlines directives in the promotion of the provision of affordable healthcare services to all citizens. It was recommended that public healthcare institutions must implement SERVQUAL model to ensure the satisfaction of ever-changing customer desires are met. Today SERVQUAL has become more significant to developing countries as a Model that can be adopted as a ensure that organisations which provide similar services, product, compete to enhance customer satisfactions.

This study recommends that the government must ensure that there is improvement in resource allocation to public healthcare institutions, to ensure that public institutions provide quality service delivery and quality healthcare services to customers. The National Health Department must ensure that all public institutions implement the National Core Standards (NCS), Batho Pele principles must be known as well by staff to ensure patients' right and to enhance service delivery and healthcare services provided to customers. If the South African National Department of Health can ensure the execution of these strategies combat the patients' negative perception about service delivery and healthcare services provided by public health institutions. These will also ensure patients' satisfaction and patients' retention to public healthcare institutions.

DECLARATION

I, **Skhumbuzo Gcabashe**, declare that:

1. The research report in this dissertation, except where otherwise indicated is my original research.
2. This dissertation has not been submitted for any degree or examination at any other university.
3. This dissertation does not contain any other person's data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
4. This dissertation does not contain other persons' writing, unless specifically acknowledge as being source from other researchers. Where other written source have been quoted, then:

   (a) Their words have been re-written but general information attributed to them has referenced
   (b) Where their exact words have been used, their writing has been placed inside quotation marks, and referenced.

5. This dissertation does not contain text, graphics as well as tables which are copied from Internet, unless specifically acknowledged, and the source being detailed in the dissertation and on the reference section.

Student: Skhumbuzo Gcabashe

Signature:

Date: 2021/03/08

ACKNOWLEDGEMENTS

I desire to register my profuse gratitude and admiration to these souls, without their aid and encouragement the investigation would not been successfully completed:

- Professor Noluthando Matsiliza, my supervisor, thank you for your self-help, guidance, inputs as well as your support. This study would not have been successfully without your encouragement.
- Rietvlei Hospital management for allowing me to conduct this study in your institution.
- Rietvlei staff, despite your busy schedule saving people life, but you provided a favourable environment to ensure that my study is successful. To participants of the study I really appreciate your contribution.
- Pietermaritzburg DUT midlands riverside library staff Ntokozo Nxumalo and Romeo Matumba thank you for your assistance, support as well as training.
- Above everyone a big thank to my wife Zamaphephethwa Gcabashe and my lovely children, I really appreciate your unconditional fondness and aid during the execution of the project.
- To Mrs Dudu Phoswa and Doctor Zwelithini Zwane, thank you for supporting, inspiration as well as encouragement in order for me to achieve this journey. I am fortunate to have such magnificent lecturers like you guys.
- To my late father and my mother. I appreciate both of you for your encouraging words and your sagacity during this time.

LIST OF FIGURES

LIST OF TABLES

ACRONYMS AND ABBREVIATIONS

ARV	Antiretroviral
CHR	Country Health Ranking
DHS	Demographic and Health Surveys
DSC	District Health System
DRC	Dutch Reformed Church
EAP	Employees Assistance Programs
GDP	Gross Domestic Product
HRD	Human Resource Development
HSQ	Health Service Quality
HSC	Health Standard Compliance
ICT	Information and Communication Technology
OPD	Outpatient Departments
KZN	KwaZulu-Natal
MDG	Millennium Development Goals
MDTA	Multidisciplinary Team Approach
MTSF	Medium Term Strategic Framework
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance

PHC	Primary Health Care
PHCF	Primary Health Care Facilities
TB	Tuberculosis
TPP	Ten Point Plan
UDHR	Universal Declaration of Human Right
UHC	Universal Health Coverage
USC	Usual Source of Care
SANHD	South African National Health Department
SDG	Sustainable Development Goals
UN	United Nations
USC	Usual Source of Care
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

TABLE OF CONTENTS

CHAPTER 1
INTRODUCTION

1.1 INTRODUCTION AND BACKGROUND

Post-apartheid South African dispensation, which was voted into power in 1994 through a democratic election, has been mandated to render relevant, economical, accessible, and equitable service delivery to all citizens. Evaluating quality of healthcare services which is provided by public hospitals in South Africa has become an essential feature in determining service delivery to customers. Mogashoa and Pelser (2014: 142) mentioned that the South African government introduced different programmes in healthcare system to try and enhance the effectiveness of quality service delivery, healthcare services, efficiency, and safety as well as to increase access to health facilities for all users.

The South African healthcare services have adopted the Batho Pele (people first) principle to ensure that healthcare services which is rendered by the state are effective and efficient for the sake of the customer. Rapea (2004: 1) states that the use of the phrase 'Batho Pele' indicates the strong commitment of the South African government in provision of quality service delivery, which was is the birth of eight Batho Pele Principles which are consultation, access, service standards, courtesy, openness, information, redress, and value for money. Shafiq *et al.* (2017: 1) stated that, in the 21st century, successful organisations are those that have adopted customer centeredness as their backbone for their master plan.

South African healthcare system has switched its focus to primary health care, and has had this outlook since 1994, to enhance healthcare service delivery. Brauns and Wallis (2014: 149) highlighted that South African citizens have placed high expectations on the national government in that they should use allocated resource in a productive and fruitful manner to bridge the gap in healthcare services. Taking into account all of the above, the following sections will reveal the inspiration behind this investigation, also provide a glimpse of the study objectives, limitations, and also

expresses the significance of delivering quality healthcare services in all healthcare institutions.

1.2 BACKGROUND AND RATIONALE OF THE STUDY

Before 1994, South Africa was an apartheid country with apartheid policies and legislations. The apartheid government introduced the Group Areas Act, 41 of 1950 which fragmented South African communities based on their racial group. This racial segregation ensured that the black community had limited or no access to basic services because they were relocated to remote and or rural areas. The legacy of apartheid in South Africa is also highlighted by fragmented of delivering of public services according to racial groups. Gilson *et al.* (2014: 3) mentioned that the apartheid government further fragmented the health system according to multiple organisational structures as well as dividing it into levels and programs according to the political and economic goals of the apartheid government.

Day, Cornell and Malherbe (2019: 1) revealed that even after the first democratic election in South Africa many poor and working-class black society were still facing challenges in accessing essential services like housing, sanitation, electricity, sufficient food, as well as quality healthcare services. Maphumulo and Bhengu (2019: 1) also indicated that post-apartheid healthcare services in South Africa still have huge gaps in providing quality healthcare services to communities. According to James and Miza (2015: 1), quality healthcare services remain a challenge at public hospitals in South Africa. For this reason, government needs to develop policies and strategies to close the gap which was created by the apartheid government.

Young *et al.* (2016: 24) stated that even after colonialism many African countries are still burdened by chronic non-infectious diseases, infectious diseases, and injuries as well as maternal and child specific conditions. Young *et al.* (2016: 24) are of the view

that these conditions are caused by poor resource allocation, a poor health system, and a limited infrastructure in African countries. Government needs to allocate more resources into public healthcare services to enhance service delivery and customer retention. If customers are satisfied about the quality of service which they receive from the service provider it will ensure customer loyalty and customer retention. If the organisation provides quality service to its customers and meets their needs or expectations the organisation will be saving the future of the business.

Dhai and Mahomed (2018: 8) have produced substantial evidence that the World Health Organisation's (WHO) constitution, the Universal Declaration of Human Right (UDHR), and other treatise provide for rights to health for everyone. Hendricks *et al.* (2014: 59) speculated that the South Africa government took into account WHO recommendations to decentralize the delivery of healthcare service. Javed *et al.* (2019: 172) stated that service quality is an agreement to consumers' needs or expectations. Some projects conducted locally can be aligned with the objective of achieving customer service and customer satisfaction to improve performance within the healthcare sector. Koelble and Siddle (2014: 1118) noted that clients do not see such objectives being realised since they are disgruntled because of poor health services in their areas. If this continues unattended, the South African healthcare system will be ruined and needs serious repair.

Winchester and King (2018: 202) mentioned that more than twenty years after the fully representative elections, South Africa continues to struggling to deal with centuries of colonial and apartheid policies which was premeditated to benefit the white minority population. Bhengu (2019: 2) confirmed that only after the 1994 democratic election were many efforts made to improve service delivery and access to quality healthcare. However, there are many issues which plague the public healthcare system, including prolonged waiting periods due to shortage of resources, unfavorable events, poor hygiene, poor infection control measures, an increase in legal action because of inevitable errors, shortage of medicine, outdated equipments, as well as poor record keeping.

A study conducted by Jacobsen and Hasumi (2014: 1) demonstrated that the majority of patients who use public hospitals were displeased with the services rendered to them. These findings agreed with the observation made by van Rensburg (2014: 1), who sounded dissatisfied by the unequal distribution of resources within the public healthcare sector in South Africa among urban and rural areas.

1.3 MOTIVATION OF THE STUDY

According Parasuramanet *et al*. (1988), cited by Sumaedi, Yarmen and Yuda Bakti (2016: 1009), the quality of services which is provided by public institutions has a close relationship to customer satisfaction, because if institutions provides quality service delivery to customers it will meet the customer's needs and customers will be satisfied. According to Wasserman, Chuma and Bosch (2018: 145), in South Africa service delivery has been a significant issue, because communities want effective service delivery. Furthermore, in South Africa there is an increase in service delivery protest, due to community demanding quality service delivery from the government. Young *et al.* (2016: 24) are of the view that even in healthcare institutions there are service delivery protests because of poor resources allocation by the government to healthcare institutions.

van Rensburg (2014: 3) mentioned that the majority of South Africans have limited to severe constraints to their access to quality healthcare services from public institutions. This is because of heavy patient loads, overburdened and under resourced of public healthcare institutions. According to South African Department of Health (2014), cited by Winchester and King (2018: 201), the South African government decided to implement National Health Insurance (NHI) to improve healthcare service delivery to patients. The National Health Insurance aims to ensure that all South African citizens receive equal access to healthcare services, regardless of financial standing (The Department of Health 2013).

Quality healthcare services will be implemented based on the grounds of core standards and ensuring the implementation of human rights, which are enshrined in the South African constitution. It will ensure that health institutions adhere to patients' rights when providing healthcare services. This study will ensure the improvement of the service delivery and healthcare services provided by Rietvlei Hospital. It will also ensure that Rietvlei Hospital is allocated with adequate resources to provide effective service delivery and quality healthcare services to patients. This survey will ensure that patients receive quality service delivery and quality healthcare services from Rietvlei Hospital. The study will also assist Rietvlei Hospital to develop new strategies to enhance quality of service delivery as well as quality healthcare services which is provided to patients.

It will ensure that patients' satisfied about healthcare services which they receive from Rietvlei Hospital. These strategies and processes could eventually help future generations in ensuring that they receive quality service delivery and quality healthcare services. Reddy (2016: 1) agreed with the notion that the provision of service should be aligned with service delivery standards of the district and other relevant service delivery mandates that can provide the infrastructure for the health facility. The health sector is not immune to service delivery challenges. The challenges of service delivery in the public sector have resulted in an increase in community protest demanding government to provide better service delivery. Young *et al.* (2016: 24) stated that many African countries, including South Africa, have poorly resourced healthcare facilities, with poor healthcare systems and infrastructures coupled with limited resources.

van Rensburg (2014: 1) stated that the South African healthcare system faces the challenge of addressing the unequal distribution of resources for communities to access effective and equitable healthcare services. Bhengu (2019: 1) alleged that there are enormous evidence indicating that South African healthcare standard have been affected by many unpleasant situations which affected negative the quality of healthcare services which is provided by public institutions O'Shea *et al.* (2019: 64)

mentioned that there are more challenges in the rural areas than in the urban areas regarding the health services and this has increased the vulnerability of rural communities to health hazards and chronic diseases associated with poverty and lack of access to health care system.

Moyakhe (2014: 80) alleged that the South African government developed and introduced different health policies and legislations in order to ensure compliance in delivering quality healthcare services. Brauns and Wallis (2014b: 149) are of the view that the government introduced the National Health Insurance (NHI) initiative, which was piloted in 2012, in order to reform and modify the delivering of healthcare services. Furthermore, through introduction of NHI, South African government is trying to ensure that all South African citizens have equal access to basic healthcare services, disregarding their financial status. Thus, for the success of this initiative department of health should maintain the established quality healthcare improvement goals by ensuring the implementation of core standards and values that will be maintained by Health Standards Compliance office (HSC).

The study was conducted to evaluate quality service delivery rendered by Rietvlei Hospitals to patients. Rietlvei Hospital was chosen because of its location within rural KwaZulu-Natal (KZN). Furthermore, the Rietvlvei hospital serves as the primary healthcare provider to the community in and around uMzimkhulu. In order to meet the study objectives the researcher will measure customer satisfaction, experiences of customers and staff and determining to what extent Rietvlei Hospital complies with the provision of quality service standards to its customers. The present study also sets out to ensure that the Rietvlei Hospital did not violate patients' constitutional rights to quality health care.

This study will benefit Rietvlei Hospital customers, hospital staff, Rietvlei Hospital management, local communities and the South African National Health Departments. After identifying areas that need improvement and after

implementation of recommendations, patient will benefit from this study by accessing quality service deliver and quality healthcare services from Rietvlei Hospital. Rietvlei Hospital staff will also benefit from this study by receiving positive attitudes, behaviors, and positive feedback from patients. It will also ensure that the Batho Pele principles are put into practice by all staff at the Rietvlei Hospital. Management will also benefit from this study through the improvement of quality service delivery and quality healthcare services that Rietvlei Hospital will rendered to its patients, especially since most rural communities depend on government to run public health institutions such as the Rietvlei Hospital in order to obtain quality healthcare.

Findings from this study could also inspire compliance in the application of core values and standards as set by National Department of Health. Other benefits to management may include a reduction of complains, distrust, and demands from patients. All the aforementioned benefits will assist Rietvlei Hospital to provide quality healthcare service delivery to all its patients. The study will ensure effectual and efficient use of resources and will assist Rietlvei Hospital to provide service for value for money to its customers. Lastly, the study will reduce wasteful, fruitless and irregular expenditure at Rietvlei Hospital.

1.4 FOCUS OF THE STUDY

Focal point for this survey is to evaluate quality of services delivered provided to inpatient and outpatient at Rietvlei hospital. Inpatients have a lengthier hospital stay when compared to outpatients, thus, making them ideal candidates for assessing the hospital, its wards, meals, bed linen, and the interaction between hospital staff. walk-in patients on the other hand are ideal in assessing how long it takes to get serviced by the hospital staff, this entailed establishing what time the patients got to the hospital and what time they left the hospital to go back home. Furthermore, outpatients will be in a position to evaluate the behaviors of the hospital staff which they meet when they come to access healthcare services.

Outpatients can also evaluate the execution of duties by the hospital staff. In addition to the above, outpatients can give an indication of how long they had to wait in queues. Furthermore, they can provide insight on whether they received all their medication as prescribed by doctors. Through using inpatients and outpatients the researcher was able to evaluate two separate operating systems that are essential to carrying out the everyday functions of a hospital.

1.5 PROBLEM STATEMENT

Javed *et al.* (2019: 169) argued that the healthcare sector is vulnerable to many challenges and that resulted to poor services offered in some health facilities. Ballim (2017: 568) stated that not only did the grouping areas Act of 1940, which was implemented by the apartheid government in South Africa, move black people to remote and rural areas, but it also fragmented the South African health system and perpetuated discrimination and a lack of service delivery to black people. Rietvlei Hospital is still facing challenges of providing adequate service delivery and quality healthcare services to its patients. Andre de la (2016: 1) asserted that South African apartheid government also allocated resources unequally according race.

Day, Cornell and Malherbe (2019: 1) revealed that the majority of the poor and working class, especially black people from rural areas, still continue to have limited access to basic healthcare services. Liu *et al.* (2016: 1) mentioned that democratic government in South Africa must ensure that resources are distributed equally to all South Africans in order to refine service delivery, especially healthcare services in rural healthcare facilities. Meyer *et al.* (2017: 2) stated that over two decades post democratisation South African government has increased the share to health from its gross domestic product (GDP) in order to address the aforementioned inequalities. Anderson *et al.* (2015: 1) are of the view that poor resource allocation for health services in rural areas creates a huge challenge in addressing other healthcare related issues, such as high quality healthcare service delivery for rural communities.

The focal point of this study is to scrutinise the gap between the levels of patient satisfaction about service delivery and healthcare services which is provided in rural healthcare facilities, with a specific focus to Rietvlei Hospital at uMzimkhulu. This study seeks to find out how the rural community feels about service delivery and healthcare services which they receive from rural healthcare facilities, especially at Rietvlei Hospital. Furthermore, the study will examine patients' perceptions about the service delivery which they received from Rietvlei hospital.

1.6 REASECH OBJECTIVES

The purpose of this study is:

1. Examining challenges faced by uMzimkhulu community members in accessing quality healthcare services at Rietvlei hospital.
2. To explore the perception of the patients on the centeredness approach in accessing healthcare services.
3. To assess the satisfaction levels of patients at Rietvlei Hospital using the SERVQUAL model.
4. To examine how Rietvlei Hospital healthcare professionals respond to patients' challenges.
5. To identify mechanisms available which would improve healthcare services at Rietvlei hospital?

1.7 RESEARCH QUESTIONS

This study has five research questions which the researcher will use to try to obtain answers and direction in order to solve research difficulties.

1. What are the difficulties facing patients at Rietvlei Hospital when they seek healthcare services?
2. What is the perception of the patients of Rietvlei Hospital towards the patient centeredness approach?
3. Are the patients satisfied about healthcare service which they obtain at Rietvlei Hospital?

4. How do Rietvlei Hospital and its medical staff respond to patients' challenges?
5. What are the available mechanisms to improve healthcare services and service delivery at Rietvlei Hospital?

1.8 LIMITATIONS OF THE STUDY

This study is concentrating in one hospital due to it being impractical to conduct the survey in different hospitals, taking into account the time factor and the sample size.

The research results are limited to rural health systems since the respondents used are from rural areas in the Harry Gwala District at uMzimkhulu. This study does not generalise the findings to the broader South African health sector facilities. It is a case that can provide some lessons to be learnt by other health facilities.

Unavailability of documents: The researcher had a challenge to access relevant documentation in order to obtain information. Some documents were not available since they were considered to be confidential. Hospital staff was reluctant to issue other documents.

Coverage of only four sets of participants: Participants of the study were healthcare professionals working at Rietvlei hospital, seniors and junior management, inpatients, outpatients as well as administrative staff.

1.9 THE OUTLINE OF CHAPTERS

The survey has five chapters.

Chapter 1 Introduction:

This section of the investigation introduces the study and outlines an overview of the investigation. Furthermore, it focuses on the background of the study, problem statement, aim, objectives and the research questions. Furthermore, this section also reflects to the restriction of the survey.

Chapter 2 Literature Review:

In this section, literature is analysed and reviewed focusing on customer satisfaction about healthcare services provided by public institutions. The section also provides attributes of service delivery, significance of universal master plan of the organisation, significance about evaluating customer needs, as well as the introduction of the notion of customer care services provided by public healthcare institutions.

Chapter 3 Research Methodology:

This section outlines investigation method and design which was used to gather and analyse data. It also provides and reports the process of data collection and the approach of data analysis.

Chapter 4 Results and Discussion:

This section present results and findings of the survey, which are based upon the information gathered as a result of the methodology. These findings are based on the five intentions of the survey.

Chapter 5 Recommendation and Conclusion:

This section provides results which are presented in chapter 4, specifically with respect of the study objectives. It also provides an interpretation and the description of the significance of the findings in light of what was already known about the research problem being investigated. This chapter explains any new understandings or fresh insights about the problem after findings are taken into consideration. The conclusion responds to research questions and identifies to the extent in which aims of the investigation have been met. It outlines the limitations and makes recommendations in line with objective five. It also outlines the importance of the findings and identifies gaps in knowledge that is required for future investigations.

1.10 SUMMARY

This section highlights the significance of public health institution in providing quality service delivery and quality health services to South African communities. It mentioned that after the 1994 democratic election the government was mandated to render better service delivery to all South African citizens. The South African democratic government introduced new legislation to ensure effective and efficient service delivery to customers. Furthermore, it provides the insight that if organisations want to be successful they must be customer orientated and priorities the changing needs of customers and improve customer satisfaction.

It also designate that the South African healthcare system faces healthcare challenges which affect service delivery. For the South African government to overcome these healthcare challenges it has to introduce National Health Insurance (NHI). This will improve health services which are provided in remote and rural areas of South Africa. This chapter states the importance of patient satisfaction about the health services which are provided by public health facilities. Chapter 2 will provide the significance of customer service and the role of customer services within public institutions; it will state the significance of attributes of service quality and role of customer service at public health institutions.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This section will provide an overview of rural Public Healthcare conception and the roles played by patients and organisations in ensuring quality healthcare service. This chapter will also review the relevant of literature to service quality and to quality service delivery within the rural healthcare facilities. The literature review sets out to explore the satisfaction levels of health customers, defining customer services, the significance of effective customer services, as well as to determine customer needs and explore the benefits of customer orientated organisations, including the role of customer services within public hospitals. The chapter aims to explore the theoretical framework which underpins service quality and explains the comparison between perceived expectations and perceived performance of a specific service.

Furthermore, this chapter lay out an overview of the dissimilarity between perceived expectations and performance services which is provided by rural healthcare facilities. Finally, this section will examine whether or not there are gaps in literatures of the rural health facilities in South Africa. There has been an increasing interest in public healthcare services; society demands better healthcare services to enhance their health and quality of life. Improving quality healthcare services has become a primary concern for society in order to provide better service delivery to patients; hospitals have made service quality a significant factor for providing customer satisfaction. In order for an organisation to survive they must make customer satisfaction a significant factor. In recent years there have been many research studies which have been conducted about organisational performance and customer satisfaction.

2.2 CONCEPTUALISATION

Customer satisfaction is a term mostly used in the business and commerce industries. Customer satisfaction is a term which explains the service which is provided by the organisation and how it meets the customer's needs and expectations. Employee engagement includes ensuring employee's involvement in decision making process of an organisation. Involving employees will ensure the effective implementation of the strategy of the organisation. Provision of quality service delivery includes effective implementation of organisation strategy, process as well as management systems. All these strategies and process will help the organisation to achieve its mission and vision.

According to Teshnizi *et al.* (2018: 83), in real life quality is a prominent concept which can inform the effective strategy development that will enhance service delivery systems. However, in healthcare sector the value of service delivery and the relationship with lives of people, quality assurance, as well as quality promotion has gained lot of attention. Furthermore, taxpayers have increased their expectations about healthcare services from public health institutions and of other organisations that provide healthcare service delivery to society. Moreover, Teshnizi *et al.* (2018: 83) mentions that the provision of quality service delivery is very important to the management of service organisations to ensure customer satisfaction and customer retention.

2.3 THEORETICAL FRAMEWORK

According to Ghotbabadi, Feiz and Baharun (2015: 270), the first model to measure service quality was a Nordic model which was introduced by Gronroos in the early 1980s. Furthermore, Gronroos believed that for firms to be successful business operators must understand a customer's perceptions regarding the services provided. Parasuraman, Zeithaml and Berry (1985: 41) are three American academics who developed the SERVQUAL model in 1985, which was designed to measure the level of quality service provided by organisations to customers by

assessing customer satisfaction and expectations. Furthermore, the SERVQUAL model has been widely used to assess patients' expected healthcare services versus the sort of service they actually receive from healthcare facilities.

Manulik, Rosińczuk and Karniej (2016: 1435) have also highlighted that quality of service which is administered by organisations and customer satisfaction are significant components in the health sector and may be used to obtain competitive advantages from competitors. Javed *et al.* (2019: 171) mentioned that the original SERVQUAL model had five dimensions, with a 22-item scale; however, as time went by researchers improved this on a needs' basis. It can be suggested that the SERQUAL scale has been successful in assessing the quality of service, and SERVQUAL model have been used in different literatures to evaluate the quality of service provided by the organisations.

Kim *et al.* (2017: 2) stated that the service encounter system deserves more emphasis about assessment of service quality through the notion of SERVQUAL MODEL. However, the SERVQUAL model is the most used model to evaluate tools of service quality and is able to grade service quality based on a five value system which is responsible for the outcomes. Dabestani *et al.* (2017: 331) stated that there are two categories of customers; firstly, the one who are satisfied more easily (ordinary customers); and secondly, the ones who are the hardest to please (fastidious customers). Furthermore, these customers measure service quality differently based on their levels of satisfaction.

According to Johann (2015: 94), the SERVQUAL model consists of two sections; firstly, 22 item section which indicate customer expectations of an excellent firm at a specific industry; secondly, it consist of 22 item section which indicate customer perception about organisations, Furthermore, Johann (2015: 94) mentioned that customer expectations and perceptions are investigated through a seven point scale. Moreover, measurement results of both sections are to be compared against the gap

of service of service delivery which is identified. Manulik, Rosińczuk and Karniej (2016: 1435) mentioned that the flowcharts, brainstorming, pareto chart, eisenhower box, punishment analysis, and rewards as well as critical incident techniques that are of importance to performance for analysis and quantitative methods are commonly used in quality management.

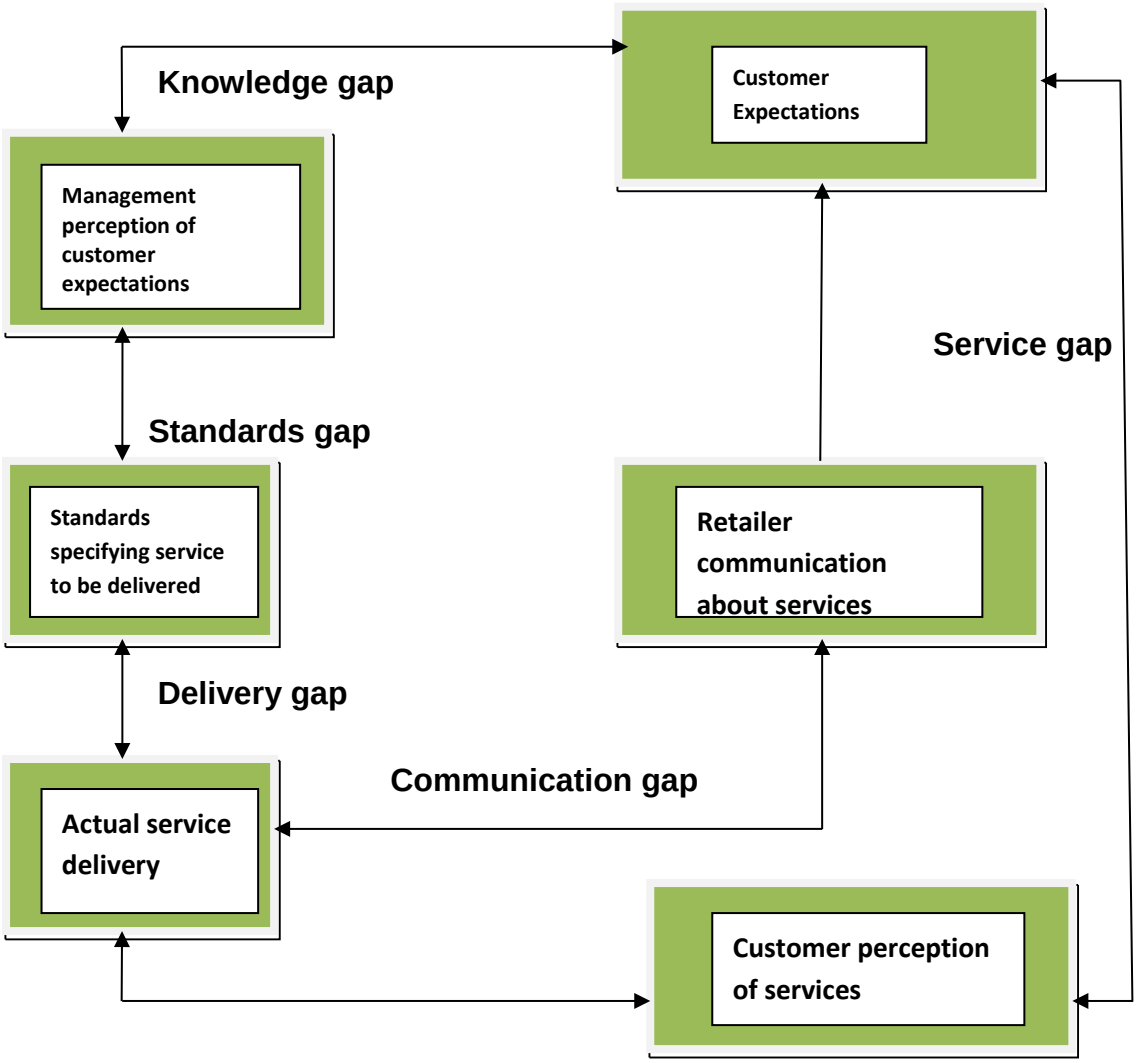


Figure 2.3.2: Conceptual model of services

Source: Johann (2015: 93)

The figure above provides an in-depth understanding of the gaps of the SERVQUAL model. Furthermore, it also provides remedies to overcome the gaps in order to enhance service quality. According to Johann (2015: 93) the knowledge gap,

perception gap, and service quality gap constitute external gaps which occur between customers and service providers; whereas the gap in a policy, delivery gaps, and communication gaps are internal gaps which occurs within the organisation between its departments and sections.

Gap 1: Consumer Expectation-Management Perception Gap (the Knowledge Gap)

Johann (2015: 92) mentioned that the knowledge gap refers to dissimilarity between the management perceptions and customer perception of the organisation about service delivery. Furthermore, the author mentioned that the size of the knowledge gap depend on different factors, like orientation of the organisation, communication of first-line employees, management, as well as the complexity of organisational structure. Moreover, the knowledge gap will decrease if research about customer needs is conducted on regular basis and when findings are spread to all levels of the organisation. Organisation must have structure and procedure which promote communication within the organisation.

Gap 2: Management Perception Service Quality Specification Gap (the Standards Gap)

Mosadeghrad (2014: 77) mentioned that different executive firms have experienced difficulty in their attempt to match or exceed consumer expectations. However, the firm's executives stated that they experience challenges that prevent them to deliver the expertise of consumers. Furthermore, executives mentioned to repair services, firms should be aware that consumers only want a quick response to their appliance breakdowns in order to view it as high-quality service.

Mosadeghrad (2014: 77) stated that many organisations find it difficult to develop specifications to deliver a quick response because their personnel are not well trained as well as due to wide fluctuation in demand. However, besides resource and market constraints there are many variables which create gaps between customer expectations and actual sets of specifications which are established for service,

which includes poor commitment of management to quality of service. Furthermore, all these discrepancies can be predicted as the major effects which affect the quality perceptions of consumers.

Gap 3: The Specification of Service Quality (the Service Delivery Gap)

According to Johann (2015: 92) when there are noticeable difference between a real performance of service and a specified performance of standards, the service delivery gap occurs. However, the size and the existence of service delivery gap depend on the desire and ability of organisational staff, if they provide service delivery according to standards set by management. Furthermore, quality of service delivery intertwined with policies of human resource that are employed by the organisation. If organisation recruitment section select genuine candidates, provide good training, appraise employees, and also have a control procedure which is well implemented, the organisation can reduce service delivery gap.

Gap 4: External Communications for Service Delivery (the Communication Gap)

Parasuraman, Zeithaml and Berry (1985: 46) mentioned that media advertisement and other communication means of the organisations can affect consumer expectations. Hence, organisations must ensure that in their communication they do not promise consumers more than what they can deliver in reality. However, if organisations promise more than what they can deliver, it will initially raise consumer expectations and later lower the perceptions of quality when consumers are betrayed.

Johann (2015: 92) attested that consumer expectations can also be influenced by messages which are delivered by organisations through communication channels. Hence, a communication gap can be caused by differences between the qualities of service which is narrated in external communications in contrary with the actual quality of service delivered.

Gap 5: Expected Service-Perceived Service (the Service Gap)

Johann (2015: 92) propounds that the service gap is a result of other gaps and is actually perceived by consumers. Service delivery gap is a difference between the services quality expected by customers to the service quality provided by organisations to customers. Parasuraman, Zeithaml and Berry (1985: 46) stated that the key of ensuring the delivery of quality services to meet and exceed customer expectation about the quality of service delivered.

2.3.1 CHALLENGES OF SERVQUAL IN HEALTH FACILITIES

Shahin and Samea (2010: 2) have highlighted that the SERVQUAL model is not comprehensive when it's applied differently. Sumaedi, Yarmen and Yuda Bakti (2016: 1008), cited in Nagata *et al.* (2004: 54), stated that SERVQUAL model is well known but it was analysed because of the stability of the dimensions and its functional quality focus. Cronin Jr and Taylor (1992: 64) decided to refine the SERVQUAL model by considering performance as the only factor which can measure service quality. Furthermore, they also argue that, in regard to service quality, consumers' attitudes on the performance of services are the only measurement which can be used to measure the quality of service provided by the organisation. However, they suggested that there must be a new service quality model which uses performance as the only measurement of service quality called SERVPERF model.

Shafieisabet, Doostisabzi and Azharianfar (2017: 24) mentioned that the SERVQUAL model has been criticised because it is only being used to assess satisfaction levels of the users of the service of the organisation only. However, the SERVQUAL model cannot be used to measure the satisfaction levels of a product's end users. Hence, the SERVQUAL model is a most popular instrument which is used to determine the quality of service provided. Shafei, Walburg and Taher (2019: 518) argued that both the SERVQUAL and the SERVPERF can be used to measure service quality, since both show very significant validity and reliability scores.

2.4 PUBLIC SERVICE STANDARDS AND QUALITY MANAGEMENT LEGISLATION

The legislations that govern healthcare system and the provision of the healthcare services by healthcare institutions in South Africa are derived from South African Constitution Act 108 of 1996, since the South African Constitution is the supreme law of the country. According to South Africa Constitution Act 108 of 1996, section 27(1), all South African citizens has a right to access quality healthcare services and replication services.

2.4.1The South Africa Constitution Act 108 of 1996

South African Constitution Act 108 of 1996, Section 24(a), state that everyone is entitled to the right to a harm free environment for their health as well as their wellbeing. Furthermore, South African Constitution Act 108 0f 1996 section 195 indicated that public administration must maintain the high quality standards of professionalism, provide quality and fair services, be impartial, respond to address people's needs, and also provide precise information to society.

2.4.2 The National Health Act no. 61 of 2003

National Health Act no. 61 of 2003 ensure uniform healthcare service standards in healthcare facilities across South Africa and ensure the provision of equal and high quality service delivery to all citizens, as well as the prioritisation of vulnerable groups of people such as women, children and people living with disabilities as well as elderly people. The Act further mentions that healthcare end users they are also liable to treat healthcare workers with humanity and respect and if they refuse treatment they should sign the release of liability in order to make sure that they refuse treatment. Moreover, the act provides for establishment of District Health Care System which is determined through the size of the population which is served by health care facilities.

2.4.3 Occupational Health and safety Act 85 of 1993

Occupational Health and Safety Act no. 85 of 1993 provides for health and safety of persons at work, and for health and safety of persons in connection with the use of plants and machinery; the Act provides for the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work. This is to establish an advisory council for occupational health and safety and to provide for matters connected therewith; the Act also provides for appointments of health and safety officers, who will be responsible for overseeing safety measures in the work place and will also critique the effectiveness of record keeping and safety measures within the working environment.

2.4.4 Labour Relation Act 66 of 1995

The Labour Relations Act no 66 of 1995 regulates organisational rights to trade unions in workplaces. It advance and facilitates the collective bargaining at the workplace, forums, and alternative dispute resolution; it also deals with strikes and lockouts. The Act also ensures fair labour practices, it also encourages employees to participate in decision-making processes and ensure effective resolutions of any disputes. Managers need to adhere to the labour relations act when the dispute arises within the working environment. Furthermore, the act also provides for the establishment of the CCMA, Labour Court, and Appeal Court as superior courts with exclusive jurisdiction to decide on matters arising from Labour Relations Act 66 of 1995.

According to Department of Health (2013: 3), primary healthcare is significant since it serves as the first line of defense against various diseases which can cause high rates of mortality and morbidity. Furthermore, primary healthcare includes community health centers, clinics, as well as district hospitals, which provide primary health care to patients. Furthermore, the Department of Health (2013:3) mentioned that a district hospitals they must receive referral patients from clinics and

community health centers and provides generalist support for health treatment which is administered by the general healthcare practitioners or primary health care nurses.

The preface of the National Health Act 61 of 2003 indicate that national health system must be implement its broad role of issuing and promoting the adherence to norms and standards on health matters as well as environmental conditions which constitute health hazards. The Act further states and issues environmental health practitioners with the capacity to enter any premises, excluding private residences, at any reasonable time to inspect the premises in order to enforce and ensure concurrence with the Act.

2.5 SIGNIFICANCE OF NATIONAL HEALTH INSURANCE IN HEALTH INSURANCE

South African healthcare system is divided into two streams, these being the private health sector and public health sector, according to socioeconomic lines (Republic of South Africa Health Department, 2015: 1). According to Young (2016: 2) public healthcare is funded by the government and it provides services to all South African citizens; but it has many disadvantages, such as waiting for long times, rushed appointments, old facilities, and poor disease control and prevention practices. The author further mentioned that the private healthcare sector has many perks which makes it different from public health care services because it has short waiting times, appointments are not rushed, there are better facilities, and proper disease control and prevention practices.

Young (2016: 2) postulated that South Africa has introduced National Health Insurance (NHI) in order to create a unified healthcare system by ensuring that healthcare services is accessible and affordable to all South African citizens. Blecher *et al.* (2016: 533) mentioned that after five years of the release of the Green paper on National Health Insurance (NHI) and the piloting of NHI, South Africa needs to put into place legal and institutional frameworks and systems for implementing the

Universal Health Coverage system through NHI. Young (2016: 4) mentioned that the NHI will ensure that all citizens get quality and free healthcare services, even those who could not otherwise afford healthcare.

2.6 BATHO PELE PRINCIPLES ON SERVICE STANDARDS

After the 1994 democratic election, the South African democratic government introduced a White Paper on Transforming Public Service Delivery in 1997 as a Batho Pele White Paper. This Batho Pele White Paper aimed to promote effective public service delivery in South Africa. The South African Batho Pele principle is a philosophy of providing effective and efficient service delivery to society, which is mandated by the constitution. The significance of Batho Pele principles is to modify the way which civil servants execute their duties towards society. The Batho Pele Handbook (2005: 8) is a way in which South African citizens can hold civil servants accountable for quality of service-delivery which they provide to the community. The essence of Batho Pele principles is for society to hold public civil accountable and responsible for quality and type of service which is delivery to them.

Measuring the effectiveness of services provided is done through measuring the ability in which the public servants respond to societal needs. The Department of Public Service and Administration (DPSA) in 1997 deployed Batho Pele principles as a policy framework which was introduced to transform public service delivery which advocates eight principles to guide public servants when they render service delivery. The eight Batho Pele principles are discussed below:

2.6.1. Consultation:

Citizens must be consulted to find out what type of do they want from government. Government must notify the community about the quality of service which will be provided by public institutions; society should be given a choice about the type of services which will be provided in order to meet the societal needs (Republic of South Africa, 1997:15).

2.6.2 Service Standards:

Public institutions must be transparent about the level and quality of service which will be provided to the society. The public institutions must notify the society about the quality and level of service delivery they will receive from the public institutions. This will assist society to know what services they must expect from the government. It will also assist the public to measure the service delivery which is being provided by public institutions (Republic of South Africa, 1997:17).

2.6.3. Access:

Society must have equivalent access to service delivery which is to be provided by the government irrespective of their political affiliation, race, and gender. Society should be given the service delivery which they qualify for (Republic of South Africa, 1997: 18).

2.6.4. Courtesy:

South African government must treat all society with respect, courtesy as well as consideration when providing service delivery (Republic of South Africa, 1997: 19).

2.6.5. Information:

Public institutions must provide comprehensive and legit information to society about the services which will be provided to them. Government should provide information to society about the services which will be provided (Republic of South Africa, 1997:19).

2.6.6. Openness and Transparency:

Public bearers must provide society with information on how they function and use public funds. This principle intends to hold public office bearers accountable about

the utilisation of public resources and it also encourages public participation in decision making (Republic of South Africa, 1997: 20).

2.6.7. Redress and Handling Public Complaints:

This principle encourages society to voice their qualms if they do not receive the promised service delivery which they are entitled to. The public institution should provide detailed explanations to society and conduct a speedy remedy to rectify their mistakes (Republic of South Africa, 1997: 21).

2.6.8. Value for Money:

Government should provide services in economically and cost-effective way that is efficient, since the government is using public funds to render service delivery. The service which is rendered by public institutions should be of the value for the money which is paid (Republic of South Africa, 1997: 22).

2.7 APPLICATION OF SERVICE QUALITY

The studies of Shafiq *et al.* (2017: 1) mentioned that service delivery became a growing and a competitive industry around the world. Furthermore, it can be suggested that service delivery is distinctive to detect new challenges and academics, practitioners, policy makers, and decision makers are still in the process of identifying tools which will adequately evaluate service quality. Shafei, Walburg and Taher (2019: 517) also stated that service quality has a direct link to repeat sales, recommendations, and positive word of mouth. According to Javed *et al.* (2019: 170), all organisation that deliver services of one kind or another are looking for new ways to ameliorate the quality of their services in order to generate more satisfied customers and also to make the organisation more profitable and productive.

Kamimura *et al.* (2015: 62) mentioned that obtaining patient feedback on healthcare experiences is used as an alternative way of obtaining patients' perceptions about the quality of health services provided to them, and it also ensures patient involvement in health issues. However, customer engagement is significant for all organisations in order to promote customer retention, customer satisfaction, improved service delivery, and the obtainment of competitive advantages.

2.8 ROLE OF CUSTOMERS

Buechel, Emrich and Pohlkamp (2016: 767) mentioned that if customers detect something wrong in an organisation they will make a decision either to continue to have a relationship with the organisation or to boycott services from the organisation altogether. Abbas, Gao and Sayyed Sadaqat Hussain (2018: 1) revealed that customers plays an important role in the development of new products by giving ideas, suggestions, co-designing, and by providing assistance in testing products. Furthermore, the customers will provide feedback and also spread word of mouth about the product. Thus, involving customers can strengthen the relationship between the organisation and customers, and it can improve customer perception about the organisation. Furthermore, customer participation will assist in evolving and maintaining a relationship between the organisation and customers and will also encourage behaviors beneficial for the organisation.

2.9 SIGNIFICANCE OF GOOD CUSTOMER SERVICES

Mahmoud *et al.* (2019: 1) stated that in the 21st century any company that desires service or production growth and sustainability in this hypercompetitive environment need to be able to provide services and products which meet the ever-changing customer needs. Shafiq *et al.* (2017: 1) have demonstrated that all successful organisations in the 21st century should have customer focused initiatives as their central pillar in their strategic planning. Javed *et al.* (2019: 170) stated that, these days, all organisations that deliver a service of any kind should look for ways to refine the quality of service to produce more satisfied consumers and make the

organisation more profitable or productive. Furthermore, the provision of quality customer service is a technique used for judging the performance of an organisation and accomplishing competitive advantages and customer loyalty.

Ghotbabadi, Feiz and Baharun (2015: 270) stated that organisations should ensure they satisfy both these types of customers so as to improve customer loyalty and business profit and maintain a happy cliental. Javed *et al.* (2019: 169) indicated that organisations play a significant role in influencing the economy of a country. Kinfack and Akinboade (2015: 462) believed that economic growth will benefit the South African government by improving tax revenue, health, transport, education, and the payments of social grants. It can be deemed that improving the economy can assist in providing effective and efficient service delivery.

2.10 ASSESSMENT OF CUSTOMERS' NEEDS

Kim *et al.* (2017: 2) discussed the fact that there is a gradual increase in patient interest about quality of medical services which are provided by hospitals. Furthermore, they highlighted that patients previously focused mainly on having access to secure medical services, but these days patients are exposed to different options due to an increase in supply and hospitals are responding to these by increasing their efforts towards improving medical service quality of their healthcare institutions. According to Stewart and O'Connell (2017: 48), organisations must attract the right customers whose needs, wants, and expectations are in in line with what the organisation can and will do repeatedly, reliably, and at a profitable margin. Furthermore, the organisation must know how to keep producing customers and turning a transaction, or even a series of transactions, into a relationship that each of the customers value, and from which benefits are draw for the organisation.

Reichstein and Härting (2018: 1485) stated that the customer relationship is an important asset of any organisation for fulfilling customer needs. It can be suggested

that customer requirements have changed dramatically in the last few years, which makes it difficult for many organisations to meet and achieve customer needs. Hüttel *et al.* (2019: 220) mentioned that frontline employees play a significant role in perceiving each individual customer's needs since they interact directly with the customers. According to Dávideková and Greguš ml (2017: 1017), information and communication technology have provided turbulent changes and global competition, which provides new ways of dynamic and flexible personalisation and the tailoring of business activities that makes products and services correspond more closely with the customer's needs.

2.11 CUSTOMERS OF HEALTHCARE SERVICES

According to James, Villacis Calderon and Cook (2017: 479) health services have challenges, such as clinical quality and process quality. However, clinical quality is about the technical quality delivered and the result, whereas process quality is about the result of service delivery process during and after the medical procedures was conducted. Rosenbaum (2015: 363) stated that health services affect patients' personal lives and experiences as the customers of healthcare institutions. Ostrom *et al.* (2015: 26) mentioned that issues which relate to healthcare services and healthcare systems must be addressed in order to change societal well-being at individual, communal, and global levels.

Kruk *et al.* (2017: 390) are of the view that the United Nation Sustainable Development Goal (UNSDG) society live health life's and advance to the well-being of different ages in society, this is in order to build health system that advance towards the millennium development goals for different countries. Mahmoud *et al.* (2019: 1) stated that any organisation that desires growth and sustainability from hyper-competitive environment in the 21st century must provide services and products that meet the ever changing needs of customers. Sidze, Beekink and Maina (2015: 1) stated that at the United Nations General Assembly session that

healthcare stakeholders set target of ubiquitous access to quality and reproductive healthcare services which was to be implemented in 2015.

Furthermore, Sidze, Beekink and Maina (2015: 1) they also acknowledged the right to universal access to reproductive health for women and girls as a requirement precondition to fight poverty and to attain sustainable developments. Fan *et al.* (2017: 2) stated that if healthcare facilities understand the quality of their medical services they assist the institution to identify competitive advantages and disadvantages in order to assist the organisation to prevent wasting their resources. Kim *et al.* (2017: 2) are of the view that service quality refers to current comparison of perceived expectations with the perceived performance of a specific service, and it can be considered as the difference between perceived expectations and performance provided by a specific organisation.

Shafiq *et al.* (2017: 2) mentioned that hospital customers are patients and the service providers are doctors, nurses, and paramedics with different mental skills, knowledge, and professional attitudes. However, hospital services are intangible, which includes doctors' skills, hospital atmosphere, caring staff, and hygiene, which represent a combination of tangible and intangible product of the organisation. Fatima, Malik and Shabbir (2018: 1196) stated that, due to the fact that public hospitals are funded by public funds, they are regulated by government rules and regulations. Private healthcare facilities offer a personalised health services and treatments to its patients. However, private hospitals have more funds to maintain their large pool of patients and provide them with the best quality service than public hospitals.

Moreover, patients are made to choose between private health services and public health services. Sumaedi, Yarmen and Yuda Bakti (2016: 1008), cited Chang, Tseng and Woodside (2013: 93), stated that there is a rapid growth in internet technology which make it easy to spread the negative word of mouth about poor health services. Otalora, Rosenbaum and Orejula (2018: 167) alleged that vulnerable customers

evaluate the hospital in regard to service delivery process, physician-patient relationship, and hospital medical services reliability. However, patients judge the hospital through healthcare quality and mostly on their ability to provide them with fairness.

Shafiq *et al.* (2017: 2) mentioned that patients evaluate the service quality of the hospital based on the entire atmosphere, hygiene of the rooms and wards, loyalty of surgeons, nurses, as well as other staff. Jang, Kim and Lee (2016: 397) are of the view that many hospitals are transforming from being treatment centers to be health promotion and diseases prevention centers. However, service providers are now interested in being in the u-healthcare services, which will be healthcare services that will be available at anytime and anywhere in order to remotely manage patients' illness as well as to maintain and improve the quality of public healthcare services.

Javed *et al.* (2019: 170) stated that organisations that deliver on similar or different service are looking for new ways to improve their quality of services in their production and ensuring the satisfaction of customers, as well as at the same time making the organisation more profitable or productive. Young *et al.* (2016: 24) mentioned that many African countries have a high burden of disease, such as chronic non-infectious diseases, infectious diseases, injuries, and maternal as well as child health conditions. Young *et al.* (2016: 24) also asserted that African countries' health facilities are poorly resourced, with poor healthcare systems as well as with limited infrastructure.

Jang, Kim and Lee (2016: 396) are of the view that, without disruptive changes, many communities will not be able to afford and access quality healthcare services. However, to address these challenges, healthcare decision makers and policy makers from different countries should start to focus on the innovation of IT based healthcare services. Von Pressentin, Mash and Esterhuizen (2017: 1) mentioned that subSaharan African countries and their primary healthcare teams as well as

communities are facing a mixed healthcare system constrains, socio economic disparities, and burdens of disease. Naidoo (2012: 149) alleged that the HIV and AIDS pandemic created a huge challenge for sub-Saharan African countries and made their health systems unable to cope with the demand to provide quality healthcare services.

Fusheini and Eyles (2016: 2) revealed that, in low- and middle-income countries, Universal Health Coverage (UHC) emerged as a silver bullet solution to address the countries' health challenges. According to Doherty *et al.* (2018: 1), in lower- and middle-income countries Universal Health Coverage has been highly supported by international countries. However, there is a challenge on how the UHC will be financed since low and middle income countries provide low levels of public funds to health services because they mostly depend on donations. De la Porte (2016: 1) stated that South African health services face many crises such as a lack of infrastructure, management, and human resources as well as a low supply of critical medicines.

Furthermore, South Africa healthcare is still faced by burden of disease and discrepancy in providing quality healthcare services in order to achieve the National Development Plan's (NDP) vision for 2030. Steenkamp (1995: 101) mentioned that the South African Constitution, Act 108 of 1996 section 27, states that all South African citizens have a right to quality healthcare services, including reproductive healthcare services. Brauns and Wallis (2014a: 149) supported that South Africa's health services have challenges that were caused by the fragmentation of health service by the apartheid-era government. Mayosi and Benatar (2014: 1344) are of the view that due to poor resource allocation the health and well-being of many South Africans is still plagued by a huge burden of infectious and non-communicable diseases.

However, the issue persists that there are social disparities and inadequate human resources which hinder the ability to provide care for the growing South African

population, with a large number of refugees and economic migrants coming to South Africa. Gilson *et al.* (2014: 2) mentioned that after twenty years of democracy the South African government is still striving to improve its health system in order to ensure to achieve the needs, preferences for treatment, care, and dignity for the South African population. Ataguba, Day and McIntyre (2014: 1) are of the view that the main course of health inequalities, social, and economic challenges in South Africa were caused by colonialism and apartheid.

Ramson, Govender and Naidoo (2016: 1) mentioned that migration of healthcare workers from African countries to well developed countries creates a huge challenge in providing quality health services to African countries. Furthermore, the shortage of professional healthcare workers in Africa impacts negatively on achieving the Millennium Development Goals (MDG). Liu *et al.* (2015: 1) revealed that a shortage of human resources at healthcare institutions at distant and rural areas is a worldwide issue that makes it impossible to achieve universal health coverage because of insufficient quality healthcare workers at rural and remote areas. Gilson *et al.* (2014: 2) mentioned that after the first democratic election, which took place in South Africa in 1994, the democratic government implemented new policies and organisations and also allocated more resources to reorient health systems towards the population health needs and achieve equity goals.

James and Miza (2015: 1) stated that in recent years South Africa's issues have been exacerbated by many senior and experienced healthcare workers that are resigning from public health institutions. van Rensburg (2014: 2) stated that most rural areas have health challenges that are caused by a few health professionals migrating to urban areas, causing shortages of health professionals in rural areas. Barron *et al.* (2017: 4) mentioned that South African health challenges have been worsened by the relocating of healthcare professionals from public health institutions to private health institutions. It can be suggested that all these challenges create huge problems in rural health facilities.

Brauns and Wallis (2014a: 152) also indicated that South African health services are weak in areas like human resources, training, support, supervision, leadership, and also in managerial capacity. Nicol and Hanmer (2015: 993) mentioned that the South African healthcare sector is still facing more health challenges which are caused by different factors other than resource allocation. These factors can be the inability of mangers to translate key health regulations and policies into practice, inadequate human resources, insufficient capacity for personnel with health information, inadequate training, lack of resources such as registers and computers, poor development planning, and a lack of establishing health information system career paths as well as insufficient training programmes.

Otalora, Rosenbaum and Orejula (2018: 168) alleged that vulnerable health consumers obtain inferior medical health services than high income citizens and government employees. However, those vulnerable consumers mostly have a deficiency in control and agency of health services because they do not receive healthcare expertise from their service providers and enormous disparities in socioeconomically standards exist. Anderson *et al.* (2015: 1) are of the view that there is dissimilarity in quality of healthcare services which are provided to communities at rural areas and urban areas. Furthermore, the Country Health Rankings (CHR), which is used in this study, examines the significance of the place with regard to health outcomes.

However, CHR model is framed around the interconnectedness between health outcomes and health factors of policies and programs at the local state and federal level. Winchester and King (2018: 200) stated that after twenty years of democracy in South Africa, the government is still confronted with historical systems of spatial manipulation that generate inequalities in accessing health service. The Sunday Tribune (2015: 2) reported a family which blamed health institutions for the death of their family member who was very ill, and the hospital staff did not attend to the patient in one of KwaZulu-Natal’s hospital.

According to Wasserman, Chuma and Bosch (2018: 145), South Africa has seen an increase in service delivery protests, which relate to inadequate provision of services. Since, there is a growing frustration from citizens as a result of high levels of economic inequalities in the country. De Juan and Wegner (2019: 31) attested that when governments fail to deliver quality services in an equitable manner, the community's trust in the government or institution will erode, and the community will protest. It can be advocated that the quality of service-delivery and health services has decreased in remote and rural areas in South Africa due to the above challenges.

Thato FOKO (2017: 1) National Development Plan's (NDP) vision for 2030 stated that weak penetration of Information and Communication Technology (ICT) and poor infrastructure and communication at remote and rural areas are the main challenges which need to be addressed to resolve socio-economic and geographic problems for remote and rural areas, to ensure the provision of quality service delivery and quality healthcare service. Brauns and Wallis (2014a: 153) alleged that the decrease in healthcare services leads to the reduction of quality and effective health services which makes the community in remote and rural areas unable to access quality health services. According to Cotlear *et al*. (2015: 1249), providing quality healthcare services is the responsibility of the state.

Brauns and Wallis (2014a: 153) are of the view that South African government has an obligation of providing quality health service to all its citizens, including communities in remote and rural areas since they are the most disadvantaged group. James and Miza (2015: 1), cited Muller (2009: 15), claimed that South Africa's primary healthcare is a significant element for the government's plans to transform the South African health sector and to bridge the gap in healthcare service delivery. However, For South African government to achieve its goal the White Paper on Batho Pele principles was adopted and was published in 1997 as a framework for providing quality service delivery by the Department of Health (DoH).

Brauns and Wallis (2014a: 153) stated that South African government developed National Health Insurance (NHI) as a policy to address health challenges in South Africa. Furthermore, they mentioned that the government published a green paper in 2011 that clarifies policies for the provision of Universal Health Coverage (UHC) for 15 years to all citizens. Hendricks *et al.* (2014: 59) attested that South African government designed the National Health Insurance (NHI) policy, which will address the negative perceptions of the society of the health system that was highlighted in the 1998 and 2003 South African demographic and health surveys. However, National Health Insurance (NHI) will enhance the delivery of health service in South Africa, especially at remote and rural areas.

Cole *et al.* (2018: 1) are of the view that if government expands medical aid it will affect rural health facilities more since most of the community in rural areas are predominantly low income and are disproportionately uninsured. However, improving service delivery and health services in remote and rural areas will increase patient satisfaction for healthcare services rendered. Jacobsen and Hasumi (2014: 2) stated that the South African National Health Department released a strategic plan that will improve patient care and satisfaction in 2010. They also mentioned that the plan consisted of national customer care programs, an office which would investigate and resolve patient's complaints and ensure that public hospital conduct their own annual satisfaction surveys.

Jacobsen and Hasumi (2014: 2) stated that in 2010 South African National Department of Health released a strategic plan that included, "improved care and satisfaction'', as one of the most crucial sequels for Medium Term Strategic Framework (MTSF) during this time period. However, this plan called for instituting of a national care program and an Ombud's office that would investigate and resolve complaints about healthcare services and ensure that public hospitals started to conduct their annual satisfaction surveys. Moreover, this policy would address the community's negative perceptions about the healthcare system which was

highlighted in 1998 and 2003 through South African Demographic and Health Surveys (DHS).

Teshnizi *et al.* (2018: 83) are of the view that the SERVQUAL model has been used in many countries to measure the service quality of hospitals and healthcare service. However, the objective of the SERVQUAL model is to identify the perceptions of patients about their satisfaction levels about health services. Pineo (2019: 1) alleged that government can only achieve universal access to quality healthcare through emphasising disease prevention, the provision of portable and clean water and sanitation, and ensuring community involvement in service delivery issues. Teshnizi *et al.* (2018: 83) stated that in public health sector the value of services provided, the relations to people's lives, quality assurance, as well as quality promotion have received enormous growing attention.

However, society has increased their expectations of public health facilities and other organisations that provide healthcare service, because public health institutions use taxpayer money to render service delivery and to provide healthcare services. Shafei, Walburg and Taher (2019: 516), cited Ross *et al.* (1987: 16), stated that organisations must ensure consumer satisfaction because it is directly linked to service quality. However, healthcare marketer's, quality healthcare services, patient satisfaction, and behavioral intentions are very important. Pineo (2019: 4) also stated that government must provide health coverage, pension, or health insurance for lower income communities.

Jacobsen and Hasumi (2014: 3) revealed that patients who receive health service from the private sector are much more satisfied with service delivery and the quality of healthcare service which they obtained from private health sector. However, patients that receive health service from public health institutions are not satisfied with healthcare service that they receive regardless of their race, gender, or income.

Lourens (2012: 3) stated that the South African government developed a legislative framework to promote quality health service, improve health standards, and improve standards compliance by the public health sector, which is stated in the National Health Act 61 of 2003. Furthermore, the legislation will set a standard for care and provide framework for national accreditation of health institutions.

However, World Health Organisation (WHO) defines healthcare quality as a level of accomplishment of health systems which inherits the goals for health refinement and compassionated about a sound expectation of the population. Whittaker *et al.* (2011: 60) mentioned that the South African National Department of Health (NDoH) has shown a firm dedication in enhancing quality healthcare services. However, the government's commitment has been put in the spotlight in July 2010 through the publication of a Ten Point Plan (TPP) to improve the public health sector in 2012 to 2014. However, the strategic plan for the South African National Department of Health for (2010/11-2012/13) stated that the department of health vision is to improve healthcare status by preventing illnesses, promoting healthy lifestyles, and consistently improving the system of delivering healthcare services through focusing to access, equity, efficiency, quality, and sustainability.

Moreover, these are linked directly with the Ten Point Plan, as one objective for improving quality of healthcare services in improving patients' healthcare, patient contentment as well as accreditation of health facilities as major key activities and priorities. Whittaker *et al.* (2011: 62) alleged that the South African National Core Standards (NCS) for health were firstly established in 2008 and they were reflected to NDoH's vision for South Africa's healthcare service. However, the NCS document reflected the expected requirements for health services in order to deliver a decent, safe, quality healthcare which is complimented by set of measurement tools to measure the acquiescence with these measures.

Whittaker *et al.* (2011: 62) are of the view that the National Core Standard (NCS) are designated into seven cross cutting domains, which reflect health systems' approaches and define the intent of assessing health areas where quality or safety might be at risk. Furthermore, the first three domains are associated with the core business of health systems, whereas the final four domains refer to the support system which ensures that healthcare was delivered. However, these domains are further divided into sub-domains which consist of the set standards and measurement criteria and measures.

Domain	Sub-domain
Domain 1: Patient Rights The domain of Patient Rights sets out what a hospital or clinic must do to make sure that patients are respected and have their rights upheld, including getting access to needed care and to respectful informed and dignified attention in an acceptable and hygienic environment seen from the point of view of the patient in accordance with Batho Pele principles and the Patient Rights Charter.	Respect and dignity Information to patients Physical access Continuity of care Reducing delays in care Emergency care Access to package of services Complaints management

Domain 2: Patient Safety, Clinical Governance, and Care The Patient Safety Clinical Governance and Clinical Care domain covers how to ensure quality nursing and clinical care and ethical practices, reduce unintended harm to healthcare users or patients in identified cases of greater clinical risk, prevent or manage problems or adverse events including health care associated infections, and support any affected patients or staff.	Patient care Clinical management for improved health outcomes Clinical leadership Clinical risk Adverse events infection prevention and control
Domain 3: Clinical Support Services	Pharmaceutical services

The Clinical Support Services domain covers specific services essential in the provision of clinical care. This includes the timely availability of medicines and efficient provision of diagnostic therapeutic and other clinical support services and necessary medical technologies as well as systems to monitor the efficiency of the care provided to patients.	Diagnostic services Therapeutic and support services Health technology services Sterilisation services Mortuary services Efficiency management

Domain 4: Public Health The Public Health domain covers how health facilities should work with NGOs and other healthcare providers along with local communities and relevant sectors to promote health, prevent illness, and reduce further complications, as well as to ensure that integrated and quality care is provided for their whole community including during disasters.	Population based service planning and delivery Health promotion and disease prevention Disaster preparedness Environment control
Domain 5: Leadership and Corporate Governance The Leadership and Corporate Governance domain covers the strategic direction provided by senior management through proactive leadership planning and risk management, supported by the hospital board clinic committee as well the relevant supervisory support structures, and includes the strategic functions of communication and quality improvement.	Oversight and accountability Strategic management Risk management Quality management Effective leadership Communications and public relations

Domain 6: Operational Management The Operational Management domain covers the day to day responsibilities involved in supporting and ensuring the delivery of safe and effective patient care, including the management of human resources, finances assets, and consumables and of information and records.	Human resource management and development Employee wellness Financial resource management Supply chain management Transport and fleet management Information management Medical records
Domain 7: Facilities and Infrastructure The Facilities and infrastructure domain covers the requirements for clean, safe, and secure physical infrastructure (buildings, plant, and machinery equipment) and functional, well managed hotel services; and effective waste disposal.	Buildings and grounds Machinery and utilities Safety and security Hygiene and cleanliness Linen and laundry Food services

Figure 2.2: Domains and Sub-Domains of the NCS

Source: Whittaker *et al.* (2011: 63)

According to Whittaker *et al.* (2011: 63), the government plans are based on the South African Constitution, Batho Pele principles, Patients' Rights, and National Core Standards (NCS). Furthermore, it identifies the six most important areas for instantly development, which are considered in the first three domains of the (NCS).

- The value and attitude of staff. This will ensure that patients are treated with courtesy and respect.
- Reducing waiting times and queues. This will reduce waiting times for administration or assessment.
- The cleanliness of facilities. This includes buildings, equipment, and staff.
- The welfare of patients and provision of authentic care by decreasing unfavorable events which result from poor healthcare provision and the failures of the system and workers through ignorance.
- The prevention of infections within the hospital and clinics, especially hospital acquired infections.
- The availability of medicine, supplies, and equipment, this will assist in ensuring that patients get their medication on the same date of prescription.

It can be suggested that health institutions need to focus on these important areas in order to refine the provision of quality healthcare to customers. According to Senkubuge, Modisenyane and Bishaw (2014: 1) government needs to conduct health sector reforms which will provide and sustained, purposeful changes which will improve efficiency, equity, and the healthcare sector overall. Kim *et al.* (2017: 2-3) indicated that organisations must ensure that they provide quality healthcare service, because patients treatment can affect the relationship between patient and hospital, it can result in patient taking legal action about their dissatisfaction against the organisation for medical malpractice, depending on the treatment results.

Furthermore, if healthcare services can improve service delivery and healthcare services they can also change the patient's negative perceptions about South African healthcare services. Sung and Lee (2019: 144) stated that health facilities must have a Usual Source of Care (USC) which will ensure an increase in accessing healthcare or education, improve preventive services, decrease the number of patients visiting the emergency room, it will also improve health status, and increase the patient satisfaction with healthcare services. However, a Usual Source of Care (USC) refers to the provider or place where patients consult when they are sick or when they need medical advice.

According to Mosadeghrad (2014: 77), the minister of health must ensure that they deliver primary healthcare (PHC) services free of charge to rural houses, rural health centers, urban health posts, and to urban health centres. Gustafsdottir *et al.* (2017: 1) are of the view that if healthcare institutions have to restructure their healthcare systems and implement the modern healthcare system it will influence life expectation, morbidity, and traditionally disadvantaged groups. According to the National Department of Health (2012: 4), media and community reports which were revealed in 2009 claimed that healthcare facilities are failing to meet the basic standards of healthcare and to meet the patients' healthcare expectations. However, government has set commendable goals to improve service delivery and quality healthcare services.

2.12 SUMMARY

The focal point of this chapter has been on the support of literature with regard to the significance of quality service delivery, customer services, and the importance of customer service. It also focused on the use of the SERVQUAL model and its benefits and the identifying the gaps between expected services to the service delivery provided by organisations. Many authors quoted in this section have attested that customer service plays a significant role in the success of any organisation. This chapter shows several shortcomings of the South African Department of Health and the response to overcome those healthcare challenges facing South Africa. In the South African perspective of healthcare services, the National Core Standards (NCS) have become the focal point for the National Department of Health (NDoH) in order to achieve the ten-point plan strategy.

This chapter highlighted the shortages in resource allocation to healthcare facilities. Furthermore, the chapter described the importance of management functions in ensure effective and efficient use of resources. It also shows the level of patient dissatisfaction with the levels of healthcare which are provided by government. The authors cited in this chapter provided in-depth viewpoints on how unfavorable situations and issues facing patient satisfaction are managed in South Africa. The

authors in this chapter stated few alleviations strategies which can be used to enhance service delivery and healthcare services in South Africa. It also shows how the South African National Department of Health can implement these strategies to change the patients' negative perceptions of service delivery and public healthcare services in South Africa.

This chapter has also provided the reasons for poor service delivery and poor healthcare services in South African public hospitals. The next chapter will provide the research methodology which was used to execute the study. The methodology which was used will also identify the level of service delivery and healthcare services provided by Rietvlei Hospital.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

South African government has a significant responsibility to promote quality of service delivery at all health care establishments. This chapter provides a trajectory of the conduct of research mainly on the design, methodologies and procedures for data collection and analysis. It also reflects of the ethical responsibility considered by the researcher in conducting this study. In order to identify gaps in healthcare service delivery, research must be conducted on the opinions of patients in regard to the service delivery and healthcare services which they obtain from public hospitals.

Public healthcare managers, if they can obtain patients perception about healthcare which they receive from public hospitals, can identify the starting point for improving healthcare services. According Mackey and Gass (2015: 1), research is a systematic investigation and the study of materials and sources in order to entrenched facts and conclusions. Furthermore, research is a process of finding a solution to a particular problem after the examination of the factors of situations. Research contains experiments, examination, enquiries, and investigations which need to be conducted systematically.

3.2 THE STUDY LOCATION: THE RIETVLEI HOSPITAL

During the 1930s the Dutch Reformed Church (DRC) started a mission at Rietvlei hospitality in KwaZulu-Natal. After establishment of a mission, the need for health services became crystal clear. During the 1940's the missionary sisters, Vorster, De Kock, and Viljoen, started to render medical work in a rondavel. At that time there were no doctors working at the church but doctors from Isilimela and St Margaret's Hospital visited Rietvlei. On the 1st December 1956, Reverend B. Wooding opened a missionary hospital with 36 beds. They also received Dr Gerrit ter Haar from the Netherlands, who was welcomed at Rietvlei and who worked alone for ten years.

The hospital at that time had two wards for children and tuberculosis patients, which were built in 1959.

The hospital got recognition from the S.A Nursing Council to train auxiliary nurses and other doctors who were to join the hospital. After the next ten years, the community work and clinics became a priority throughout the District. In 1968 the hospital recognised a need for the training of midwives. The training was conducted by doctor's matron, Ginya, and sister Xaxa. Mrs. Shai provided the first tutor in November 1974 and the training of general nurses started at Rietvlei. The hospital was growing to its present size and more doctors and medical staff joined the hospital. In 1973 the modern three-storey nurses' home was established; but it didn't fully materialise because of financial restrictions.

In 1974 a major change took place when the uMzimkhulu District as a whole became a responsibility of the hospital and, thus, the introduction of a comprehensive hospital centre for health services. The hospital established permanent clinics, a nursing school, mobile clinics, as well as community-based services. In 1976 the independence mission hospital came to an end and the hospital was adopted by the Transkei Department of Health. All medical and general workers were appointed by the Transkei Government and the training of nurses and midwives was conducted under the umbrella of the Transkei nursing council. Rietvlei has grown from a single rondavel to a well-established hospital with 250 beds which provides primary healthcare services to the community of uMzimkhulu.

The hospital provides a laboratory which serves the surrounding hospitals and assists with the control of infectious diseases. The Rietvlei Hospital has a strong personal relationships and team spirit amongst its staff members which developed over the years and which are being reinforced by the stability of the senior staff who continue to work hard over the years (KwaZulu-Natal Department of Health, 2001).

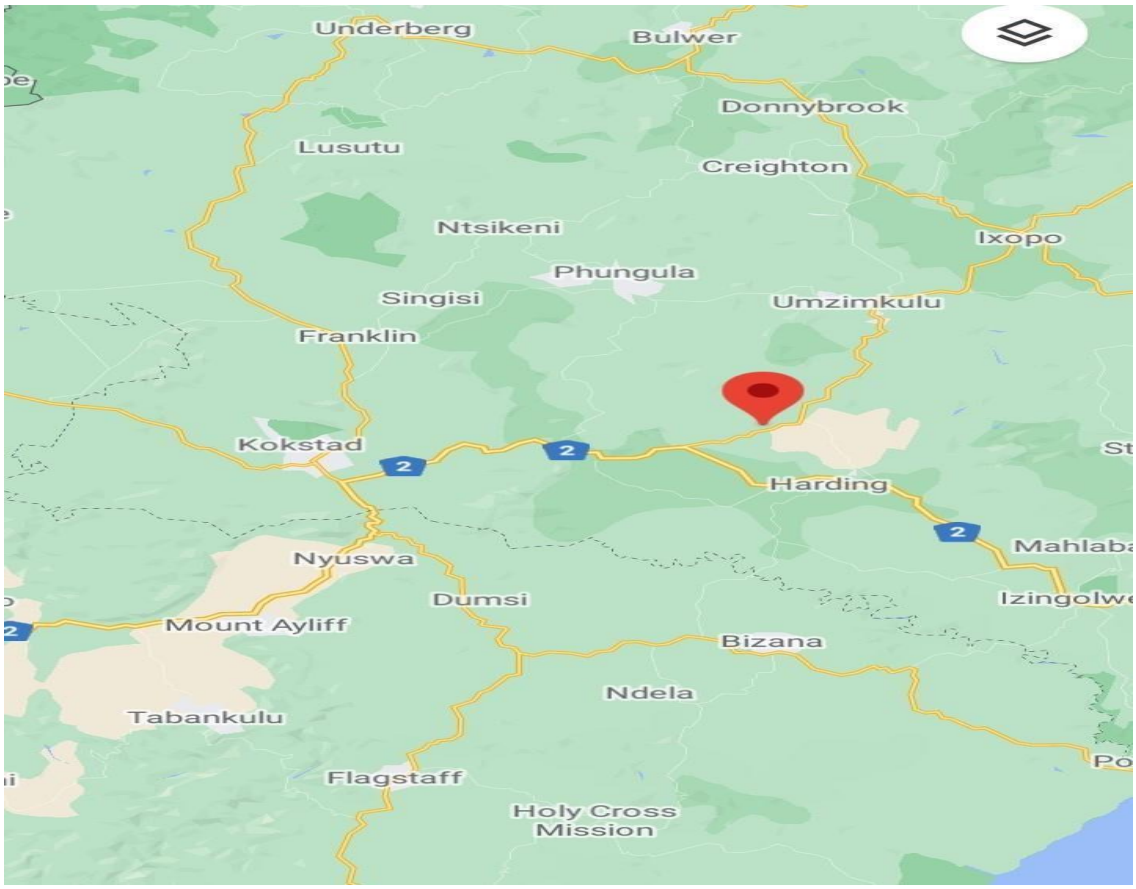
3.3 RIETVLEI VISION AND MISSION

3.3.1 VISION

Rietvlei hospital's vision is to provide quality healthcare services to people of uMzimkhulu and promote better health for all in around uMzimkhulu area (KwaZulu-Natal Department of Health, 2001).

3.3.2 MISSION

Rietvlei Hospital strives to ensure that it provide accessible, comprehensive and integrated healthcare services at uMzimkhulu area through highlighting the primary healthcare approach, exploitation and developing all resources to enable its present and future generations to enjoy health and equality of life (KwaZulu-Natal Department of Health, 2001).



Source: Google maps, KwaZulu-Natal (2020)

3.4 SERVICES OFFERED BY RIETVLEI HOSPITAL

The District Health System (DHS) that has been adopted by the National Department of Healthcare brought improvements to health facility including the Rietvlei Hospital by allowing a roll-out of a comprehensive primary healthcare service. This has offered an opportunity to the Rietvlei Hospital to continue working 24 hour per day in the casualty and emergency services, which includes an emergency operating theatre, a laboratory, maternity services, medical inpatient accommodation, pediatric services, and surgical inpatient and x-ray services. Being a district health facility, Rietvlei hospital service the patients with ARVs, casualty, cancer treatment, crises intervention, dietetic services, dentistry, eye care, occupational therapy, nursing education, outpatients, pharmaceutical services, social work and community nursing and others. (KwaZulu-Natal Department of Health, 2001).

3.5 THE AIMS AND OBJECTIVES OF THE STUDY

The researcher intends to investigate matters which affect service delivery and healthcare services which is render by Rietvlei Hospital to its patients.

3.5.1 THE AIM OF THE STUDY

The aim of the investigation was to examine the gap between levels of patient satisfaction with service delivery and the supplying of services in the rural healthcare facility of Rietvlei Hospital at uMzimkhulu.

3.5.2 PURPOSE OF THE STUDY

The purpose of study is:

1. To examine challenges faced by uMzimkhulu community in accessing quality healthcare services at Rietvlei Hospital.
2. To explore the perceptions of the patients on the centeredness approach to accessing healthcare services.

3. To assess the satisfaction levels of patients at Rietvlei Hospital using the SERVQUAL model.
4. To examine how Rietvlei Hospital's healthcare professionals respond to patients' challenges.
5. To identify the available mechanisms to improve healthcare services at Rietvlei Hospital.

3.6 RESEARCH DESIGN

Young *et al.* (2016: 28) defined research as a systematic investigation of phenomena or a study with the intention to produce facts is able to influence new findings and contributions. This type of this study is a basic research study since the researcher is testing speculation. This study is not necessary being conducted with an immediate practical application in mind, but it can be used in the future. Creswell (2014: 11) defined research design as, "types of inquiry which consist of qualitative, quantitative, and mixed methodology approaches that provide a specific direction for procedures in a research design". Trochim, Donnelly and Arora (2016: 20) mentioned that qualitative data is much more than just words or text, but photography, videos, and sound recordings are regarded as qualitative data.

Trochim, Donnelly and Arora (2016: 20) mentioned that quantitative data appears in numerical form and is associated with analytical research, and its purpose is to arrive at a universal statement. Rubin and Babbie (2016: 48) stated that using the combination of qualitative and quantitative research methods in the same study is referred as mixed methodology research. The research methodology of this study is mixed methodology, since the study used both the qualitative and quantitative data collection methods. Techniques which were used for this study were questionnaires which represent quantitative data collection. The researcher also used interviews and observation as a technique to collect qualitative data.

3.7 PARTICIPANTS AND LOCATION OF THE STUDY

This study was conducted at a district hospital with 205 beds which is located in the uMzimkhulu area, which is under the Harry Gwala District Municipality. The Harry Gwala District is situated in KwaZulu-Natal at uMzimkhulu, with a population of 185 844 (STATSSA: 2011).

3.8 POPULATION AND SAMPLING

3.8.1 DEFINING THE TARGET POPULATION

According to Murphy (2016: 8), population is a group or individuals which the researcher seeks to target to include in the study. Tang *et al.* (2018: 13) suggested that the definition of target population varies between regions, reflecting cultural, demographic, economic, and biological differences as well as healthcare priorities. Due to the fact that it is impractical to obtain data from the entire target population, the researcher had to select a specific sampling to participate to the study.

3.8.2 SELECTED SAMPLING FRAME

According to Tang *et al.* (2018: 13), ‘‘the sampling frame is a list of element or component from which the sampling may be drawn.’’ For this study the researcher targeted all healthcare professionals working at Rietvlei hospital, senior or junior, inpatients and outpatients as well as community around uMzimkhulu location who obtain their medical attention at Rietvlei Hospital.

3.8.3 DETERMINATION OF PROBABILITY AND NON-PROBABILTY SAMPLING

This study adopted both probability and non-probability sampling methods because they are suitable for the study in order to provide comprehensive data. The researcher used simple random sampling methods under probability sampling, which makes every person in the population have a chance of being chosen to be a

participant of the study. This is because the researcher didn't plant who he would meet at Rietvlei Hospital. Under non-probability sampling, the researcher used accidental sampling, because the participants of the study were accidentally met by the researcher because they were near and convenient to the researcher. Martínez-Mesa *et al.* (2016: 326) defined sampling as a limited extent or a part of larger group of related things which are drawn from the target inhabitants.

Etikan, Musa and Alkassim (2016: 1) argued that a sample is a part of a target inhabitants or universe. However, inhabitants are not only people or the number of people; it can be the total quantity of things or cases which are the subjected to the study. The authors argued that due to financial resources constraints and limitations of time make it to be unattainable for the researcher to obtain all relevant data from all members of the society. Chattopadhyay and Kelley (2016: 627) are of the view that a fixed sampling size which is mostly used in psychological and other related fields can simultaneously minimize sampling errors and study costs. Furthermore, the authors mention that without a rigorous sampling plan, the estimates which are derived from the study may be biased.

According to Taherdoost (2016a: 20), is of the view that sampling has two categories of sampling procedures, which are probability and non-probability sampling. Etikan, Musa and Alkassim (2016: 1) defined that probability sampling has distinguishing characteristics which make each unit in the population known nonzero to have a chance to be included in the sample. However, the authors describe probability as that all population in the society has equal chance to be randomly selected to participate in the study. The author further describes non-probability sampling as a sampling as a technique where not all members of the population or units has an equal chance to be selected to participate in the survey. This requires the researcher to choose the type of sampling procedures which falls under the two categories of sampling. These two categories are briefly examined below

3.8.3.1. PROBABILITY SAMPLING

Different authors provide different probability sampling techniques, such as Sharma (2017: 750), Etikan and Bala (2017: 2), and Lynn *et al.* (2018: 521). These authors mentioned few techniques for probability sampling, such as simple random sampling, systematic sampling, stratified random sampling, and cluster sampling. The researcher looked at a few of these techniques, highlighting their advantages and disadvantages. These techniques are briefly examined below.

3.8.3.2. Simple Random Sampling

According to Sharma (2017: 750), in this technique all population members have equal chance to be nominated to participate in the study. However, the entire process of this sampling is done step by step, with makes each subject to be selected independently from other members of its population.

3.8.3.3. Systematic Sampling

Sharma (2017: 750) mentioned that when selecting a sample in systematic sampling, the n units in a population should be numbered from 1 to n in same order. However, units are taken randomly from the first K units and every K itch unit, thereafter. Furthermore, if the K is 15 and if the first unit drawn is number 13, then the subsequent units are numbers 28, 43, 58, and so on. Then the selection of the first unit will determine the whole sample.

3.8.3.4. Stratified Sampling

According to Sharma (2017: 750), stratified sampling is a method which includes dividing the population into smaller groups known as strata. Furthermore, the strata are formed based on members' shared attributes or characteristics. However, the random sampling from each stratum is taken in a number proportional to the stratum's size when it is compared to the population.

3.8.3.5. Cluster sampling

Etikan and Bala (2017: 3) are of the view that when the area where the study will be conducted is too big, the researcher must divide the area into same smaller units then select the select randomly the unit which will be used for the study. However, it is expected that the total population will be divided into relatively a smaller units and those units will be grouped together to form a clusters. Then the researcher will select the cluster randomly to include them in a general sampling. Furthermore, the advantage of using cluster sampling is that it is economical and also it reduces cost, because the researcher will only focus on selected clusters. The disadvantage of the cluster sampling is that it provides less accuracy information that simple random sampling.

3.8.3.6. NON-PROBABILITY SAMPLING

Etikan and Bala (2017: 1) established that non-probability sampling procedure does not bid for the basis of any opinion for probability for any element in the word to be selected as a study sampling.

3.8.3.7. Quota Sampling

Etikan and Bala (2017: 1) mentioned that this sample selection is convenient to the researcher since any element or individual who are accidentally meet by the researcher will have a chance to be included in the study sampling. The researcher will follow the same manner until the desired number of participants is achieved. The author further mentioned that this technique makes it easy for the researcher to access his or her sampling population.

3.8.3.8. Accidental sampling

According to Etikan and Bala (2017: 1), accidental sampling is convenient in reading the sampling population. However, it is used mostly among marketers or newspaper

researchers. Furthermore, the author mentions that this technique has the same advantages and disadvantages as quota sampling and it is not lead by any obvious, defining characteristics.

3.8.3.9. Snowball Sampling

According to Sharma (2017: 752) the snowball sampling method can be called chain sampling or the chain-referral sampling technique, where the existing study subjects will recruit future subjects from among their acquaintances. However, this sampling technique grows like a rolling snowball. Furthermore, this sampling technique provides enough data which will be useful to the researcher.

3.8.3.10. Purposive Sampling

Sharma (2017: 751) mentioned that purposive sampling is known by different names, such as judgmental, selective, or subjective sampling. Moreover, purposive sampling reflects the group of sampling techniques which rely on the judgment of the researcher when it comes to the selection of the units which will be studied.

3.8.3 SAMPLING SIZE

For the researcher to obtain access to Rietvlei Hospital the researcher requested the entry from the CEO of the hospital on which the authority was gate keeper's granted and the gate keeper's letters was issued. The Rietvlei Hospital provides healthcare services to 2616 patients a month; this number includes out-patients and in-patients. The researcher managed to get 126 participants to answer the research questionnaires. The researcher managed to get 66 health professionals and 60 patients to be surveyed in the study using interviews and questionnaires. Out of the 66 health professionals who participated in the study, 50 were females and 16 were male health professionals. Mostly, the health professionals who participated in the survey were black people, making up 97 per cent of the population. The other

participants were Asian participants, making up 1.5 per cent, and coloured participants also making up 1.5 per cent of the population of people who participated in the survey. The survey respondent was mostly between the ages of 36 years to 55 years, accounting for 63.6 per cent of the population. The respondents who participated in the study were mostly health professional from different wards of Rietvlei Hospital.

Other participants of the study were 30 in-patients as well as 30 out-patients. The patients who participated in the survey were mostly female patients, accounting for 60 per cent of respondents. The patients who participated to the survey were mostly black people, accounting for 96.7 per cent of patient participants. The patients who participated in the survey included those of ages between 36 to 55 years old. Most of these survey participants usually visit Rietvlei Hospital once a month. Most of them they come to Rietvlei Hospital to collect their chronic medication and for emergencies. The researcher also interviewed some participants in order to obtain qualitative data. The researcher interviewed two Rietvlei managers, three health professionals, and one register manager. This was done because the study uses a mixed methodology which uses both techniques to collect data.

3.9 DATA COLLECTION

Wilson (2016: 56) stated that a mixed methodology paradigm attempts to get in the middle. Rietvlei Hospital has matured employees and people who are already preparing for their exit from the workplace. These employees indicated more dissatisfaction because they have nothing to lose; they already have experience at work. According to Gupta and Vardhan (2016: 2), the more experience the workers are the more the productive they become because they acquire a lot of skills to do the job. Mixed methodology is the use of the two types of research approaches, qualitative and qualitative, which are both used in the same research study.

Wilson (2016: 119) agreed that mixed-methodology is a research design where the researcher collets, analyses, and integrates both quantitative and qualitative data in a single study. In this study the researcher has used interviews and questionnaires as instruments to collect data to evaluate the service provided by Rietvlei Hospital to its patients. Since the researcher used both interviews and questionnaires in the same the same study, it means the study is mixed method. Interviews and questionnaires were viewed to be the most suitable methods to obtain comprehensive details and it also provides the patients with an opportunity to clarify any misunderstandings.

The technique which was used in this study to collect data was interviews and questionnaires. Johnson, Onwuegbuzie and Turner (2007: 123) stated that a mix-methodology is a type of research where the researcher combines elements of qualitative and qualitative research approaches for the purpose of breadth and depth of the understanding through the corroboration of the two techniques. Creswell *et al.* (2011: 4) also mentioned that mixed methodology is a method which focuses on the research questions which call for real life contextual understandings, multi-level perspectives, and cultural influences.

The researcher has used a mixed-methodology, since it provides a greater degree of understanding of the phenomena than when a single approach is used for a specific study. Furthermore, the researcher will collect and analyse both qualitative and quantitative data in a sequential, simultaneous, and rigorous manner which will integrate the two forms of data collected. Greene (2007: 13) and Teddlie and Tashakkori (2009: 13) stated that the advantage of using mixed methodology is that it allows the researcher to address the research questions and to obtain responses from both exploratory and confirmatory questions in a single survey. It also reveals a comprehensive picture of the problem in practice.

General assistance and medical staff, such as nurses, assisted in translating questionnaires in isiZulu when the need arose. Questions pertaining to service delivery and the physical appearance of the hospital, staff, premises, wards, as well as equipment were asked to study participants to determine if were the common element for effective service delivery.

3.9.1 CONSTRUCTION OF THE INSTRUMENT

The researcher used semi-structured questions for questionnaires and interviews for this study. The questions in the questionnaires and interviews were both open-ended questions and close-ended questions which aim to assist the researcher to obtain comprehensive data from participants. Akhavan and Tillgren (2015: 2) mentioned that to use the semi-structured interview allows the respondent to respond unpremeditated to questions, it also allows the respondent to portray to their experiences when they are answering the questions.

When the researcher was formulating the questionnaires, the researcher ensured that question order was put in a logical manner. The questions about same topic are put together, in order not to confuse the participants. The researcher ensured that the most important topic and questions are at the top followed by least important questions. The researcher put all sensitive and hard questions at the end, to make things easier for respondent. The researcher had put questions in a way which will make the respondent to be about aims and objectives of the study. The researcher also used observation as the data collection technique. The observation was used in order to allow for the study of dynamics of the situation, frequency counts of targets behaviors or other behavior of study participants.

The researcher clearly defined the population and sampling of the study; this provided the researcher with a clear impression and understanding of the characteristics of the participants of the survey. The questionnaires for patients had seventeen (17) questions which were based on the service delivery provided by

public servants at Rietvlei Hospital, whereas the questionnaires for the health professionals had sixteen (16) questions. The questionnaires were written in a professional and attractive manner in order to ensure an uncluttered look to the participants.

3.9.2 PILOTING THE STUDY

According Drennan (2003: 57), pretesting questionnaires prior to the actual distribution of the questionnaires is important to ensure high response rates by the sample of the target population. The questionnaires were piloted to ten (10) participants of the study, starting with Rietvlei health professionals, inpatients as well as outpatients. The pretesting was conducted to determine whether the questionnaires would be a reliable tool to obtain information that would produce reliable results. Pretesting of the study allows the researcher to rehearse for actual research investigation.

The participant's feedback from pretesting was significant because it allowed questionnaires to be tested for any defects or deficiencies. Drennan (2003: 57) mentioned that questionnaire pretesting is a significant factor to the findings of the study because during pretesting the researcher can observe any non-response or non-completion of the questionnaires.

3.9.3 QUANTITATIVE DATA ADMINISTRATION

Questionnaires were administered to inpatients, outpatients, as well as health professionals at Rietvlei Hospital. Nurses assisted in translating questionnaires in Xhosa to those patients who didn't understand English. The researcher adhered to the ethical principles of the participants and patients who were critically ill and those who were mentally disturbed neither were not approached to participate to the study.

3.9.4 QUALITATIVE DATA ADMINISTRATION

Singer and Couper (2017: 116) mentioned six main functions of open-ended questions which are to clarify the meaning of the respondent's answers, signaling out the decisive aspects of an opinion, to discover what has influenced the opinion, to determine complex attitude of the questions, interpreting motivations, and clarifying statistical relationships. Qualitative data was collected in the form of interviews from Rietvlei management and health professionals. All transcripts of the interviews were recorded and transcribed in English. All interview questions were designed as open ended questions.

3.9.5 SECONDARY DATA ADMINISTRATION

In this survey the researcher further used written documents as secondary data, such as newspapers, appropriate scholar articles, journals, and books as source of data. These secondary data sources were used to obtain more information to achieve the objective of the survey.

3.10 DATA ANALYSIS AND INTERPRETATION

According to Ponce, Gomez Galan and Pagán (2019: 82), the role of theory in education is to enhance the understanding and the explanation of the anticipation, controlling, and the prediction. The Ponce, Gomez Galan and Pagán (2019: 82) further mentioned that the application of the theory to an empirical instance reflects the event and the context that the researcher is trying to understand; it will also assist to construct and explain objectives of the research and to generate or build new knowledge. Ibrahim (2015: 99) mentioned that after using the appropriate method to collect accurate and reliable data from sources, the next step is to further manipulate and interpret the collected data. Ibrahim (2015: 99) further stated that the next step is to extract the pertinent and useful information which is buried in the data and further manipulate and interpret the collected data.

According to Dill, Mahabal and Bachmann (2009: 1), application programs can be used to analyse data which has been obtained through transactional processing systems. According Ponce and Pagán-Maldonado (2015: 125), data analysis is an extraction of an explicit or implicit meaning, of the fieldwork and information collected for the study. This study used a mixed- methodology approach for data collection. Ponce and Pagán-Maldonado (2015: 113) stated that mixed-methodology refers to the mutual use of qualitative and quantitative research approaches for data collection.

Quantitative data collected in this study through questionnaires was analysed by the Statistical Package for Social Science (SPSS) Version 26. Questionnaires were captured in Microsoft Excel 2003. The data collected through the qualitative method of structured interviews was analyse in a thematically approach. The analysis will assist in establishing the perceptions of patients and health care workers about the service delivery provided by Rietvlei Hospital. It also assists in tabling the percentage of patients who are satisfied and dissatisfied with the service delivery and healthcare services provided by Rietvlei to patients.

3.11 QUALITATIVE RELIABILITY

The researcher ensured that the data which was collected was reliable. Noble and Smith (2015: 1) described reliability as the credibility of the research and the consistency and analytical procedures of research questions which were employed. According to Moser and Kalton (1985), as cited by Taherdoost (2016b: 33), reliability is the repeatability of the study, which implies that if the study is repeated by a credible researcher over again, the results will be the same when the conditions are not changed. This perspective was asserted by Huck, Cormier and Bounds (1974: 68) through them claiming that testing reliability is significant as it determines if there is consistency across parts of the measuring instruments.

Therefore, it means if another researcher conducts the same research with the same population using the same instruments which were used by the previous researcher, like interviews and questionnaires, the second researcher should produce the same results as the first researcher, and this will provide the true integrity of the research. For this study, in order for the researcher to attain credibility, the researcher read and scrutinised interviews repeatedly, especially those which had been transcribed, until the researcher was satisfied. This was done because the reliability of the outcome of the study is very important.

3.12 QUANTITATIVE VALIDITY

Noble and Smith (2015: 1) are of the view that validity is about ensuring that the researcher does not include his or her personal experiences and viewpoints because it may result in methodological bias and not accurately presenting participants' perspectives. According to Ghauri and Gronhaug (2005), as cited by Taherdoost (2016b: 2), validity means that the instrument which has been selected by the researcher measures exactly what the researcher intended it to measure. Furthermore, the authors explain how well collected data covers the actual areas of the study. To ensure validity, the researcher created short and straight forward questions which were easily understood by the respondent without any challenges or bias.

3.13 QUALITATIVE TRUSTWORTHINESS

According to Gunawan (2015: 10), many researchers have failed to give adequate descriptions in their research reports of their assumptions and methods which they used to analyse data. However, this has contributed to more criticism of bias from the eyes of many believers. Furthermore, trustworthiness is a matter of persuasion, whereby the researcher is viewed as having their practices visible for auditing. Furthermore, she argues that validity in qualitative studies should not only be linked to the truth or values because they are for positivists. The study can be trustworthy

only if the reader of the investigation report judges it so. Qualitative research aims to enhance the knowledge and understanding of a situation which is being investigated.

According to Pilot and Beck (2014), as cited by Connelly (2016: 1), trustworthiness of the study refers to the level of trust in the data elucidation and the method which was to collect data, and to ensure the quality of the study. The data which was collected for this study was analysed using thematically approach to ensure the trustworthiness of the analysis.

3.14 ETHICAL ISSUES

The researcher has adhered to Durban University of Technology's (DUT) principles of research policies. The investigator ensured that all ethics guidelines were followed and adhered to. The researcher ensured that he introduced himself and the importance of the study to all research participants. The researcher informed all participants that the survey is voluntary; they can withdraw their participation to the study at any time without consequence. The researcher told participants that for participating in the study there were no financial rewards or any compensation to be given.

The participants were given consent forms to sign to determine their willingness to participate in the study. Furthermore, participants were given letters of information which provided all relevant information about the study. The participants were also told that their confidentiality and anonymity was guaranteed at all time. Lastly, the study participants were also informed about how collected data would be kept and destroyed. The researcher ensured that all ethics that applied to the research was adhered to and followed.

3.15 SUMMARY

This chapter discussed the research methodology which was used to conduct the study. The researcher has used a mixed methodology for this study which includes qualitative and quantitative research. For qualitative the researcher has used a structured interview and for quantitative the researcher has used questionnaires. Questionnaires were analysed and interpreted using the Statistical Package for Social Science (SPSS) Version 26 as statistical software package. Interviews were interpreted thematically in order to appreciate the perceptions of all participants on the service delivery and healthcare services provided by Rietvlei Hospital. Findings of the analysed collected data will be detailed more in Chapter four.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 INTRODUCTION

This chapter presents the descriptive data which is collected for the study through the questionnaires, interviews and observations from participants of the study at Rietvlei Hospital. The chapter also provides for examination of data collected through questionnaires for this study as quantitative data. Researcher issued one hundred and fifty (150) questionnaires to respondents, but only one hundred and twenty-eight were answered and brought back by research participants. The researcher also collected qualitative data through interviews from participants of the study at Rietvlei Hospital. The chapter further provides the interpretation of qualitative data which were collected to determine the perspectives of health professionals about the service delivery and health care services provided by Rietvlei Hospital.

The researcher interviewed six respondents using interview schedules and all respondents were Rietvlei employees. The researcher interviewed management, health professionals, and the acting record manager. After the analyses and interpretation of collected data, the conclusion will be associated to previous literature and findings.

4.2 RESULTS OF QUANTITATIVE AND QUALITATIVE DATA

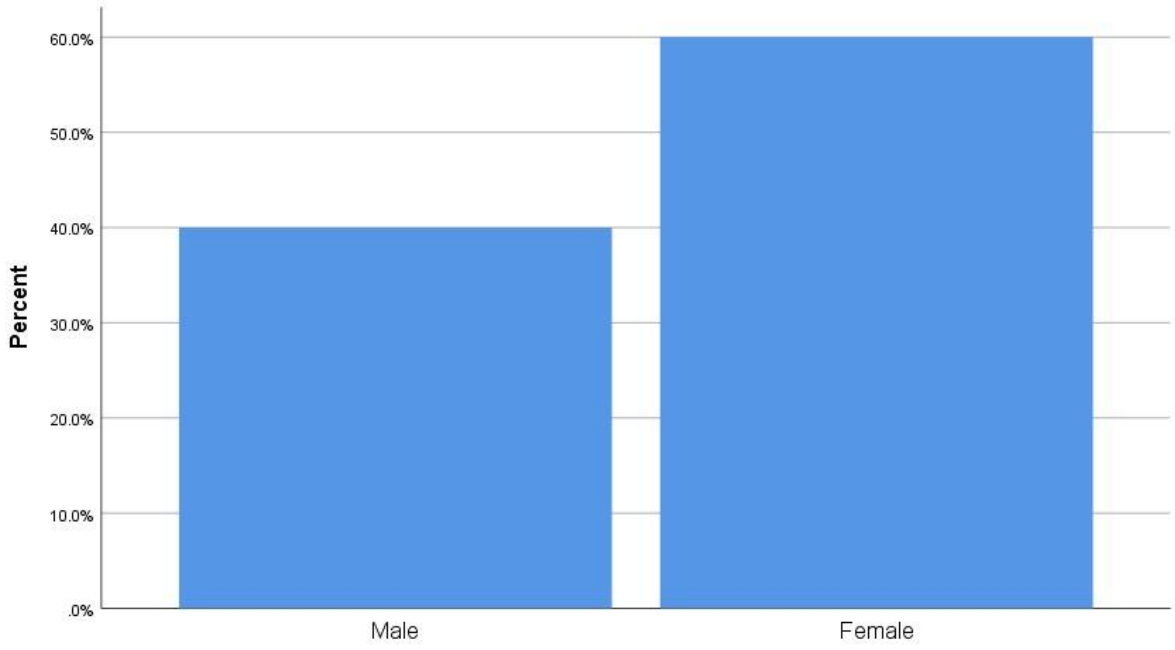
4.2.1 DESCRIPTION OF THE STUDY POPULATION

Quantitative data were collected from one hundred and twenty-six participants (126). The researcher issued one hundred and fifty (150) questionnaires to all participants for survey, which included patients and healthcare professionals. Only one hundred and twenty-six (126) questionnaire responses were received back from participants. Twenty-four (24) questionnaires were not brought back by participants. After

obtaining one hundred and twenty-six (126) responses from survey participants the qualitative survey was concluded. The validity of the data was tested through exporting the survey results into SPSS version 26 and computing the Cronbach Alpha. Researcher collected data from 3 August 2020 to 30 September 2020.

The respondents of the study were healthcare professionals from in and around the uMzimkhulu area and other healthcare professionals who were coming in from urban areas. These healthcare professionals were enrolled nursing assistants, staff nurses, and registered nurses. Some of the nurses studied for one year and two year certificates, and others had a four year diploma. They have from one year to fifteen years of experience. Some of the patients who participated in the study are not educated and some are well educated. These patients are residing around the uMzimkhulu area.

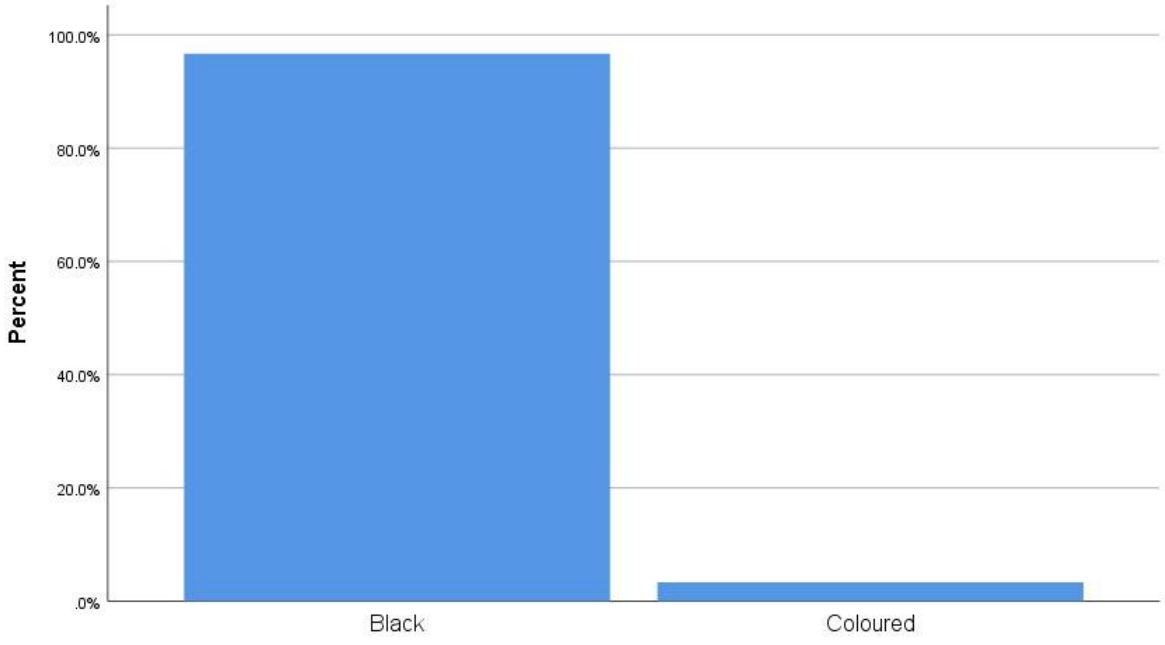
Figure 4.2.1.1: DISCRIPTION OF THE GENDER OF THE PATIENT PARTICIPANTS OF THE STUDY



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	24	40.0	40.0	40.0
	Female	36	60.0	60.0	100.0
	Total	60	100.0	100.0	

The survey results disclosed that there were more female patients who participated in the survey compared to male patients who participated in the survey. Female patients who participated in the survey made up about 60 per cent of the sample, whereas male patients who participated in the survey only made up 40 per cent as shown in the figure above. According to Rampamba *et al.* (2017: 2) more female attends public healthcare facility with different diseases than man.

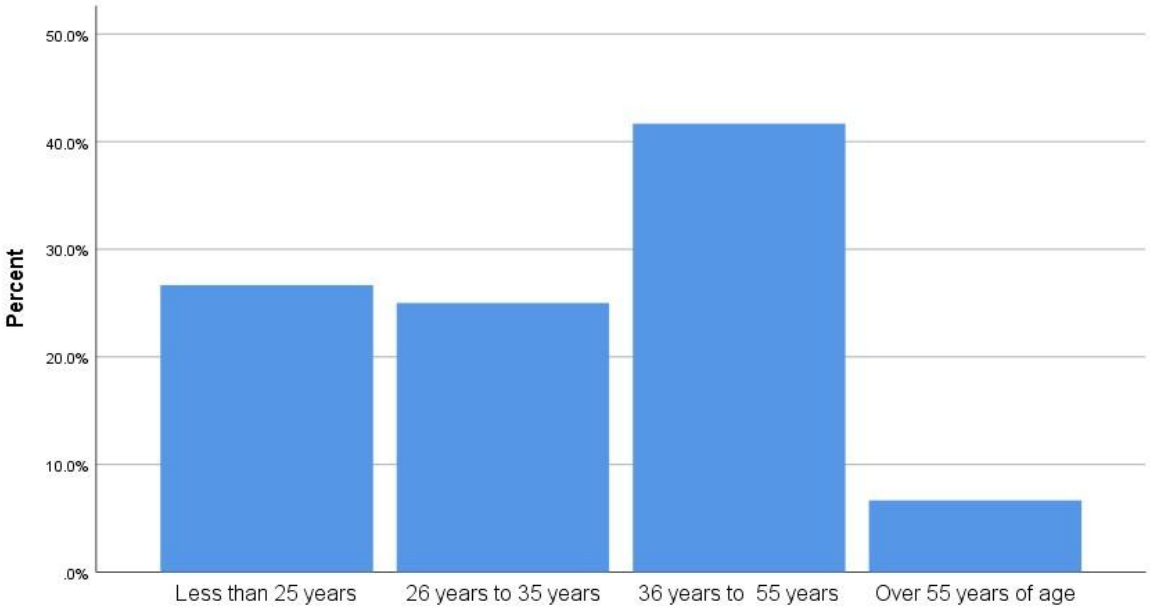
Figure 4.2.1.2: DISCRIPTION OF THE RACE OF THE PATIENT PARTICIPANTS OF THE STUDY



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Black	58	96.7	96.7	96.7
	Coloured	2	3.3	3.3	100.0
	Total	60	100.0	100.0	

The patients who participated in the survey were mostly black people since Rietvlei Hospital is situated at a rural area at uMzimkhulu. The results of the survey revealed that more patients who participated in the survey were black people, the made up 96.7 per cent of the sample. The researcher monitored the behavior of black participants and the behavior of coloured, both these race were behaving differently. Blacks their facial expression was showing the unhappiness and to reluctant in giving the researcher the information, whereas the coloured were full of themselves and they have lot of self-confidence. The survey has divulged that only 3.3 per cent of participants were coloured patients in the survey, as is presented in the Figure above. Dlova *et al.* (2015: 282) mentions that public healthcare institutions are mostly attended by black people since most of them are situated in rural areas.

Figure 4.2.1.3: DISCRIPTION OF THE AGE OF THE PATIENT PARTICIPANTS OF THE STUDY.

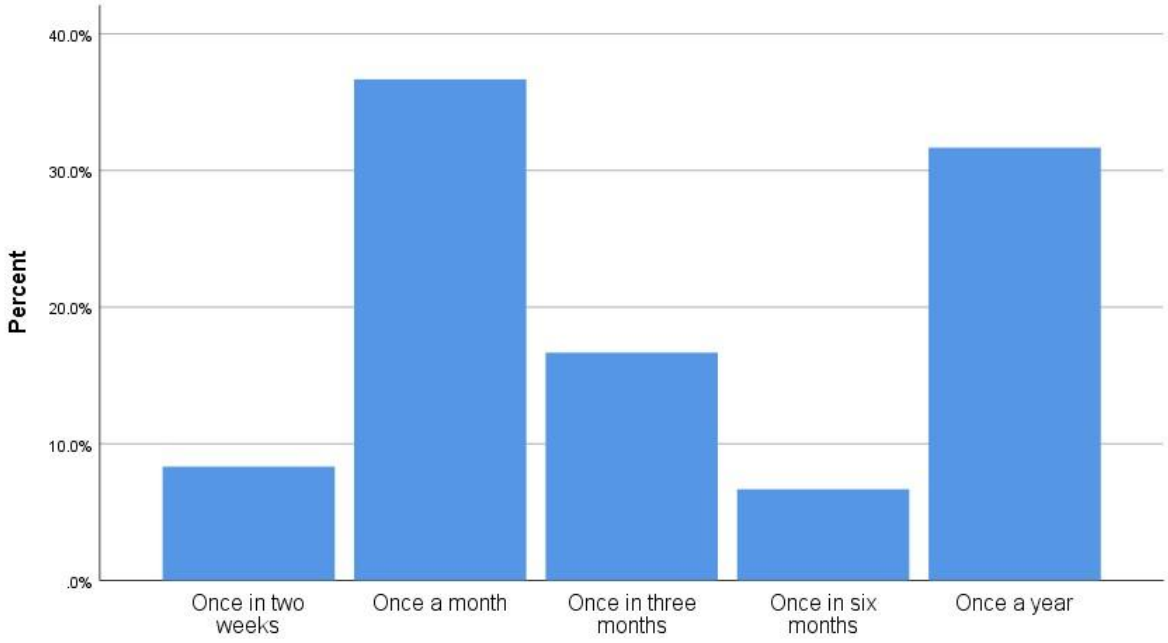


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 25 years	16	26.7	26.7	26.7
	26 years to 35 years	15	25.0	25.0	51.7
	36 years to 55 years	25	41.7	41.7	93.3
	Over 55 years of age	4	6.7	6.7	100.0
	Total	60	100.0	100.0	

The survey revealed that the patients who participated most in the survey were between ages of 36 years and 55 years, with a percentage of 41.7 per cent of the

sample. This means survey participants were mature people with more significant information. Mallman and Lee (2016: 684) mentioned that mature participants are the key in providing reliable information. Then they were followed by patients who were less than 25 years, who made up 26.7 per cent of the sample and patients between ages of 26 years to 35 years, with 25 per cent of the sample. Lastly the patients who participated in the study were from the age of 55 years and above, with 6.7 per cent. Menon *et al.* (2015: 450) attested that patients who attend public healthcare facilities are more mature patients who are young adults.

Figure 4.2.1.4: RESPONDENTS' ON HOW OFTEN THEY VISIT RIETLVEI HOSPITAL.



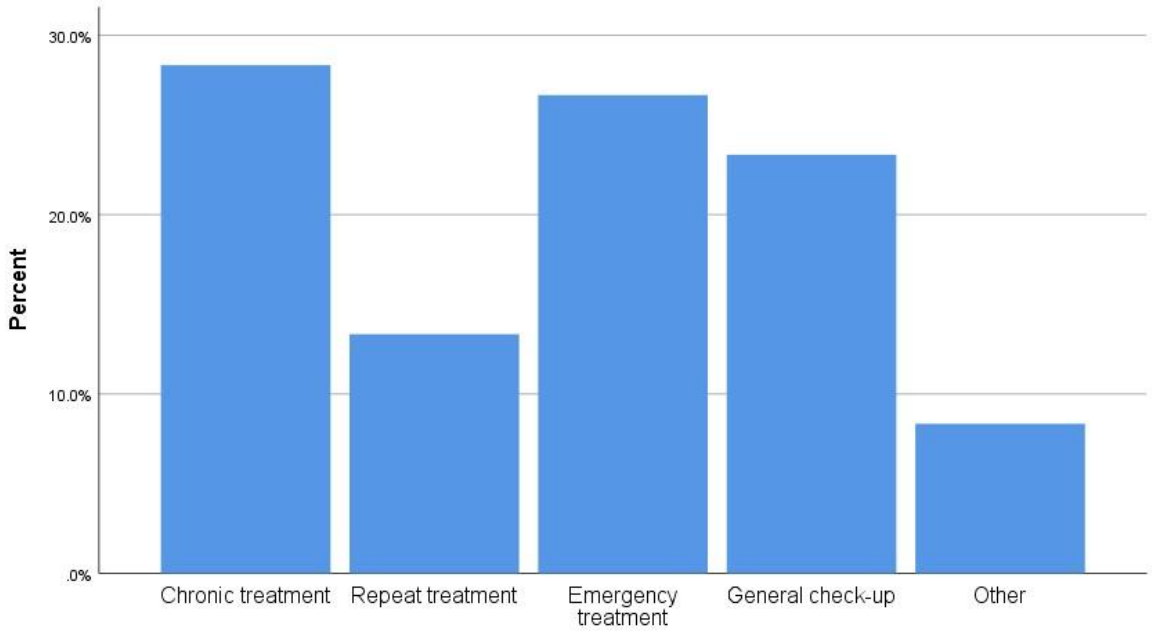
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Once in two weeks	5	8.3	8.3	8.3
	Once a month	22	36.7	36.7	45.0

Once in three months	10	16.7	16.7	61.7
Once in six months	4	6.7	6.7	68.3
Once a year	19	31.7	31.7	100.0
Total	60	100.0	100.0	

The Rietvlei hospital patients who participated in the study revealed that patients who visit Rietvlei hospital are mostly those that visit the hospital once a month. The survey revealed that participants who visited the hospital once made up 36.7 per cent of the total count. Some of the patients who participated in the survey who visit the hospital once in a year, with a percentage of 31.7 per cent of the sample, were probed. Other participants mentioned that they visited the hospital once every three months, who made up 16.7 per cent of the sample. Lastly, the patients that participated in the survey who revealed that they visit the hospital once in six months made up 6.7 per cent of the sample. Figure 4.2.1.4 above supports the notion that Rietvlei Hospital provides service delivery and healthcare services to different patients each and every day.

According to Alford *et al.* (2016: 488), the majority of patients that visit public healthcare facilities on a monthly basis are those who collect chronic medication from public hospitals.

Figure 4.2.1.5: RESPONSES TO WHAT TYPES OF TREATMENT THE PATIENTS NORMALLY REQUIRE AT RIETLVEI HOSPITAL.



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Chronic treatment	17	28.3	28.3	28.3
	Repeat treatment	8	13.3	13.3	41.7
	Emergency treatment	16	26.7	26.7	68.3
	General checkup	14	23.3	23.3	91.7
	Other	5	8.3	8.3	100.0
	Total	60	100.0	100.0	

The patients who participated in the survey revealed that they mostly visit Rietvlei hospital to collect their chronic medication. The number of patients who participated

in the study that collect their chronic medication from Rietvlei hospital was high than other patients who visit the hospital for different reasons, with 28.3 per cent of the sampling. The other high percentage of respondents of the survey is patients who visit the hospital for emergency treatment, 26.7 per cent of the sample. Other respondents with a high percentage are patients who visit the hospital for general check-ups, 23.3 per cent of the sample. Lastly, patients who visit hospital for repeat treatments, 13.3 per cent of the sample. It can be deemed that the hospital is always busy with patients who visit the hospital for different problems.

Alford *et al.* (2016: 488) are of view that mostly patients normally visit the hospital because they have to collect their chronic medication. According to O'Shea *et al.* (2019: 64), rural communities are associated with a higher currency of chronic medical diseases and conditions; this is because the community has challenges in accessing quality healthcare services. Furthermore, the rural patients seek medical treatment for acute critical illnesses in their rural healthcare facilities. There were varying degrees of understanding about the treatments patients normally require at Rietvlei Hospital. It was observed that most of Rietvlei's employees only know about the treatment which their wards and sections provide to patients. Few of Rietvlei's employees express their understanding about treatments which are normally required by Rietvlei patients. One employee alluded to the treatment which they provide to patients:

> "Uhmm, activities there isn't much here at the theatre because the patients have already been admitted at the wards. For us we need to do pre-observation visits, just to engage with them to deal with anxiety and tell them that when they come to theatre what they need to wear. Then when they come here activities not necessary activities, but we ask the patients what is he or she going to do at theatre like the consent that did she or he gave consent to be operated because we are not supposed to operate a human being without giving the consent. We must know that he or she knows that is coming for operation, and what is the reason for operation and where he or she will be operated. So those are activities just to engage with them.

The other participant who is a patient also alluded on the treatment of the patients and said:

> ‘Even inside the theatre most of our patients we don’t use the general anaesthesia whereby the patient will be sleeping. Mostly here we do more of people who come to maternity for giving birth. Mostly we do them under spinal anaesthesia, meaning that we only make the bottom part to be numb from their waist at the upper body they are awake. We engaged we the patients in order to determine their level of consciousness, we want to see if the patient is still right, and also to determine if there are changes, so basically we engaged to patient during operation” (2020, Personal communication, 19th September).

The second Rietvlei Hospital employee also mentioned about the treatment which they normally provide to Rietvlei patients.

This employee had this to say:

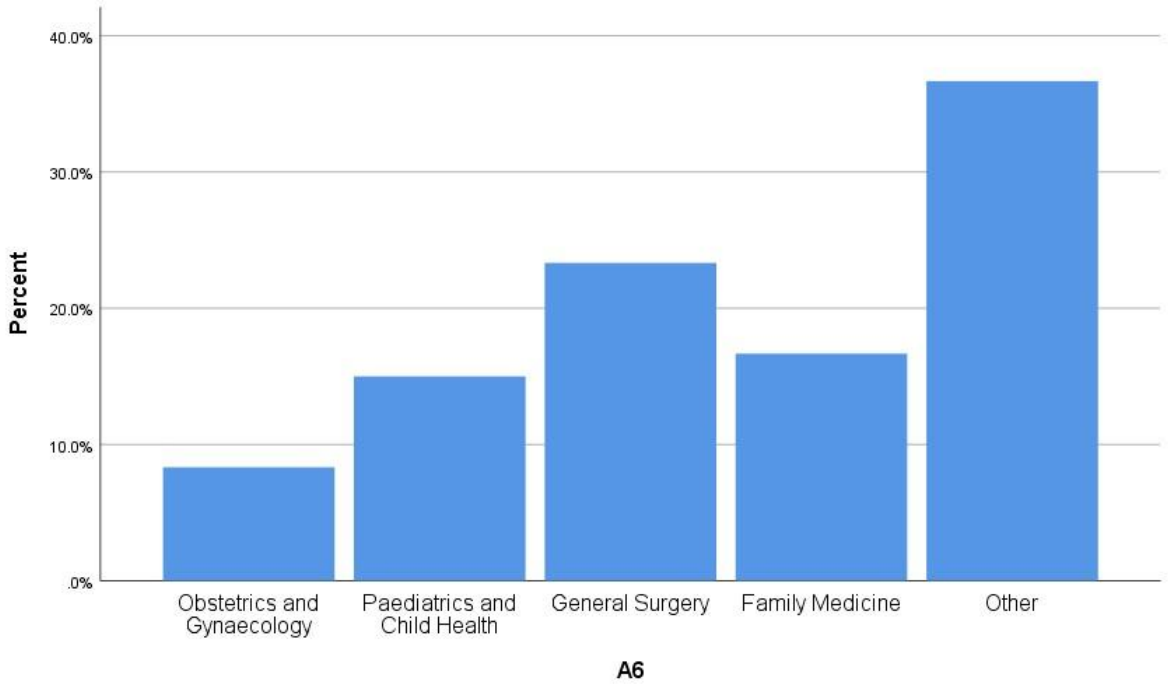
> “…Yes, we conduct patients assessments in order to check their mental and emotions. We conduct deliveries and attending to newborn babies, when there is a sick babies we attend to them” (2020, Personal communication, 19th September).

The other employee of Rietvlei Hospital also alluded about treatment which her wards provide to Rietvlei patients.

This Rietvlei Hospital employee had this to say:

> “Uhmm, at admission section we provide counselling to the patient, because some patients are stressed when they are admitted for the first time. Yah, orientate them about the ward layout” (2020, Personal communication, 19th September).

Figure 4.2.1.6: RESPONSES ON WHAT DEPARTMENT ARE NORMALLY VISITED BY THE PATIENTS.



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Obstetrics and Gynaecology	5	8.3	8.3	8.3
	Paediatrics and Child Health	9	15.0	15.0	23.3
	General Surgery	14	23.3	23.3	46.7
	Family Medicine	10	16.7	16.7	63.3
	Other	22	36.7	36.7	100.0
	Total	60	100.0	100.0	

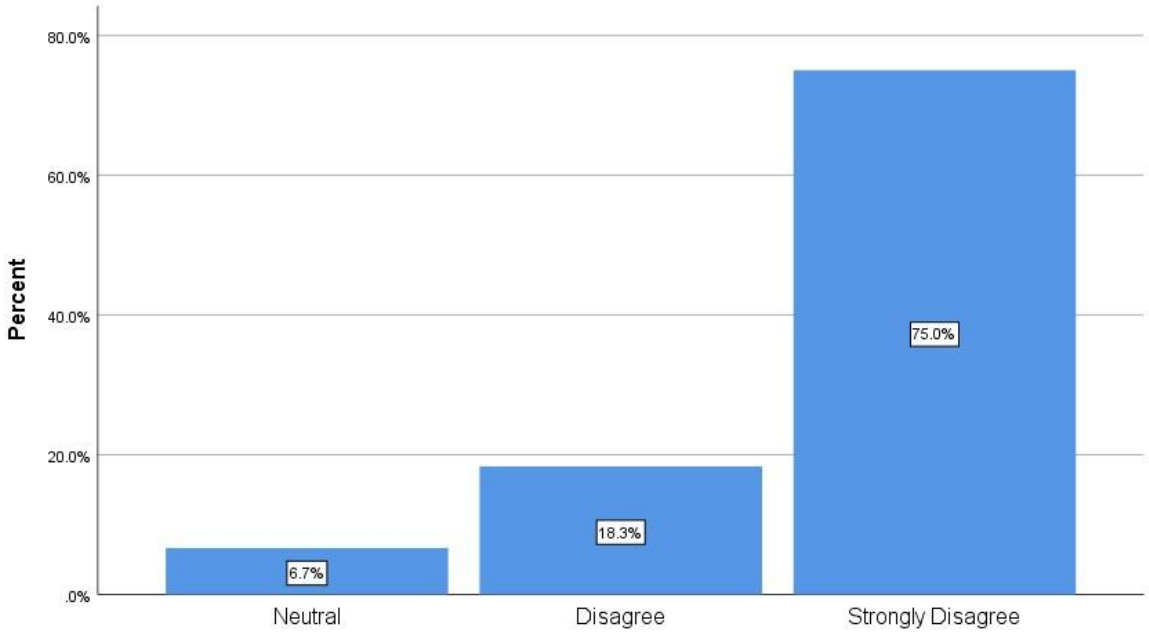
The patients who participated in the survey indicated that they visit different departments within the Rietvlei hospital. This was indicated by 36.7 per cent of patients who participated in the study, they revealed that they visit different sections within the hospital to obtain medical treatment. These participants were followed by 23.3 per cent of participants who visited the General Surgery at Rietvlei Hospital. According to Henrique *et al.* (2016: 25), most patients visit different wards and sections of the hospital as a flow which is involved in transforming sick patients into healthier patients. Furthermore, the patients will go through different sections of the hospital in order to be completely healed.

An employee of Rietvlei Hospital was of the view that patients visit different wards and sections with the Rietvlei Hospital for medical attention. The employee further mentions that their operations complement each other, since the patients will start in the admission unit to other wards or sections of the hospital. One employee of Rietvlei Hospital alluded that patients go in different sections and wards within the hospital until they are discharged.

One of the Rietvlei Hospital employees had this to say:

> "Uhmm, patient goes to different sections and wards with the hospital before they are deemed fit to be discharged." … "The patients start at admission section to casualty. Yah, casualty is a department which provides immediate treatment for emergency cases." … "Yes it also provides a quick diagnosis of the patient's sickness. It's also determined if the patients must be admitted to hospital or not. At casualty patients are referred to the relevant ward, where the patient will be admitted in order to obtain medical attention" (2020, Personal communication, 16th September).

Figure 4.2.1.7: RESPONSES ABOUT THE CLEANLINESS OF THE ENTIRE RIETVLEI HOSPITAL.



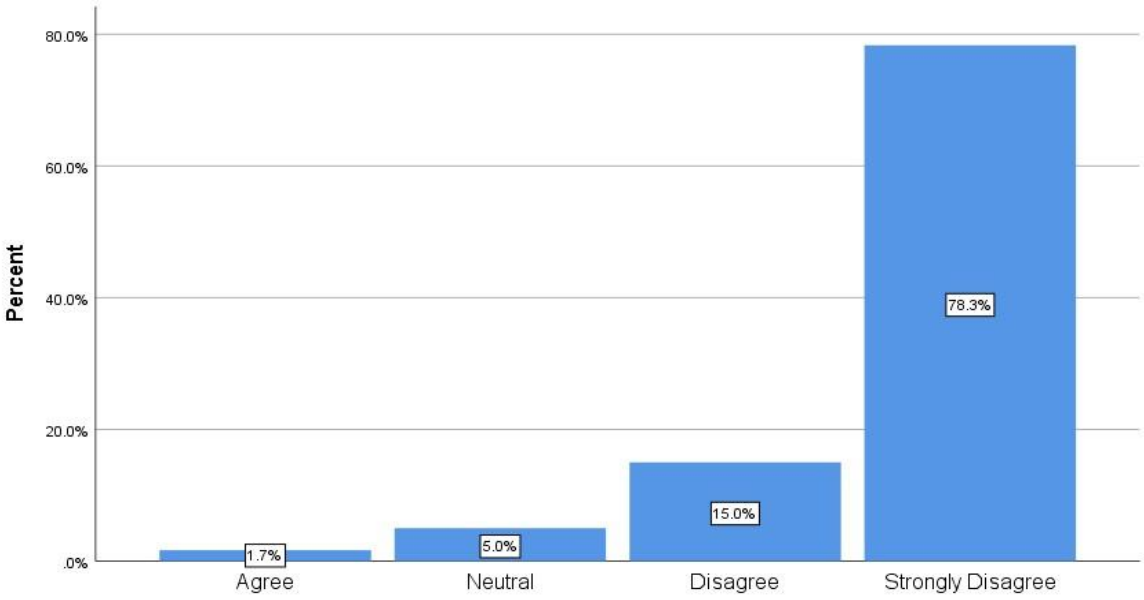
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neutral	4	6.7	6.7	6.7
	Disagree	11	18.3	18.3	25.0
	Strongly Disagree	45	75.0	75.0	100.0
	Total	60	100.0	100.0	

The patients that participated in the study mentioned that the entire Rietvlei hospital is not clean. This was indicated by more than half of respondents who were not satisfied about the cleanliness of Rietvlei hospital. They were of the view that some Rietvlei Hospital employees, premises, wards, restrooms, equipment, and beds are clean and well organised. This is shown in the figure 4.2.1.7 where 75 per cent of study respondents strongly disagreed Rietvlei Hospital is clean. The majority of

study respondent were not satisfied with the way in which the entire hospital looked like in terms of its cleanliness. This makes patients feel un-relaxed and unsafe knowing that the surrounding environment is not clean and it also makes patients not have peace of mind regarding sterility in their environment. Infection control is significant in hospitals because a clean environment reduces risks of infections and sickness; furthermore, it minimises chances of the health facility to obtain infections.

These participants were supported by 18 per cent of participants who disagreed about the cleanliness of Rietvlei Hospital. Furthermore, only 6.7 per cent of participants were unsure about the cleanliness of the Rietvlei Hospital. This revealed that more study participants were not satisfied with the cleanliness of Rietvlei Hospital. However, since there was no percentage of respondent who were satisfied with the cleanliness of the Rietvlei Hospital, it means there is a lot that need to be done in order to address this issue and there is a room for improvement. Bilog (2017: 224) mentioned that cleanliness is significant for to any organisation to achieve its goals.

Figure 4.2.1.8: RESPONSES ABOUT HOSPITAL STAFF RELIABILITY.



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	1	1.7	1.7	1.7
	Neutral	3	5.0	5.0	6.7
	Disagree	9	15.0	15.0	21.7
	Strongly Disagree	47	78.3	78.3	100.0
	Total	60	100.0	100.0	

Patients who participated in the study were not satisfied about the reliability of Rietvlei hospital staff. Most survey participants strongly disagreed that Rietvlei Hospital employees are reliable and respond punctually when they are needed. This is shown by the 78.3 per cent who strongly disagreed and 1.7 per cent who disagreed that the Rietvlei Hospital employees are reliable and respond punctually when they are needed. This was revealed by the respondents when they responded to questionnaires about hospital staff reliability. According to Manzuma-Ndaaba *et al*. (2016), cited by Abu Amuna *et al.* (2017: 11), reliability of organisational staff attains a great level of customer retention, loyalty, and customer satisfaction. It can be suggested that Rietvlei Hospital has lot that needs to be done to ensure customer satisfaction.

This was in contrast to 1.7 per cent of respondents of this survey who agreed that Rietvlei Hospital staff were reliable. The other five per cent of participants were reluctant to talk about the reliability of Rietvlei staff; they decided to be neutral about the reliability of the hospital staff. Many study participants were not happy with the way in which hospital staff responded when they are needed. The high number of patients who were not satisfied with the way in which the Rietvlei Hospital staff responded when they are needed can suggest that the staff need to change their attitudes towards patients in order to provide quality service delivery and quality healthcare services. This is depicted in figure 4.2.1.8 above.

Teshnizi *et al.* (2018: 83) mentioned that in the health sector the value of services and relationships with people's lives, quality assurance, and quality promotion have received growing attention. This is because the health sector provides services using taxpayer money. The taxpayers have increased their expectations from public hospitals and other organisations which provide healthcare services. Furthermore, hospitals has aim to provide excellent clinical care services and quality services.

Moreover, this will increase their profits, cost saving, market share and ensure customer retention. One of the employees at Rietvlei Hospital alluded that the hospital staff are reliable since they practice Batho Pele Principles and Patients Right. The employee also asserted that the hospital is patient centeredness:

> "Uhmm, we are aware of the principles that we should be using when it comes to patient care, because really we are here for patient and nothing else. We are aware that there are principles which guide us like Batho Pele Principles and Patients Right. We are aware of all those things that why we are trying each and every time to meet the patients' needs." … "Like even in these complain management meetings...are one of the meetings that make us to improve our service delivery towards patients because...like patients won't talk to us sometimes in person but we've got those boxes there." … "As I was going to that meeting, those boxes are opened on Wednesday by Public Relation Officer. So we got to know what we are not doing right for the patients like linen. Patients will say they were feeling cold because the gowns were not enough, so we follow up to find out why were the gowns were not enough when they are available. If they were not delivered by the laundry, we liaise with laundry to delivery gowns every day... so we've got those types of meetings and we have the suggestion boxes. Yah, we do all of these in order to deal with challenges which might affect the patient care" (2020, Personal communication, 20th September).

The other participants of the study were also of the view that the hospital is patient orientated and that the Rietvlei Hospital employees are always reliable since they practice Batho Pele principles and respect patients' rights.

This is what the other employee had this to say:

> "Yah, the Hospital is patient orientated because all the time they are always stressing the importance of Batho Pele principles and Patients Right Charter" (2020, Personal communication, 20th September).

Other participants mentioned that management are trying their level best to enhance service delivery and healthcare services at Rietvlei Hospital to meet and satisfy patients' needs. One participant mentioned that the management ensures that staffs are empowered to enhance service delivery and healthcare services in the institution.

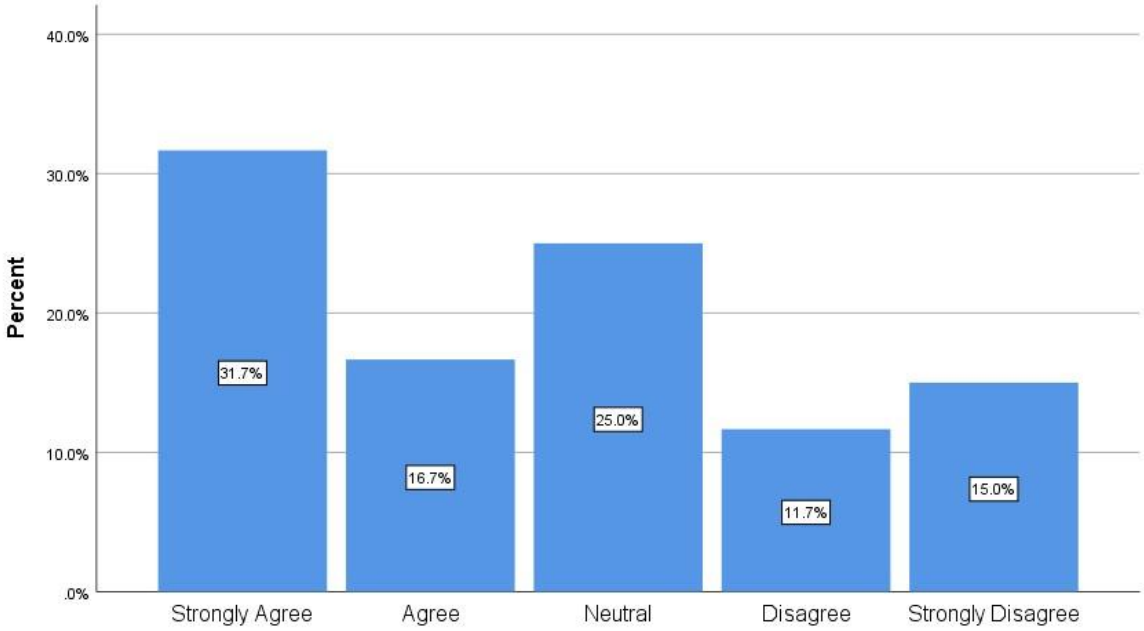
This employee of Rietvlei Hospital mentioned that:

> "With us we have tried our level best to ensure that the staffs are empowered and also what you called its available. The equipment is available to ensure that quality service is rendered" (2020, Personal communication, 20th September).

Management ensures that hospital personnel adhere to patients' rights. The participants mentioned that the organisation has a committee which sits every Tuesday to attend to patients complains and staff dissatisfaction. The management tries their level best to ensure that those available resources are being used effectively and efficiently to furnish effective and efficient service delivery and healthcare services to patients.

> "There is a lot because they also use that channel of patient's right, if the patient is satisfied with service delivery, we attend to that. We have committee which sit every Tuesday which attend to patients complains and also, they have component that oversees the staff complaints this committee deals with both patients and staff complaints" (2020, Personal communication, 20th September).

Figure 4.2.1.9: PATIENTS' PERCEPTIONS ABOUT WAITING TIMES BEFORE ACCESSING MEDICAL ATTENTION



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	19	31.7	31.7	31.7
	Agree	10	16.7	16.7	48.3
	Neutral	15	25.0	25.0	73.3
	Disagree	7	11.7	11.7	85.0
	Strongly Disagree	9	15.0	15.0	100.0
	Total	60	100.0	100.0	

Patients that participated in the study were of the view that they wait for a long time before they get to be assisted at Rietvlei Hospital. They further mentioned that Rietvlei Hospital does not practice patients' rights and Batho Pele Principles because the many study participants were of the view that they wait in long queues before being attended by health professionals at Rietvlei Hospital. This was revealed by 31.7 per cent participants of the survey who stated that they strongly agreed that they wait in long queues at Rietvlei Hospital before they receive medical attention. This view was asserted by other participants, with 16.7 per cent who agreed that they wait in long queues before they are being attended to by healthcare workers. However, some participants, 25 per cent of them, were reluctant to comment about waiting times at Rietvlei Hospital.

This was supported by Savanth and Babu (2017: 953) who stated that the major problems which are faced by today's hospital is a lack of technique to manage patient queues. According to Adepoju (2018), cited by Mahmoud *et al.* (2019: 2), patients in public health institutions wait for a long time before they are attended to because of a significant disparity between patients and healthcare professionals. The author further stated that this problem has led to an overcrowding of patients in the hospital, it also causes patients to be frustrated and patients need to know waiting times before the patients wait in the queue. Monstad, Engesæter and Espehaug (2014: 446) are of the view that waiting in long queues at a public healthcare facility indicates a poor quality of service provided.

In contract, there were 11.7 per cent of survey participants who disagreed and 15 per cent who strongly disagreed that they have to wait in long queues at Rietvlei Hospital before they are attended to by healthcare workers. This means there is lot which need to be done by Rietvlei Hospital to enhance service delivery, healthcare services and ensure that patients don't wait long times in queues in order to obtain medical attention. To improve this will ensure the provision of effective service delivery and quality healthcare services to patients by Rietvlei Hospital. According to Adeniji and Mash (2016: 3), patients who seek medical care at public health

institutions expect the timely, efficient, and quality care of service delivery as well as healthcare services. Furthermore, if patients are brought to a health centre by emergency medical services they expect to be treated immediately.

One of the employees at Rietvlei Hospital alluded that sometimes patients are attended later because of a shortage of resources:

> "Sometimes they are attended later that the time they expect to be attended Due to staff shortage in the wards we are always too much busy" (2020, Personal communication, 21st September).

Mahmoud *et al.* (2019: 2) attested that patients often complain about long waiting times at rural hospitals. These complaints are major due to the importance ratio disparity between patients and medical staffing. This means there are too many patients to be attended by few medical staff, which makes it difficult to render service delivery and healthcare services to patients.

The participants wished that if government could increase the resources allocated to public healthcare facilities, they can modernise their equipment to improve service delivery and healthcare services at public healthcare institutions. The poor amount of resources allocated to rural healthcare facilities causes rural healthcare facilities to experience a lot of challenges which have a bad impact on patients.

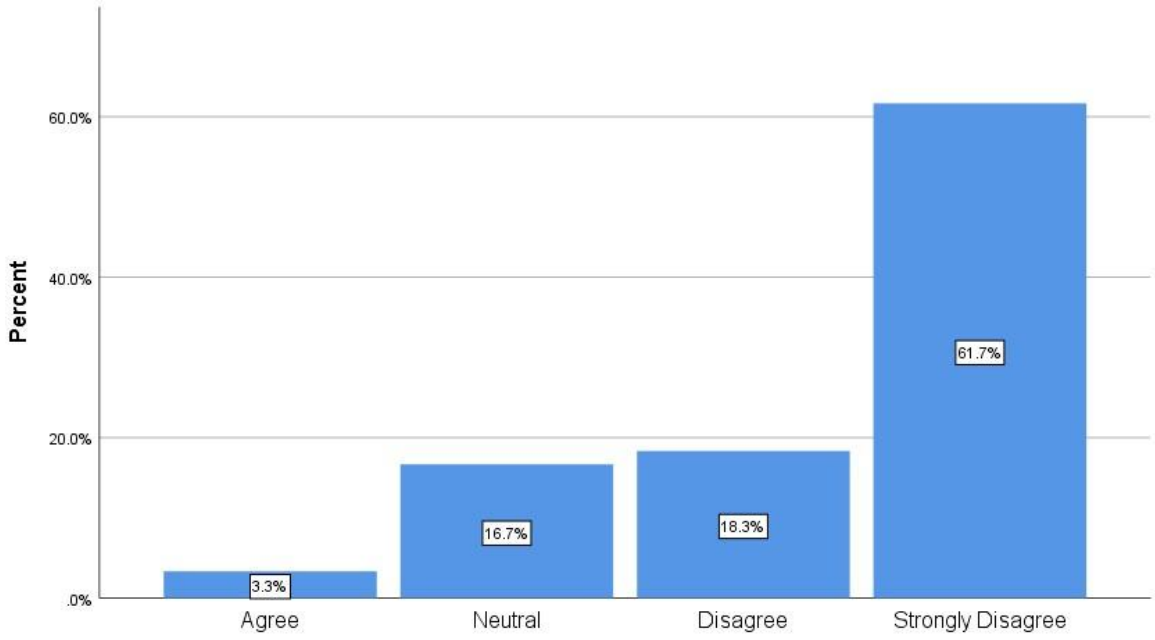
Another employee had this to say:

> "You see what I can say I do observe is the unavailability of working equipment, which is something I think the whole country is facing. But with us as Rietvlei Hospital we struggle a lot about working equipment, with the shortage of staff members. So that makes even if we do give quality patient care, but we can't give that quality patient care, because for starters we have a shortage of nurses. When we execute our duties, we over stretch our self and another thing is that before you even start to do your work"… "It is difficult to work because you must start by trying to find working equipment because equipment is always not available. That make our patients end up suffering somewhere or somehow you see. There are things which

we cannot do it our self but, we tried by all means to assist them and give them what they need but that are my observation" (2020, Personal communication, 21th September).

Winchester and King (2018: 200), cited Koivusalo et al. (2007), stated that decentralising healthcare services will reduce waiting times and distance travelled by rural communities in order to access healthcare services.

Figure 4.2.1.10: RESPONSES ON THE PROVISION OF REGULAR SUPERVISION BY HEALTHCARE WORKERS



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	2	3.3	3.3	3.3
	Neutral	10	16.7	16.7	20.0

Disagree	11	18.3	18.3	38.3
Strongly Disagree	37	61.7	61.7	100.0
Total	60	100.0	100.0	

According to Pollock *et al.* (2017: 1826) clinical supervision is the facilitation of support and learning for healthcare practitioners which will provide a safe, competent practice and the provision of support to individual health professionals who may be working under a stressful environment. Brunero and Lamont (2012), cited by Pollock *et al.* (2017: 1826), stated that clinical supervision by health professionals is widely considered to be an integral part of professional practice for healthcare practitioners.

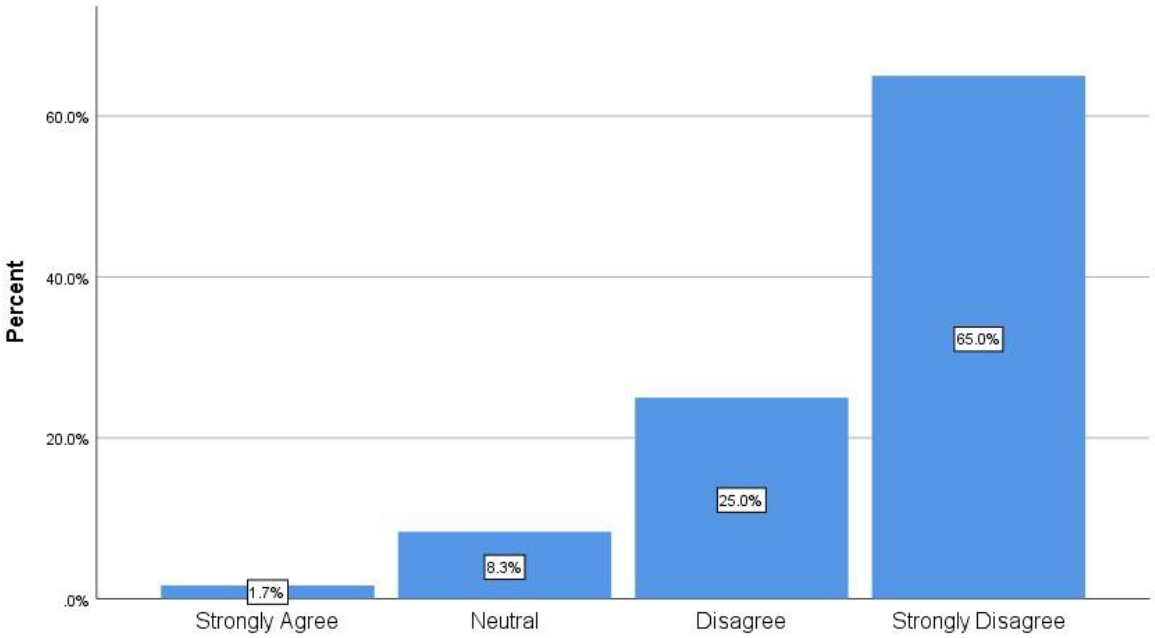
The majority of patients who participated in the study were of the view that healthcare workers and specialists do not provide regular supervision to patients who are admitted at Rietvlie Hospital. This was revealed by patients who participated in the survey, with 61.7 per cent who strongly disagreed that the healthcare workers and specialists do provide regular supervision to patients. While 18.3 per cent of patients that participated in the survey also disagreed that the healthcare workers and specialist do provide regular supervision to patients.

There is lot that needs to be done by Rietvlei Hospital management in order to improve quality service delivery and quality healthcare services at the hospital, because some 16.7 per cent of participating patients were reluctant to comments about supervision which is provided by Rietvlei health professionals to patients. There were 3.3 per cent of patients who participated in the survey who agreed that healthcare workers and specialists do provide regular supervision to patient. This is reflected in figure 4.2.1.10, above.

According to Mahmoud *et al.* (2019: 2), medical staff must be provided with training at all times to equip them with necessary skills and knowledge. This is because there is a paucity of training for medical staff and a lack of renewed and well-equipped medical outfits. One of the employees at Rietvlei Hospital alluded that management try their level best to ensure that medical staff have the required skills and knowledge: This employee of Rietvlei Hospital mentioned that:

> "With us we have tried our level best to ensure that the staffs are empowered and also what you called its available. The equipment is available to ensure that quality service is rendered" (2020, Personal communication, 20th September).

Figure 4.2.1.11: RESPONSES ABOUT THE SKILLS OF HEALTHCARE PROFESSIONALS



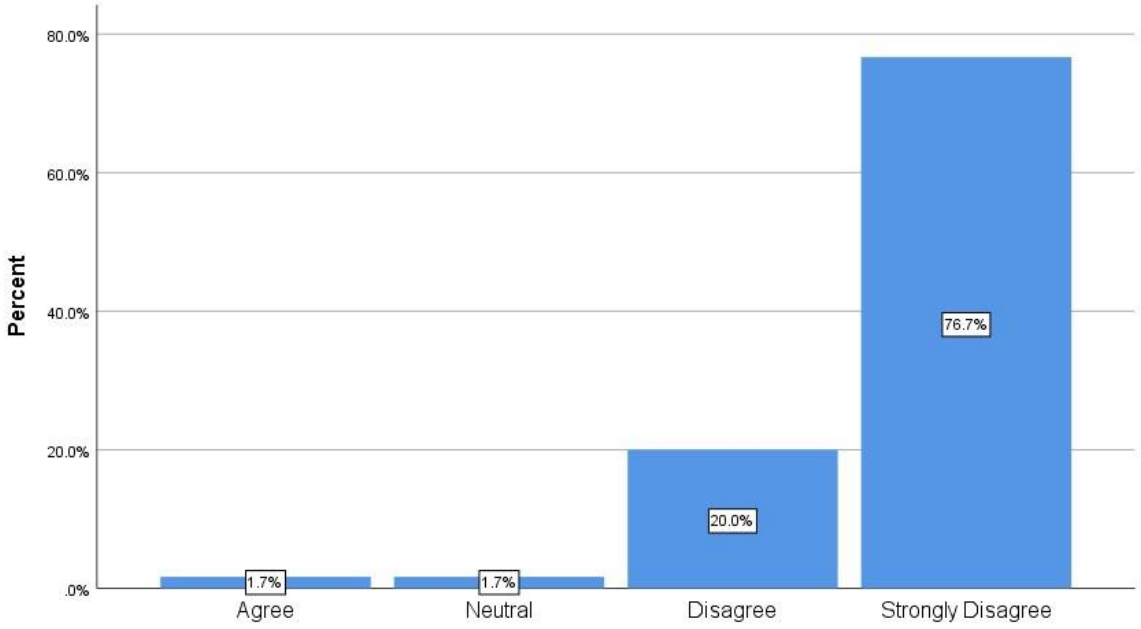
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	1	1.7	1.7	1.7

Neutral	5	8.3	8.3	10.0
Disagree	15	25.0	25.0	35.0
Strongly Disagree	39	65.0	65.0	100.0
Total	60	100.0	100.0	

Patients who participated in the survey were of the view that the skills and knowledge possess by Rietvlei health professionals does not meet their healthy needs. This was indicated by the majority of the study respondents were of the view that healthcare professionals do not have enough skills and knowledge. The study respondents felt that health professionals need to be trained in order to obtain more skills. More than half of respondents, 65 per cent strongly disagreed that health professionals have enough skills and knowledge. They were supported by 25 per cent of study respondent who also disagreed that health professionals have enough skills and knowledge. Some participants were reluctant to talk about the skills and knowledge possessed by Rietvlei Hospital staff.

This was revealed by 8.3 per cent who responded neutrally to the question. Brownson *et al.* (2017: 14) mention that there must be different educational approaches which enhance the capacity of integrated thinking, emotion, and behavior in order to be able to deal with everyday personal and social challenges. There were about 1.7 per cent of participants who strongly agreed that Rietvlei Hospital health professional have enough skills and knowledge. This means some participants were satisfied with the skills and knowledge possessed by Rietvlei Hospital health professionals. This was illustrated in the figure above. Young *et al.* (2016: 24) attest that public health institutions are too poorly resourced, with limited skills and a poor infrastructure, to provide effective and efficient service delivery and quality healthcare service.

Figure 4.2.1.12: INVESTIGATION ABOUT HEALTHCARE PROFESSIONALS' UNDERSTANDING OF PATIENTS' PROBLEMS



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	1	1.7	1.7	1.7
	Neutral	1	1.7	1.7	3.3
	Disagree	12	20.0	20.0	23.3
	Strongly Disagree	46	76.7	76.7	100.0
	Total	60	100.0	100.0	

Most of patients who participated in the survey were of the view that most of Rietvlei health hospital staff does not understand their health problems. Study participants were of the view that healthcare professionals at Rietvlei Hospital were not attentive or understanding to their problems and they don't provide mental health support to

patients. This practice needs to be addressed because it can hinder healthcare services. This was revealed by 76.7 per cent of study participants who strongly disagreed that Rietvlei Hospital health professionals are attentive and understanding to patient's problems. These participants were supported by 20 per cent of the study respondents who also disagreed that the Rietvlei Hospital health professionals are attentive and also provide mental support to patients. Other participants decided to be neutral about responding to this question. About 1.7 per cent of study participants responded neutrally to this question.

Brownson *et al.* (2017: 2) mentioned that healthcare facilities need to develop new and creative ways of addressing patient's problems. It can be deemed that if health professionals do not understand a patient's problems, it will be difficult for health professionals to address a patient's problems. This was revealed by respondent, with 1.7 per cent of participants agreeing that health professionals are attentive, understanding, and also provide mental support to patients. This means that there is a lot that needs to be done by Rietvlei Hospital management in order to address this issue and ensure patient satisfaction and retention.

According to Kamimura *et al.* (2015: 62), for successful organisations it is significant for that organisation to practice patient engagement in order to assess patients' needs and to improve healthcare systems. Furthermore, obtaining feedback from patients is one of the important ways of obtaining information about patients' perceptions of the quality of healthcare of service they desire from the public institutions. One of the employees at Rietvlei Hospital alluded to the problems which are faced by patients at Rietvlei Hospital:

> "There nothing much which I noticed, beside that with us here at Rietvlei sometimes they would let me not say at Rietvlei, here at the theatre, because it's a department where it supposed to be always cold. So, patients they complained maybe by saying it cold, because we use air conditioners inside, you know, that gems. We need it to be cold always. The challenge they used to complained about is that it is cold, and we give them blanket. The challenge that we have is that as the department we don't have the bear hugger who is makes the patients to be warm. We used only the blanket which we have,

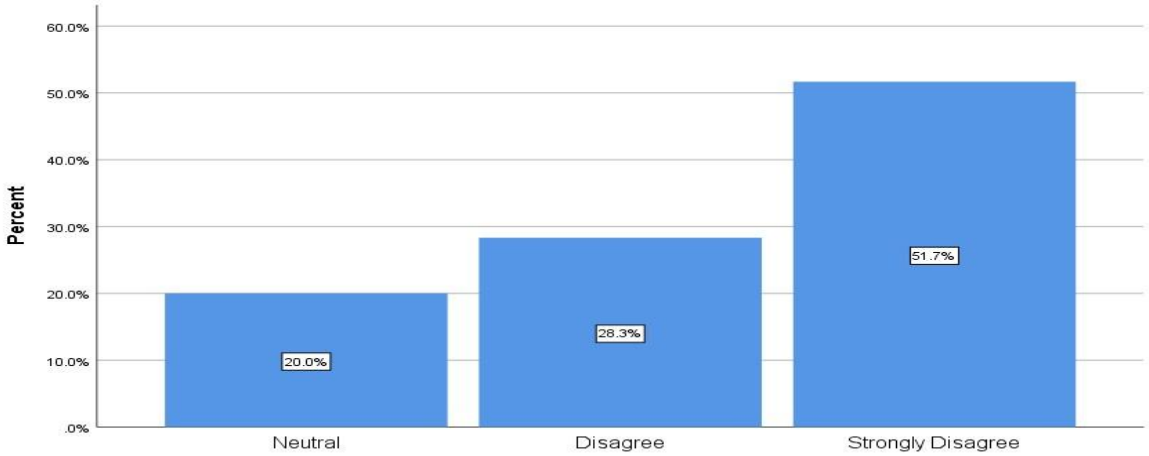
> that the only complain which we receive when they are here. Otherwise, it is not that when they seek medical assistance they experience problems" (2020, Personal communication, 18th September).

The participants wished that government could increase the resources allocated to public healthcare facilities, this would help to modernise their equipment in order to improve service delivery and healthcare services in the public health institutions. The poor resources allocated to rural healthcare facilities creates lot of problems for patients and healthcare workers and also hinders the provision of quality service delivery as well as quality healthcare services.

Another employee had this to say:

> "One of the challenges is the transport, like Ambulances or vehicles because some of the patients are far from here. So it does happen that when they are in labour, they phoned for the Ambulance and it still busy and it doesn't come. They deliver at home some of them, because there was no transport, and sometimes our wards get full, because they tell us that during weekends especial on Sundays there is no transport to their areas like in the certain time from Town. So our wards get full now. They are discharged and they can't go home the ward is full and we can't dismiss them because they've got transport issues, and some of the things some though, it no longer there but it does happened. They used to, these staff attitude towards patients since they are in pains. They are in labour so we are doing in-service training on that, because now if patients feel that they were not treated well, even if they are not beaten but like neglect or shouting the patient we are trying to deal with that" (2020, Personal communication, 18th September).

Figure 4.2.1.13: ASSESSMENT OF EQUIPMENT USED AT RIETLVEI HOSPITAL



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neutral	12	20.0	20.0	20.0
	Disagree	17	28.3	28.3	48.3
	Strongly Disagree	31	51.7	51.7	100.0
	Total	60	100.0	100.0	

According to patients who participated in the survey were of the view that Rietvlei Hospital does not have modern and up to date equipment. Study respondents were of the view that Rietvlei Hospital equipment is outdated and it is dysfunctional. This was revealed by 51.7 per cent who strongly disagreed that Rietvlei Hospital has modern and up to date with equipment for providing healthcare services. These participants were supported by 28.3 per cent who disagreed that Rietvlei Hospital has modern and up to date equipment. The study participants who were reluctant to respond about Rietvlei Hospital equipment accounted for about 20 per cent of the sample. This study revealed that there is lot which must be done by government in terms of providing modern equipment in rural health institutions because this impedes service delivery.

Torkington (2017: 3) is of the view that most institutions have outdated equipment and even students are taught using old equipment. The provision of modern and up to date equipment is significant because it enhances service delivery and healthcare services provided by the institutions to patients. Having modern equipment will also speed up the diagnoses of patients' diseases. Mwanza and Mbohwa (2015: 308) are of the view that for the healthcare institutions to provide quality healthcare services they must have proper and advanced machines in order to provide effective healthcare services. One of the employees at Rietvlei Hospital alluded that most public health institutions have more outdated equipment compared to private health institutions:

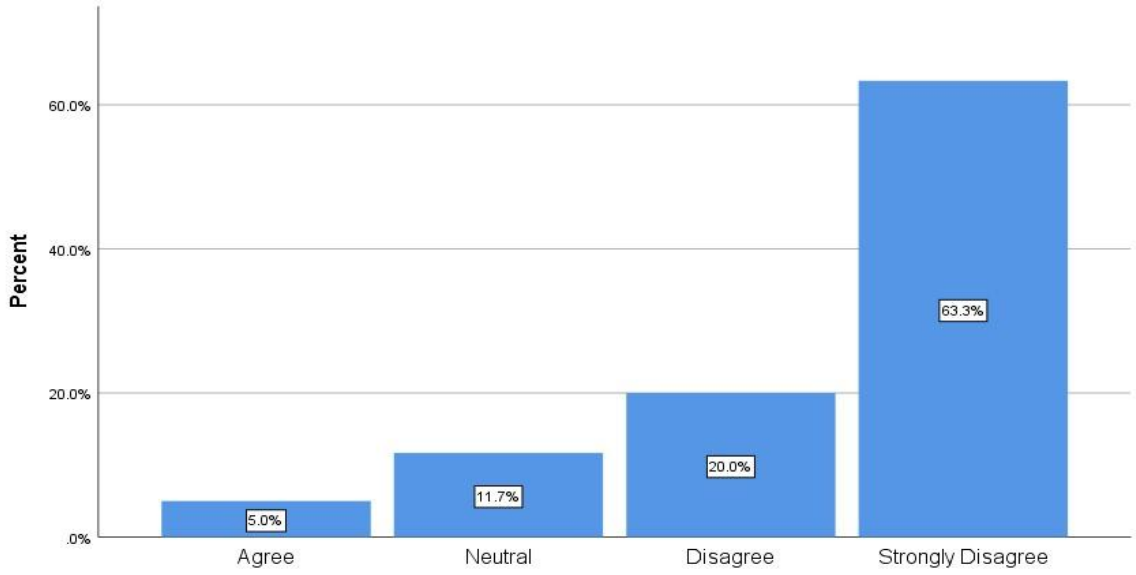
> "The way I look at it, since there is this discrepancy between public and private and public health sector, I wouldn't say because private sector is way advanced compared to public sector. So I won't say government provide adequate resources to provide quality services and quality healthcare services to public institutions" (2020, Personal communication, 21th September).

The participants wish that government could increase the resources allocated to public healthcare facilities, this will assist to modernise their equipment to improve service delivery and healthcare services in public healthcare institutions. The poor resources allocated to rural healthcare facilities cause the rural healthcare facilities to transfer patients to urban health facilities because they don't have modern and sufficient equipment to provide services to the patients. It also hinders the provision of quality service delivery and quality healthcare services.

Another employee had this to say:

> "No, government does not allocate enough funding, because we don't have enough resources to re service delivery. For example, we don't have photocopying paper to print patient's documents" (2020, Personal communication, 21th September).

Figure 4.2.1.14: HEALTH PROFESSIONALS ARE ABLE TO PROVIDE QUICK DIAGNOSES OF DISEASES



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	3	5.0	5.0	5.0
	Neutral	7	11.7	11.7	16.7
	Disagree	12	20.0	20.0	36.7
	Strongly Disagree	38	63.3	63.3	100.0
	Total	60	100.0	100.0	

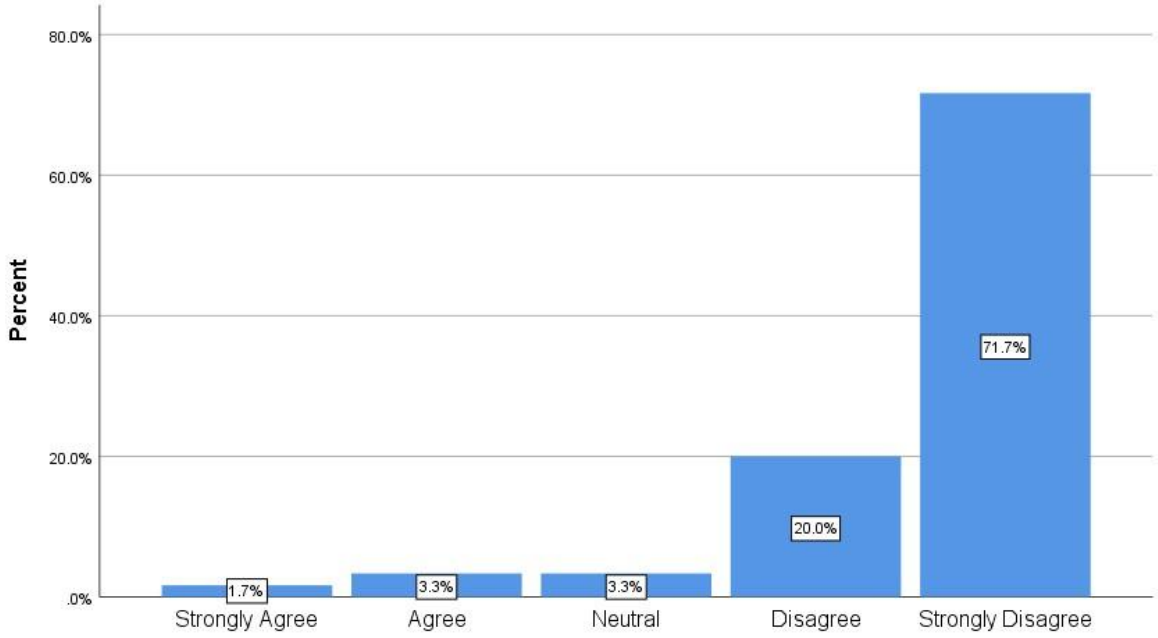
The majority of patients who participated in the survey were of the view that Rietvlei Hospital health professionals do not provide quick diagnoses of patient's diseases. This was revealed by 63.3 per cent of study participants who strongly disagreed that Rietvlei Hospital health professionals were able to provide quick diagnoses to patient diseases. These participants were supported by 20 per cent of study participants who also disagreed that Rietvlei Hospital health professionals were able to provide quick diagnoses of the patients' diseases. About 11.7 per cent of study participants

were neutral about the quickness of Rietvlei Hospital staff in diagnosing the patients' diseases. There is a lot that needs to be done by Rietvlei Hospital management to enhance service delivery and healthcare services at Rietvlei Hospital, because this hinders a patient's rights.

Brownson *et al.* (2017: 14) supported that the quick diagnoses of diseases will improve service delivery and healthcare services. Only five per cent of study respondents agreed that Rietvlei Hospital provide quick diagnoses of patients' diseases. It can be suggested that some patients were satisfied about how Rietvlei Hospital diagnose patients' diseases. Rees *et al.* (2015: 510) stated that providing quick diagnoses of patients' diseases ensures quick treatment and being able to quickly refer patients for care between non-specialists and specialists. It also promotes the involvement of a multidisciplinary team approach (MDTA). One of the employees at Rietvlei Hospital stated that if government can increase resources allocated to rural healthcare it would be easy for rural healthcare institutions to provide quick diagnoses of patients' diseases because they will have modern equipment:

> "No, we don't have sufficient equipment here. We end transferring patients to Pietermaritzburg because of the shortage of equipment. We have lot of problems when it comes to equipment. As you see how we file documents, we are not supposed to file patient's files like this" (2020, Personal communication, 21th September).

Figure 4.2.1.15: HOW HEALTH PROFESSIONALS COMMUNICATE WITH PATIENTS AT RIETVLEI HOSPITAL



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	1	1.7	1.7	1.7
	Agree	2	3.3	3.3	5.0
	Neutral	2	3.3	3.3	8.3
	Disagree	12	20.0	20.0	28.3
	Strongly Disagree	43	71.7	71.7	100.0
	Total	60	100.0	100.0	

Patients who participated in the study were of the view that there is a communication barrier between health professionals and patients. This was indicated by most study participants who were of the view that Rietvlei Hospital health professionals do not communicate clearly and in a friendly manner to patients. In figure 4.2.1.15 a significant observation was that 71.7 per cent of study participants strongly disagreed and 20 per cent of study participants disagreed that the Rietvlei Hospital health professional communicate clearly and in a friendly manner with patients. It is evident that Rietvlei Hospital professionals don't execute their duties on the basis of Batho Pele principles. It is also proven that Rietvlei Hospital employees don't adhere to core values of the National Department of Health.

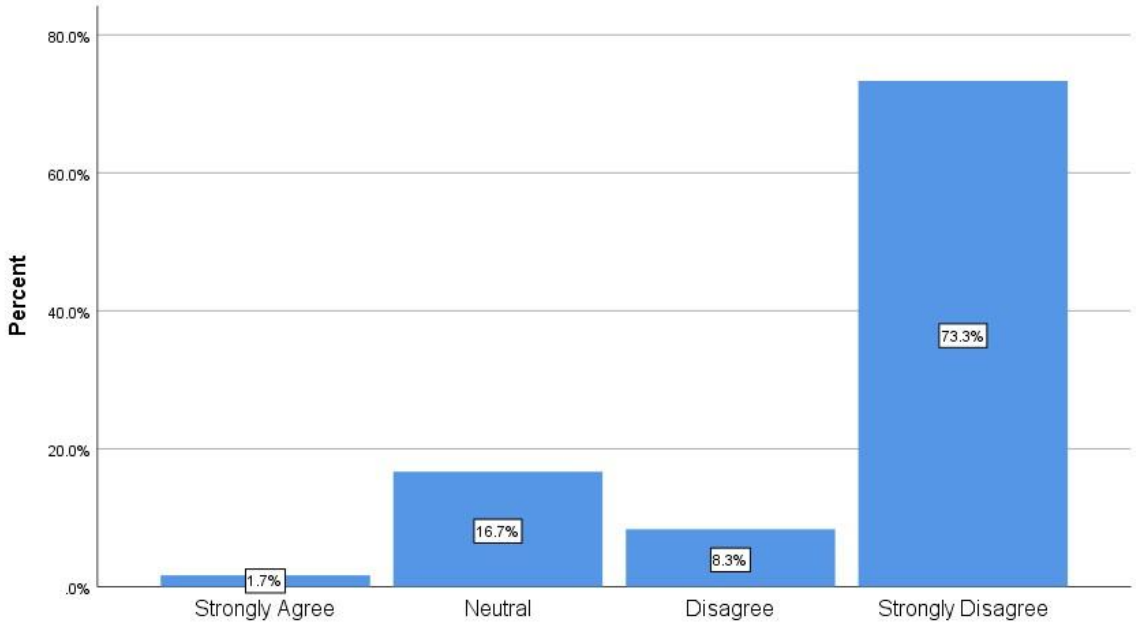
According to Adepoju (2018), cited by Mahmoud *et al.* (2019: 2), communication amongst patients and health professionals is often poor, which sometimes makes patients change health facilities from one to another. The participants believed that Rietvlei Hospital staff, when undertaking their duties, adheres to patients' right. It can be suggested that there is lot which needs to be done by Rietvlei Hospital management in order to address this situation. This situation needs to be addressed because it makes patients dissatisfied with the service delivery provided by the institution. There is still a room for improvement because 3.3 per cent of participants decided to be neutral to this question. Shafiq *et al.* (2017: 2) revealed that patients evaluate health institution quality through the communication of its staff and their interactions with patients.

It can be suggested that some employees of Rietvlei Hospital communicate clearly and are friendly with patients. This was revealed by the study participants as 3.3 per cent agreed and 1.7 per cent strongly agreed that Rietvlei health professionals communicate clearly and are friendly with their patients. Manias *et al.* (2016: 636) attested that healthcare professionals communicating clearly and professionally assists in ensuring that patients take their medication as prescribed and it also prevents patients from defaulting on their medication. One of the employees at

Rietvlei hospital alluded that they communicate clearly and in a professional manner with patients. Sometimes they communicate with doctors on behalf of patients:

> "It supposed to be immediately. Yes, it's immediately, as I said we don't have lot of challenges here. If the patient will say he or she feels pain during operation I need to act now, as the nurse I am an advocate of the patient. I need to speak the doctors who supposed to give injection and tell them that the patient is saying is felling pains, so it things which you deal with it at that time it is happening" (2020, Personal communication, 21th September).

Figure 4.2.1.16: ESTABLISHING THE AVAILABILTY OF HEALTH PROFESSIONALS AT RIETVLIE HOSPITAL



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	1	1.7	1.7	1.7
	Neutral	10	16.7	16.7	18.3

Disagree	5	8.3	8.3	26.7
Strongly Disagree	44	73.3	73.3	100.0
Total	60	100.0	100.0	

The patients who participated in the survey were of the view that health professionals at Rietvlei Hospital are not always available when they are needed by patients in emergencies. This was revealed by 73.3 per cent of study participants who strongly disagreed that health professionals are always available at Rietvlei Hospital when they are needed by patients. These participants were supported by 8.3 per cent of the study participants who also disagreed that health professionals are always available at Rietvlei Hospital. Other participants were reluctant to comment about the availability of health professional at Rietvlei Hospital. This was revealed by 16.7 per cent of the respondents who responded neutrally to the question.

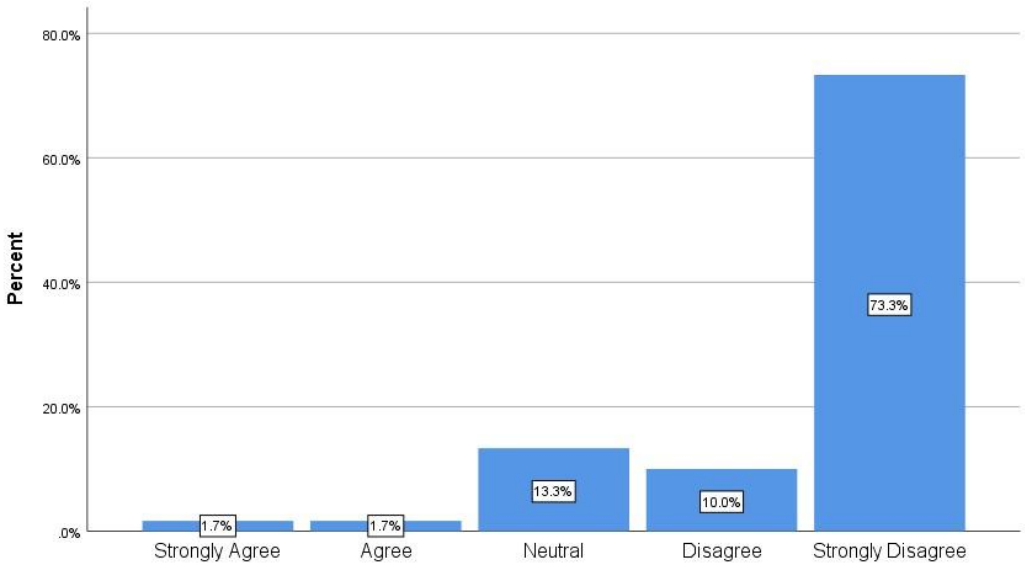
Seventy-three point three per cent of participants of the survey indicated that healthcare professionals at Rietvlei Hospital are always available. This was agreed to by 8.3 per cent of the participants of the survey that Rietvlei Hospital health professionals are always available to assist the patients. It can be suggested that the availability of health professionals at Rietvlei Hospital play a significant role in improving the delivery of service delivery and healthcare services.

Aithal and Aithal (2017: 37) suggested that task shifting is a solution in order to address the shortage of health professionals in the health system, especially in developing countries. Furthermore, this will assist the health institutions to resolve the challenges of providing quality and timely health services to needy people. These results show that there is a room for improvement, since 16.7 per cent of participants responded neutrally to the question. The Figure 4.2.1.16 revealed that only 1.7 per cent of participants strongly agreed that health professionals at Rietvlei Hospital are always available to attend to patients' problems.

According to Mbemba, Gagnon and Hamelin-Brabant (2016: 1), mentioned that a shortage of healthcare workers in rural and remote areas remains a growing concern since it makes it difficult for public health institutions in rural areas to provide adequate service delivery and quality healthcare services to communities. One of the employees at Rietvlei Hospital alluded to the allocation of resources for rural healthcare institutions, that it makes it difficult for rural healthcare facilities to provide effective and efficient service delivery and healthcare services to rural communities:

> "As I've said, one of the challenges is the staff shortage because now with the shortage of staff patients care is hindered and patients are delayed so that one is not up to us but recently because it a new financial year. We've received some nurses. Otherwise, we will be having a big challenge of staff shortage, with surgical suppliers it is still an ongoing problem,...which can't even be sorted by Hospital management at this time, because it's one of the things that is hindering the patient care" (2020, Personal communication, 22nd September).

Figure 4.2.1.17: ESTABLISHING THE AVAILABILITY OF BEDS AT RIETVLEI HOSPITAL



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	1	1.7	1.7	1.7
	Agree	1	1.7	1.7	3.3
	Neutral	8	13.3	13.3	16.7
	Disagree	6	10.0	10.0	26.7
	Strongly Disagree	44	73.3	73.3	100.0
	Total	60	100.0	100.0	

The patients who participated in the survey were of the view that Rietvlei Hospital does not always have available beds to admit inpatients. Participants were of the view that sometimes they are not being admitted at Rietvlei Hospital because of bed shortages. This was revealed by 73.3 per cent of study participants who strongly disagreed that beds are always available to admit inpatients at Rietvlei Hospital. These participants were supported by ten per cent of survey participants who also disagreed that Rietvlei Hospital does not have enough beds to admit inpatients. Another 13.3 per cent of study participants responded neutrally to the availability of beds at Rietvlei Hospital.

This view was supported by Dell and Kahn (2017: 1303) who claim that public health institutions have few beds to admit inpatients; this is because of poor resources allocated in public health institutions. Furthermore, the author revealed that the province with the least hospital beds is KwaZulu-Natal. This view is depicted in the above figure 4.2.1.17.

According to Torrey *et al.* (2015: 11), a shortage of availability of beds at public institutions makes it difficult for the organisation to ensure the admission of patients in the public hospital in order to receive quality healthcare services. One of the employees at Rietvlei Hospital alluded that at Rietvlei Hospital they have a shortage of resource, which hinders patients' rights to accessing quality healthcare services:

"I don't think there are challenges about patients seeking medical attention in the Hospital."

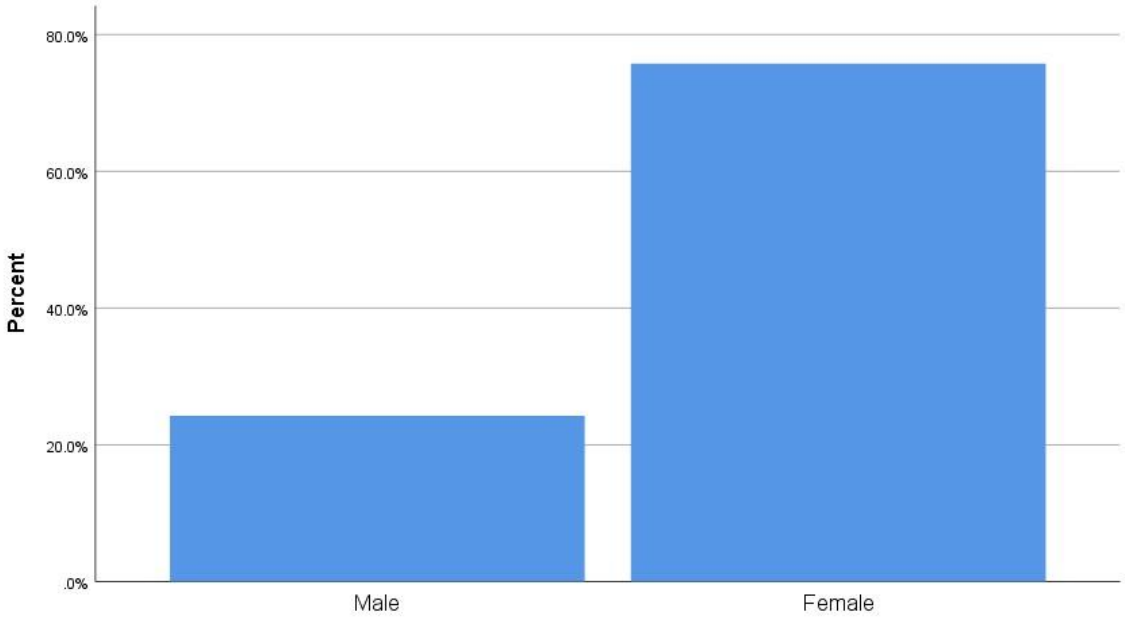
"...besides what I already mentioned that the major challenges that we have is the shortage of staff and the shortage of working equipments."

"...so, which is something I don't think...I don't know it must be attended in which level...you see what I am saying, but that is that, because I believe in my opinion that the availability of working equipment and the availability of staff it can make at least our patients to be happy, because they can get all the services in the right time."

"Not that the patient ends up being chased away because of us can't provide services because there is something that we don't have to providing in our stock to provide service to patients. (2020, Personal communication, 22nd September).

4.3.1 HEALTHCARE PROFESSIONALS' RESPONSES TO QUESTIONNAIRES

Figure 4.3.1.1: DESCRIPTION OF THE GENDER OF THE HEALTH PROFESSIONALS OF THE STUDY

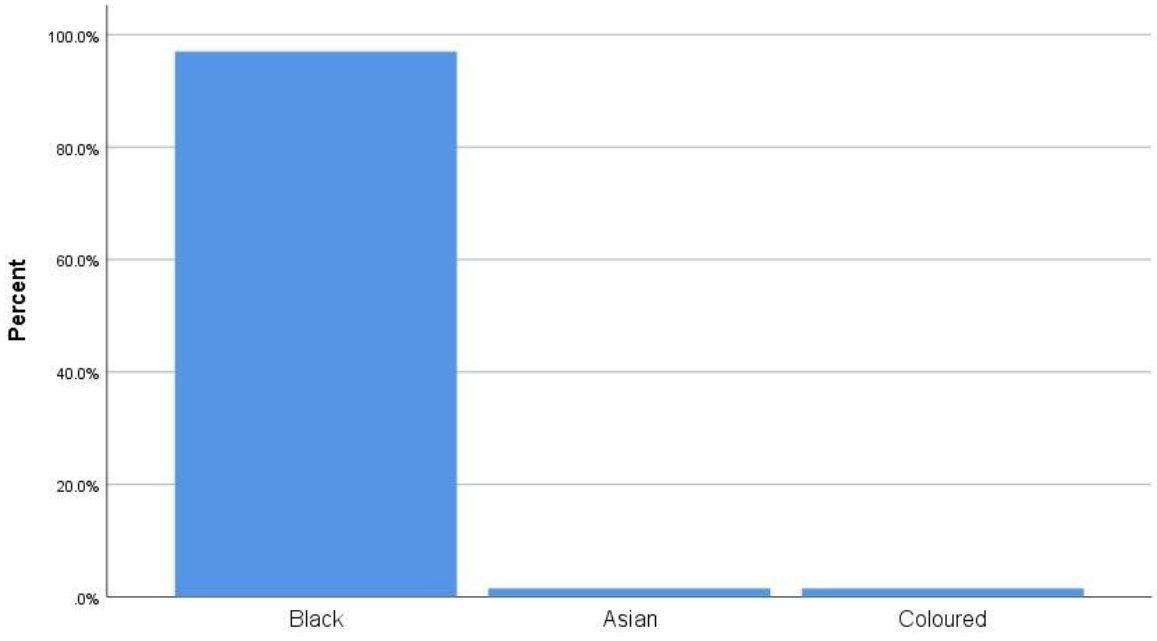


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	16	24.2	24.2	24.2
	Female	50	75.8	75.8	100.0
	Total	66	100.0	100.0	

The survey revealed that there were more female health professionals who participated in the survey than male health professionals. Female health professionals who participated in the survey made up 75.8 per cent of the sample, whereas male health professionals who participated in the survey accounted for 24.2 per cent as shown in the Figure above. Alzahrani *et al.* (2016: 5) are of the view that healthcare workers are mostly women, with a two-thirds majority.

Figure 4.3.1.2: THE RACE OF HEALTH PROFESSIONALS WHO PARTICIPATED IN THE STUDY

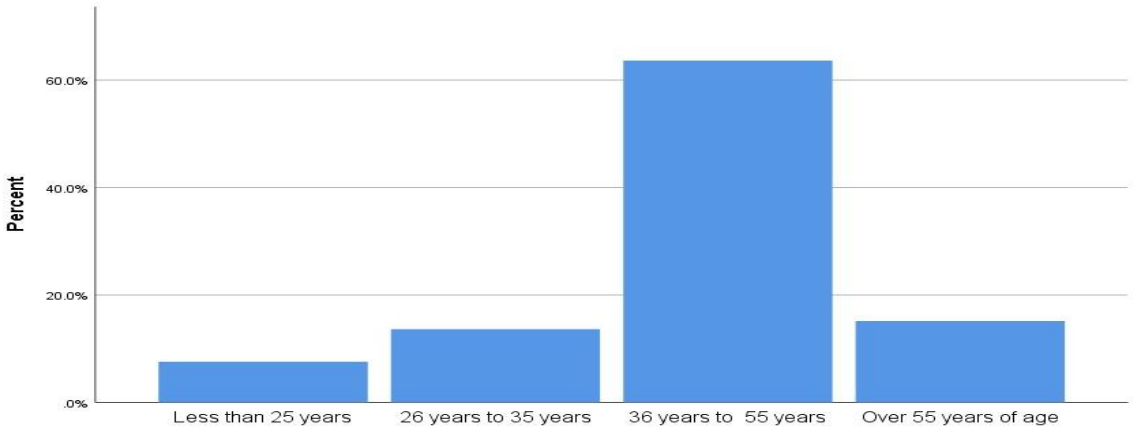
.



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Black	64	97.0	97.0	97.0
	Asian	1	1.5	1.5	98.5
	Coloured	1	1.5	1.5	100.0
	Total	66	100.0	100.0	

According to Jaga *et al.* (2018: 429), South African workplaces traditionally had white people in leadership positions and in senior professions which were deemed significant. Then after democracy and affirmative action in 1994, doors were opened for black men to be in leadership position and to work in all professions. The study disclosed that there were more black health professionals who participated in the study. This is because Rietvlei Hospital is situated at uMzimkhulu, which is a rural area. The result of the survey revealed that 97 per cent of health professionals who participated in the survey were black people. The survey also revealed that only 1.5 per cent were Coloured and 1.5 per cent of participants were Asian. This is presented in the Figure 4.3.1.2, above.

Figure 4.3.1.3: AGE DESCRIPTION FOR HEALTH PROFESSIONALS WHO ARE PARTICIPANTS OF THE STUDY



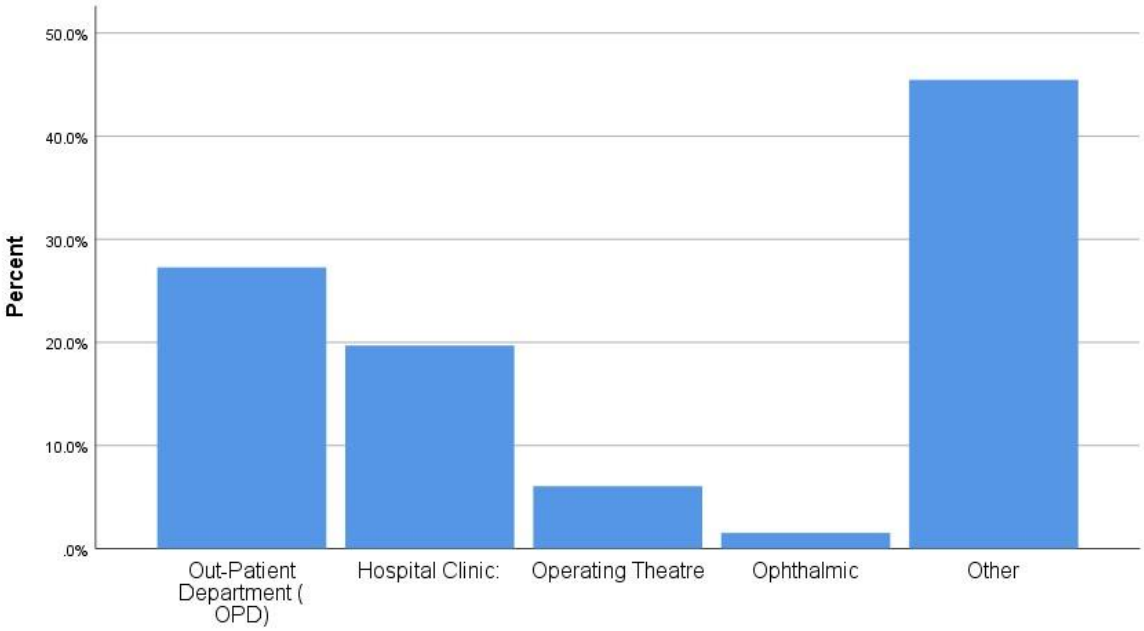
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 25 years	5	7.6	7.6	7.6
	26 years to 35 years	9	13.6	13.6	21.2
	36 years to 55 years	42	63.6	63.6	84.8
	Over 55 years of age	10	15.2	15.2	100.0
	Total	66	100.0	100.0	

According to Picakciefe *et al.* (2017: 374), most public healthcare facilities have mature healthcare workers who can make proper decisions. This Rietvlei Hospital has mature employees and people who are already preparing for their exit from the workplace. These employees indicated more dissatisfaction because they've got nothing to lose; they already have experience at work. According to Gupta and Vardhan (2016: 2), the more experience the works are the more the productive they become because they acquired a lot of skills. The survey revealed that health

professionals that participated in the survey were mostly between the age of 36 years and 55 years, making up 63.6 per cent of the sample.

Then they were followed by health professional participants who were over 55 years, who made up 15.2 per cent of the sample. Other participants were between the ages of 26 to 35 years of age, accounting for 13.6 per cent of the sample. The participants who are less than 25 years made up the minority of the population, 7.6 per cent.

Figure 4.3.1.4: ESTABLISHING WHICH DEPARTMENTS HEALTH PROFESSIONALS WERE EMPLOYED AT IN RIETVLEI HOSPITAL

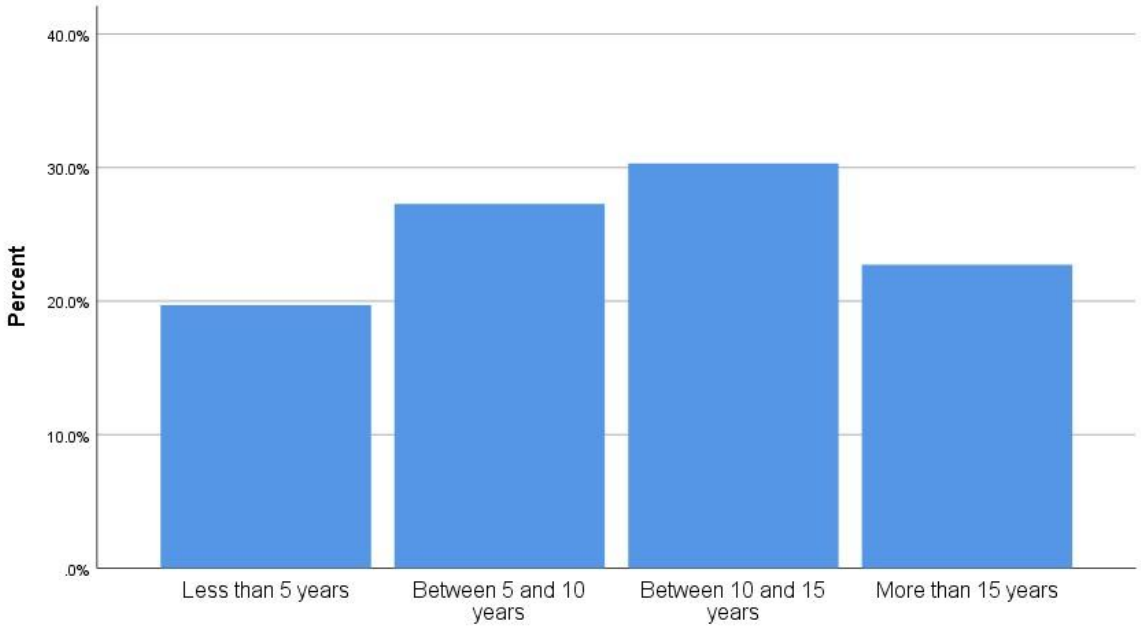


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Out-Patient Department (OPD)	18	27.3	27.3	27.3

Hospital Clinic:	13	19.7	19.7	47.0
Operating Theatre	4	6.1	6.1	53.0
Ophthalmic	1	1.5	1.5	54.5
Other	30	45.5	45.5	100.0
Total	66	100.0	100.0	

The survey revealed that health professionals who participated in the survey from Rietvlei Hospital were mostly from different sections of the institution, making up 45.5 per cent of the sample. They were then followed by those worked in the outpatient department, with a percentage of 27.3 per cent. This is because these health professionals are the ones who attend to patients' complaints and then decide if the patient needs to be admitted to the hospital. Health professionals who participated in the survey from the hospital clinic accounted for 19.7 per cent of the respondents; they provided significant information since they see different patients every day. The participants from the operating theatre who participated in the survey were a minority of the population, 6.1 per cent. Then lastly the section with the fewest participants was health professionals from ophthalmic, with participants of 1.5 per cent of the sample.

Figure 4.3.1.5: RESPONSES ABOUT PARTICIPANTS' YEARS OF EXPERIENCE AT RIETVLEI HOSPITAL



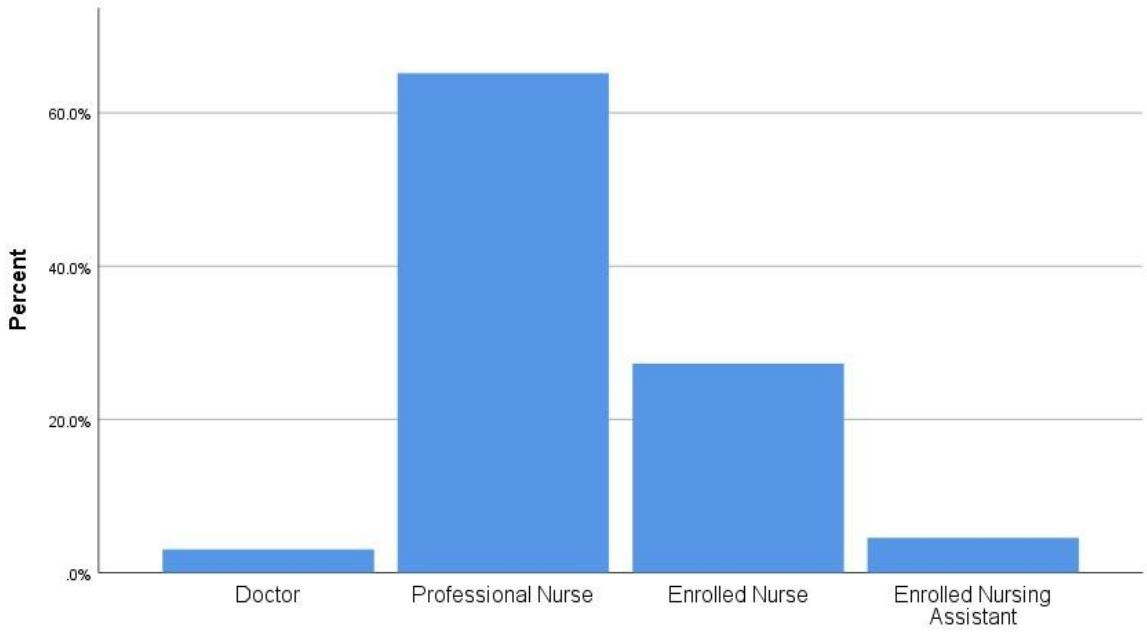
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 5 years	13	19.7	19.7	19.7
	Between 5 and 10 years	18	27.3	27.3	47.0
	Between 10 and 15 years	20	30.3	30.3	77.3
	More than 15 years	15	22.7	22.7	100.0
	Total	66	100.0	100.0	

The study revealed that most participants have more than five years of experience working at Rietvlei Hospital. This means that all these participants provided legitimate information, since they all have more than five years of experience. According to Michlig *et al.* (2019: 1424), health institutions with health professionals have an appropriate plan to retain staff that will aid to recover the healthcare system

and improve service delivery and healthcare services. This study had 30.3 per cent of participants being health professionals with experience of 10 to 15 years. They were followed by health professionals with 5 to 10 years of working experience, who made up 27.3 per cent of the sample. It can be suggested that having employees with experience has allowed them to build respect with other people for the work they do.

They were followed by health professionals with 5 to 10 years of experience, 27.3 per cent of the sample. It can be deemed that these employees have knowledge of what is happening at Rietvlei Hospital since they have a lot of experience. Participants with more than 15 years of experience who participated in the study made up 22.7 per cent, and participants with the least experience were health professionals with experience less than 5 years, 19.7 per cent.

Figure 4.3.1.6: RESPONSES ABOUT THE POSITIONS OF PARTICIPANTS AT RIETVLEI HOSPITAL

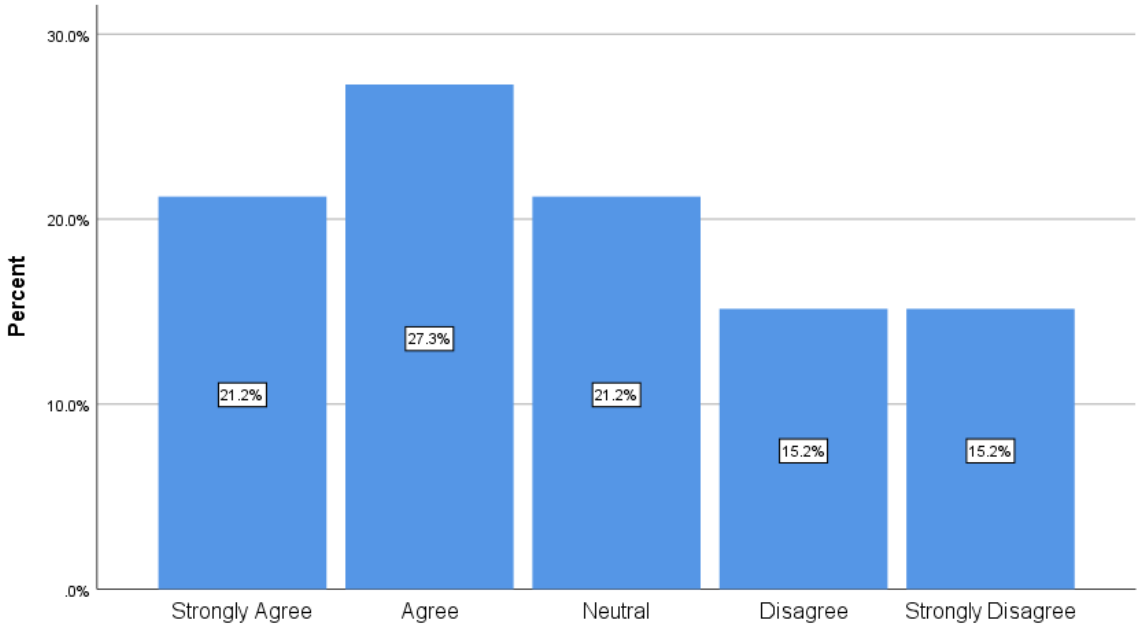


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctor	2	3.0	3.0	3.0
	Professional Nurse	43	65.2	65.2	68.2
	Enrolled Nurse	18	27.3	27.3	95.5
	Enrolled Nursing Assistant	3	4.5	4.5	100.0
	Total	66	100.0	100.0	

According to Gerein, Green and Pearson (2006: 41), there is a shortage of health professionals at public health institutions in South Africa. Rietvlei Hospital has a shortage of health professional to provide healthcare services to patients. The health professionals who make up more than 60 percent (65.2%) of this study's respondents are professional nurses, but there is a shortage of other health professionals. James and Miza (2015: 1) mentioned that in recent years rural health facilities have been compounded by the resignation of senior and experience health professionals. The survey revealed that participants who participated in the study at Rietvlei Hospital were mostly professional nurses, with a percentage of 65.2 per cent of the sample. They were followed by enrolled nurses, with a percentage of 27.3 per cent.

The enrolled nursing assistants that are employed by Rietvlei Hospital who participated in the survey accounted for 4.5 per cent of the sample, and 3 per cent of the samples were Doctors employed by Rietvlei Hospital who participated in the study. Due to this survey, it can be deemed that Rietvlei Hospital has a shortage of staff, such as enrolled nurses, enrolled nursing assistants, and Doctors to provide effective and efficient service delivery and quality healthcare to patients.

Figure 4.3.1.7: RESPONSES ABOUT RESOURCE SHORTAGES AT RIETVLEI HOSPITAL.



Valid	Strongly Agree	14	21.2	21.2	21.2
	Agree	18	27.3	27.3	48.5
	Neutral	14	21.2	21.2	69.7
	Disagree	10	15.2	15.2	84.8
	Strongly Disagree	10	15.2	15.2	100.0
	Total	66	100.0	100.0	

An overwhelming majority of respondents were of the view that Rietvlei Hospital does not have a shortage of resources. This was revealed by a huge number of respondents (21.2%) who strongly agreed that there are no resource shortages at Rietvlei Hospital. They were also supported by huge number of participants (27.3%) who agreed that there is no shortage of resources at Rietvlei Hospital. Other participants responded neutrally to this question, making up 21.2 per cent of the sample, which means they are not sure if Rietvlei Hospital has enough resources or has shortage of resources. Some participants were of the view that Rietvlei Hospital

has shortage of resources to provide effective service delivery and quality healthcare services to their customers.

This was revealed by 15.2 per cent of participants who agreed that Rietvlei Hospital is under-resourced, and they were supported by 15.2 per cent of respondents who strongly disagreed that government allocates enough resources to Rietvlei Hospital to provide effective service delivery and effective healthcare services. Brauns and Wallis (2014b: 201) attested that healthcare institutions have a shortage of resources which hinders the provision of service delivery and quality healthcare services. Stander, De Beer and Stander (2015: 2) also have a view that public healthcare institutions have a shortage of resources.

Figure 4.3.1.7 supports the notion that most of Rietvlei Hospital staff are satisfied with the resources which are allocated to the institution by government. There is a room for improvement since some participants are not satisfied with the resources that the government allocates to Rietvlei Hospital. Governments need to increase the resources that are allocated to Rietvlei Hospital because this can hinder the provision of service delivery and healthcare services.

According to Liu *et al.* (2016: 1), the shortage of resources allocated to public healthcare institutions, especially in rural areas, makes it difficult for rural healthcare facilities to provide quality service delivery and quality healthcare services to patients. One of the employees at Rietvlei Hospital had suggestions for the distribution of resources allocated to public healthcare, and asserts that it also makes the institution have a shortage of staff:

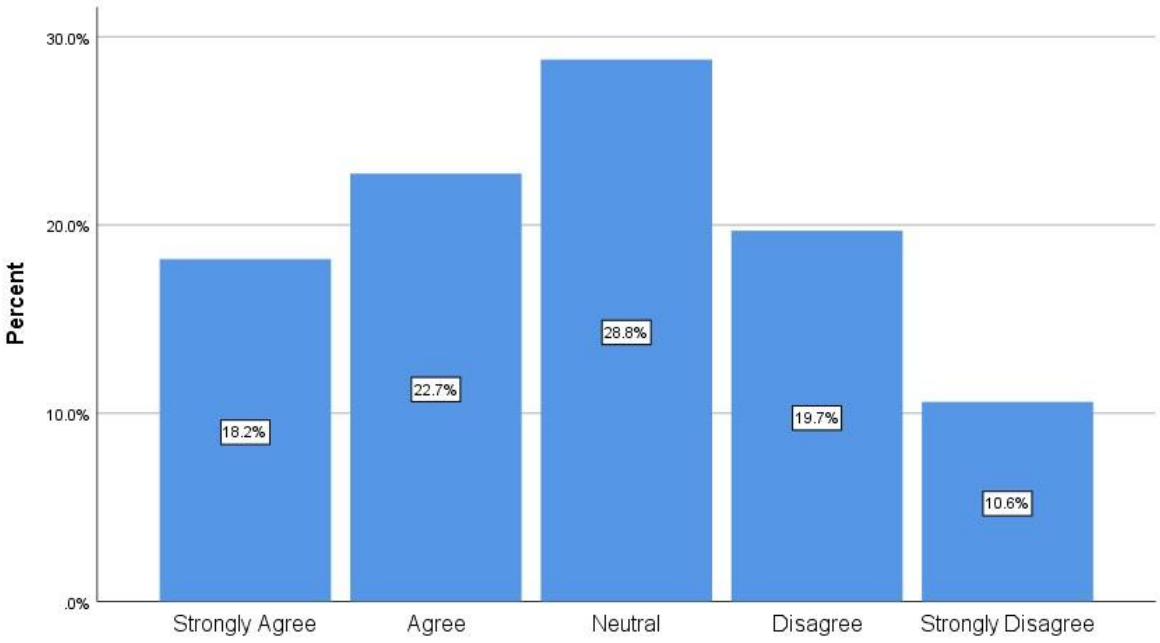
> "For patients we don't have enough staff, but for the equipment? Yah, we are trying the best, I can see. We don't have enough staff for nurses and administrators. Actually, we supposed to have thirteen officers, but we have two offices who host the thirteen clinics" (2020, Personal Communication, 15th September).

The participants wish that government could increase the resources allocated to public healthcare facilities, through this they can modernise their equipment to enhance service delivery and healthcare services in the public health institutions. The poor resources allocated to rural healthcare facilities causes the rural healthcare facilities to transfer patients to urban health facilities because they do not have modern and sufficient equipment to provide services to the patients.

Another employee had this to say:

> "No, we don't have sufficient equipment here. We end transferring patients to Pietermaritzburg because of the shortage of equipment.
> We have lot of problems when it comes to equipment" (2020, Personal Communication, 16th September).

Figure 4.3.1.8 RESPONSES ABOUT PROPER RESOURCE MANAGEMENT BY POLITICAL DEPLOYMENT AT RIETVLEI HOSPITAL



	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	Strongly Agree	12	18.2	18.2	18.2
	Agree	15	22.7	22.7	40.9
	Neutral	19	28.8	28.8	69.7
	Disagree	13	19.7	19.7	89.4
	Strongly Disagree	7	10.6	10.6	100.0
	Total	66	100.0	100.0	

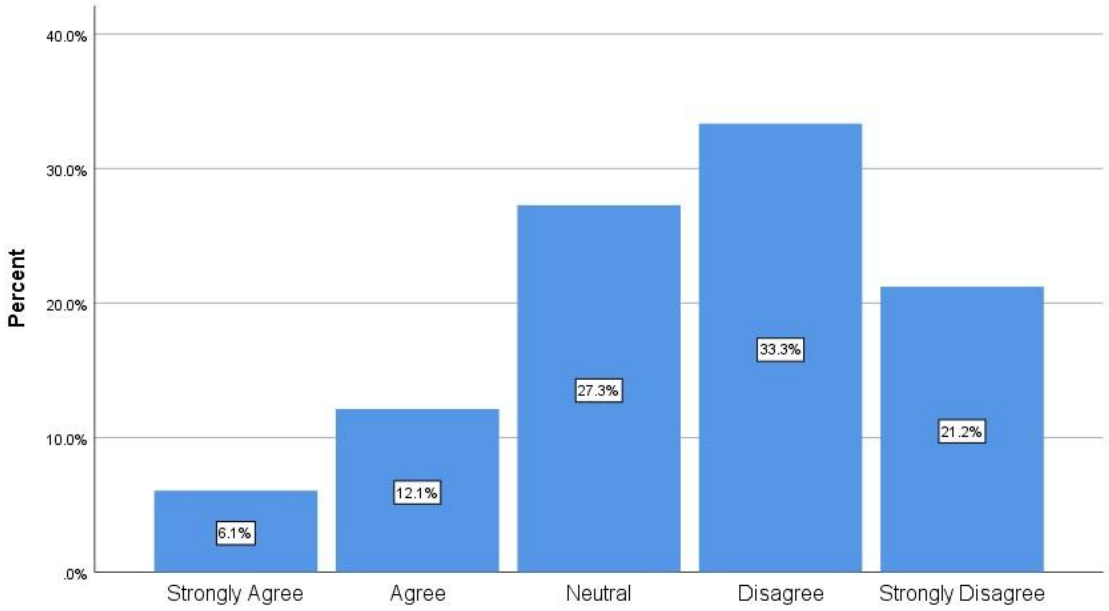
Most participants of the study were the view that political leaders have ensured proper resource management in health institutions. This was revealed by 18.2 per cent of study participants who strongly agreed that political leaders have ensured sound resource management at Rietvlei Hospital. These participants were supported by 22.7 per cent of respondents who also agreed that there were proper mechanisms put in place by politicians to ensure effective and efficient resource management at Rietvlei Hospital. There were 28.8 per cent of respondents who were reluctant to answer the question about resource management at Rietvlei Hospital; they decided to respond neutrally to this question.

Some study respondents were of the view that politicians have not put proper measures in place to ensure sound resource management in all health institutions. This was revealed by 19.7 per cent of participants who disagreed that politician have put into place sound resource management at Rietvlei Hospital. They were supported by 10.6 per cent of the study participants who strongly disagreed that politicians have ensured proper resource management in healthcare institutions, especially at Rietvlei Hospital. Young *et al.* (2016: 24) asserted that public healthcare institutions are poorly resourced, with a poor healthcare infrastructure and limited resources. Liu *et al.* (2016: 1) mentioned that the government must ensure the equitable allocation of resources, because that is how the patients rate

the performance of the organisation**.** One of the employees at Rietvlei Hospital mentioned that the shortage of resources at Rietvlei cannot be sorted out by the hospital management since the shortage of resources at rural healthcare facilities is a national challenge:

> "As I've said, one of the challenges is the staff shortage because now with the shortage of staff patients care is hindered and patients are delayed. So that one is not up to us but recently, because it a new financial year, we've received some nurses." … "Otherwise, we will be having a big challenge of staff shortage, with surgical suppliers it is still an ongoing problem which can't even be sorted by hospital management at this time, because it's one of the things that is hindering the patient care" (2020, Personal communication, 19th September).

Figure 4.3.1.9: PERCEPTIONS OF PARTICIPANTS ABOUT REMUNERATION ISSUES AND OLD INFRASTRACTURE IN THE INSTITUTION



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly	4	6.1	6.1	6.1

Agree				
Agree	8	12.1	12.1	18.2
Neutral	18	27.3	27.3	45.5
Disagree	22	33.3	33.3	78.8
Strongly Disagree	14	21.2	21.2	100.0
Total	66	100.0	100.0	

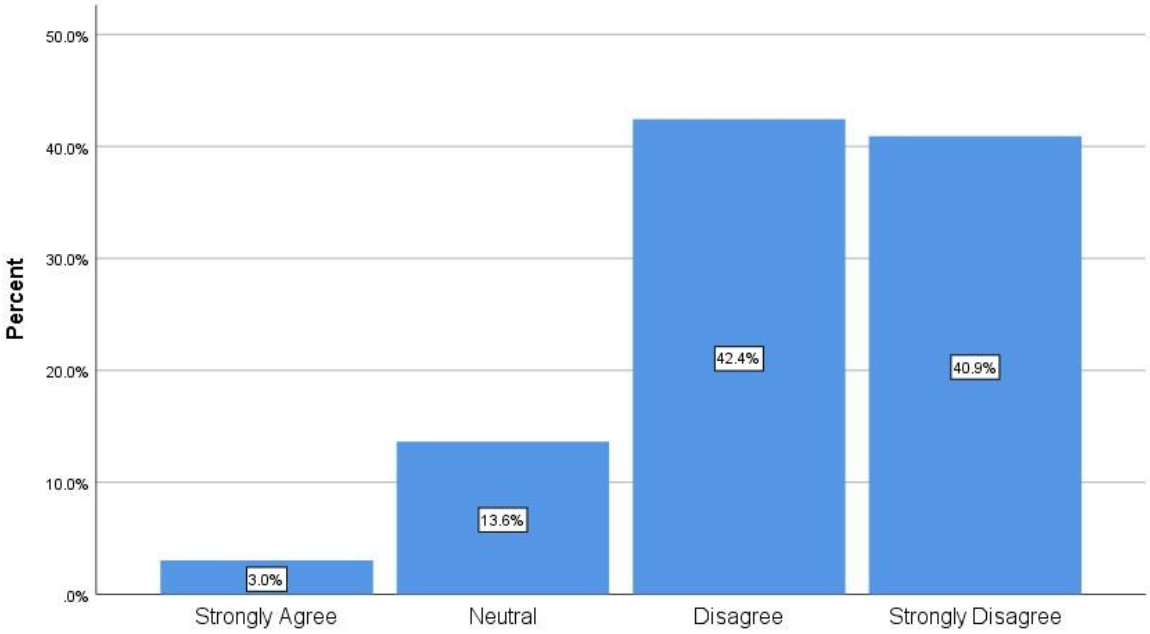
An overwhelming majority of respondents did not agree that Rietvlei Hospital health professionals have issues with remuneration and old infrastructure which contributes to the de-motivation of medical staff. A significant observation was that most study participants disagreed that they are not being de-motivated by issues of remuneration and old infrastructure; this was revealed by 33.3 per cent of participants who disagreed with this regard. These participants were supported by 21.2 per cent of participants who also strongly disagreed that they are being de-motivated by remuneration issues and old infrastructure at Rietvlei Hospital.

There were 27.3 per cent of participants who were reluctant about to talk about the issue of remuneration and old infrastructure. There is 12.1 per cent of participants of the study who agreed that remuneration issues and old infrastructure at Rietvlei Hospital does de-motivate medical staff. This view was supported by 6.1 per cent of participants who strongly agreed that they are being affected by remuneration issues and old infrastructure at Rietvlei Hospital. According to Mahmoud *et al.* (2019: 3), management at health institutions must put strategies in place for ensuring that healthcare employees are well motivated in order to provide excellent service delivery and quality healthcare services to patients. Furthermore, the author mentioned that management must ensure that physical structures and equipment attract customers and retain healthcare employees. Young *et al.* (2016: 24) attested that public health institutions have poor infrastructure and a shortage of human

resources. One of the employees at Rietvlei Hospital alluded that their Supply Chain department is failing them.

> "No, we are running short of, what can I say, our stores, our stores department really we are suffering, because now sometimes it take time. It takes time to assist the patient because you have run around asking for surgical supplies from other wards. We don't have material like now we don't have hand paper towel during this Covid-19 time, so our main thing is the supply chain. Supply chain is failing to provide us with surgical supplies of the patient so it delaying patients right" (2020, Personal communication, 17th September).

Figure 4.3.1.10: RESPONSES ABOUT THE MONITORING OF RIETVLEI HOSPITAL HEALTH PROFESSIONALS



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	2	3.0	3.0	3.0

Neutral	9	13.6	13.6	16.7
Disagree	28	42.4	42.4	59.1
Strongly Disagree	27	40.9	40.9	100.0
Total	66	100.0	100.0	

The general opinion of the participants of the study was that the performance of health professionals does not need to be monitored since all medical staff knows what is expected from them. The great majority of the participants of the study were of the opinion that medical staff performance does not need to be monitored. This was depicted in Figure 4.2.1.10, with 42.4 per cent of participants who disagreed that they need to have their performance monitored, and they were supported by 40.9 per cent of participants who strongly disagreed.

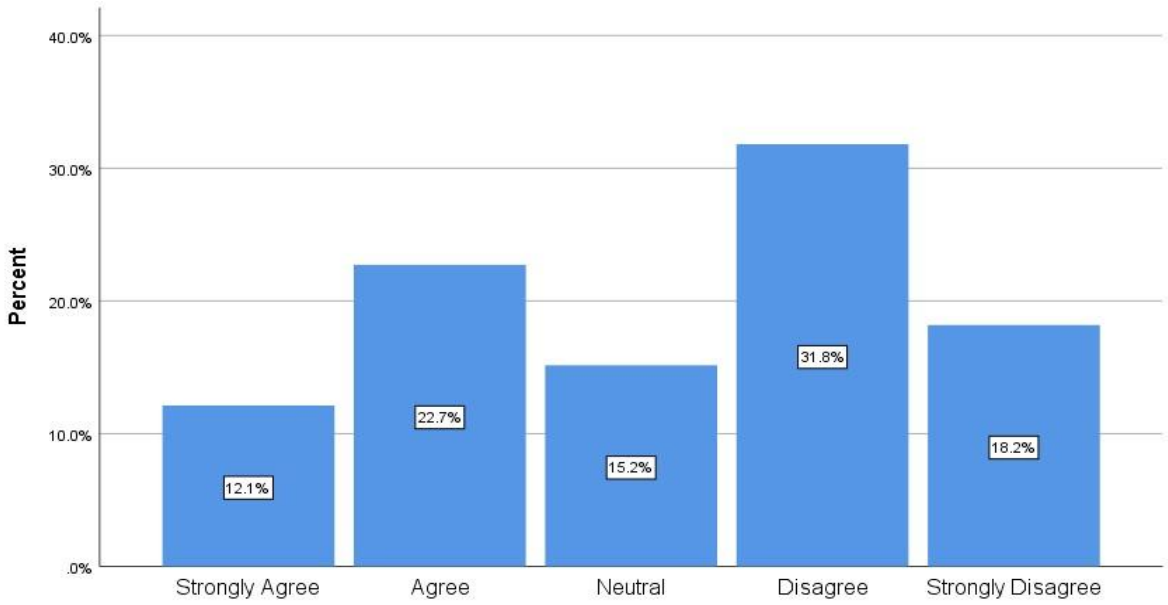
There were 13.6 per cent of participants that responded neutrally to the question, they were reluctant about the performance of the medical staff and whether it must be monitored or not. Only three per cent of study participants strongly agreed that health professionals' performance need to be monitored on a regular basis. These participants were of the view that there are participants who are not satisfied with the performance of medical staff. According to Moyakhe (2014), cited by Bhengu (2019: 1), supported that it is significant to monitor health professionals' performance on regular basis to ensure effective service delivery and quality healthcare services. One of the employees at Rietvlei Hospital mentioned that health professionals practice Batho Pele principles and protect patients' rights when they provide healthcare services to patients.

> "We are aware that there are principles which guide us, like Batho Pele principles and patient's rights." … "We are aware of all those things that why we are trying each and every time to meet the patients' needs." … "Like even in these complaint management meetings, are one of the meetings that make us to improve our service delivery towards patients because. Like patients won't talk to us sometimes in person but we've got those boxes there." … "As I was going to that meeting, those boxes are opened on Wednesday

by Public Relation Officer. So we got to know what we are not doing right for the patients like linen. Patients will say they were feeling cold because the gowns were not enough, so we follow up to find out why were the gowns were not enough when they are available. If they were not delivered by the laundry, we liaise with laundry to delivery gowns every day. So we've got that type of meeting and we have the suggestion boxes. Yah, we conduct all these to deal with the challenges which might affect the patient care" (2020, Personal communication, 20th September).

Other participants were dissatisfied with the performance on the medical staff when they treat patients as they did not show any compassion with the patients when they said they were feeling cold because the gowns were not enough, so we follow up to find out why were the gowns were not enough when they are available. They said they rely on available resources. For instance, if the laundry staff did not delivery clothing like gowns they suffered. Yuehong *et al.* (2016: 3) the availability of resources and supporting material for patients have been identified as hampering service quality.

Figure 4.3.1.11: PERCEPTIONS OF PARTICIPANTS ABOUT HOW HIV/AIDS HAS IMPACTED ON SERVICE DELIVERY



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	8	12.1	12.1	12.1
	Agree	15	22.7	22.7	34.8
	Neutral	10	15.2	15.2	50.0
	Disagree	21	31.8	31.8	81.8
	Strongly Disagree	12	18.2	18.2	100.0
	Total	66	100.0	100.0	

The majority of study participants were of the view that HIV/AIDS has impacted on service delivery, especially in healthcare facilities. The study participants who disagreed that the HIV/AIDS did not impact on service delivery made up 31.8 per cent of the sample. They were supported by 18.2 per cent of study participants who also strongly disagreed that the HIV/AIDS pandemic did not impact service delivery in health institutions. According to the Republic of South Africa (2012), cited by Winchester and King (2018: 202), the HIV/AIDS pandemic has impacted negative on service delivery, since there are many patients who are on treatments.

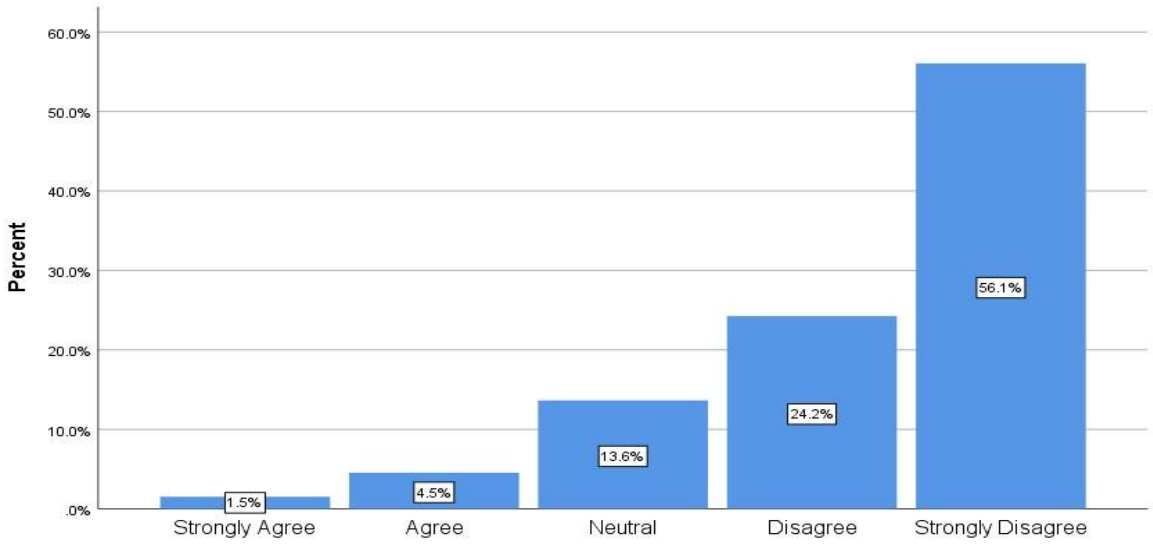
Some participants were not aware about the effect of HIV/AIDS on service delivery in public health institutions. This was revealed by 15.2 per cent of respondents who responded neutrally to the statement. This was in contrast to 22.7 per cent of respondents who agreed and 12.1 per cent who strongly agreed that the HIV/AIDS pandemic has not impacted negative on service delivery at public health institutions. One of the employees at Rietvlei Hospital alluded to the pandemic and how it affected service delivery and healthcare services at public health institutions:

> "I think at the moment there is this challenge or since there is this Covid-19 where the patient are feeling scared, depressed. When they feel that there are constrains from the government saying that there are no visitors, and no food parcel from home, and others are feeling hungry, and others are feeling loss of appetite. Now they feel depressed, yes, because of all of this" (2020, Personal communication, 19th September).

Other participants were dissatisfied with the fact that government had introduced some constrains to curve the spread of Covid-19 at public healthcare institutions.

Government had stated that patients' who are admitted in hospital will not be receiving visit from their family members, and also they are not allowed to receive food parcels from their families. According to Foster and Isobel (2018: 727) family connection between inpatients' plays a significant role in the recovery of patients' who are admitted in hospital.

Figure 4.3.1.12: PERCEPTION OF HEALTH PROFESSIONALS ABOUT TRAINING NEEDS AT RIETLVEI HOSPITAL



	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	Strongly Agree	1	1.5	1.5	1.5
	Agree	3	4.5	4.5	6.1
	Neutral	9	13.6	13.6	19.7
	Disagree	16	24.2	24.2	43.9
	Strongly Disagree	37	56.1	56.1	100.0
	Total	66	100.0	100.0	

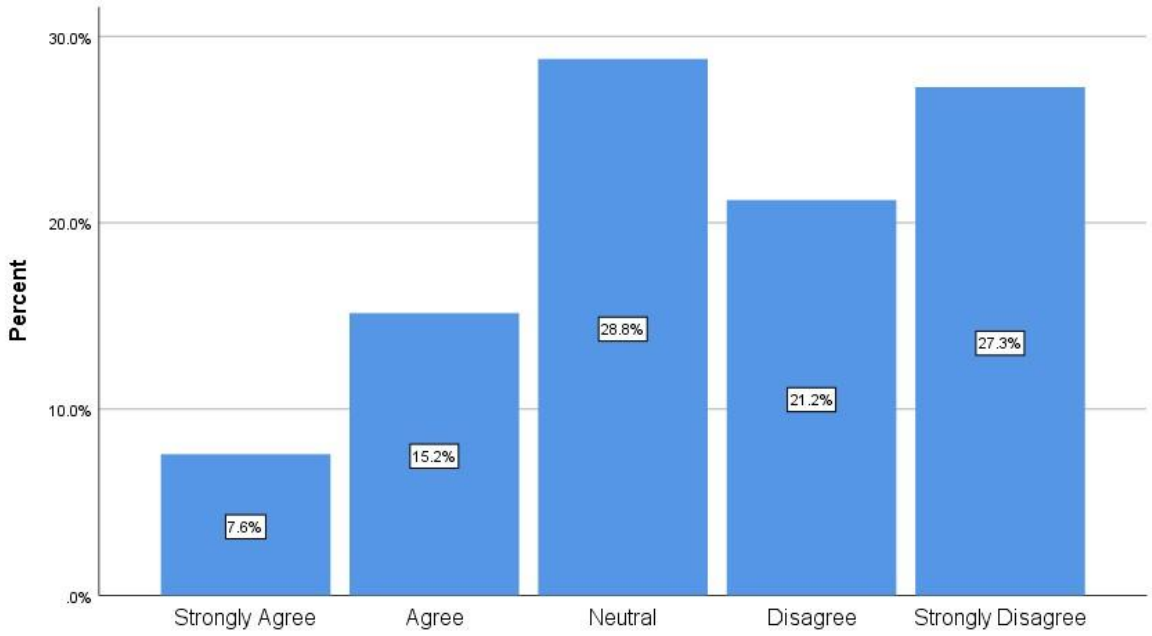
Respondents of the study were of the view that there is no need for the continuous training of Rietvlei health professionals. These responses deeply contrast their previous responses where they mentioned that they have challenges of staff shortages in the institution. Continuous training of staff can enhance the provision of service delivery and quality healthcare services. More than half of study participants were of the view that Rietvlei Hospital staff does not need training; this was revealed by 56.1 per cent of participants who strongly disagreed with the training needs of Rietvlei Hospital health professionals.

These participants were supported by 24.2 per cent of respondents who also disagreed that Rietvlei Hospital medical staff needs continuous training. Some respondents, 13.6 per cent, were neutral and they did not know if they need training or not. There were few participants that wanted to be provided with continuous training in order to improve their knowledge and skills. These participants of about 4.5 per cent and 1.5 per cent agreed and strongly agreed, respectively, that Rietvlei Hospital medical staff need a continuous training programme. The training programs would assist the institution to enhance service delivery and quality healthcare services which are provided to their customers.

Young *et al.* (2016: 24) state that continuous training programmes are required at public institutions because there is an increase in chronic, non-infectious diseases which add to the already existing large burden of infectious diseases, injuries, and maternal and child health conditions. One of the employees at Rietvlei Hospital expanded on the training needs of medical staff and mentioned that, as management, they try their best to empower their staff.

> "With us we have tried our level best to ensure that the staffs are empowered and also what you called its available. The equipment is available to ensure that quality service is rendered" (2020, Personal communication, 20th September).

Figure 4.3.1.13: RESPONSES FROM HEALTH PROFESSIONALS ABOUT SERVICE DELIVERY AT RIETVLEI HOSPITAL



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	7.6	7.6	7.6

Agree	10	15.2	15.2	22.7
Neutral	19	28.8	28.8	51.5
Disagree	14	21.2	21.2	72.7
Strongly Disagree	18	27.3	27.3	100.0
Total	66	100.0	100.0	

Survey participants were of the view that the South African government has good policies to improve service delivery and healthcare services at public institutions, such as healthcare institutions. The majority of the study participants disagreed that in order to enhance service delivery and quality healthcare services the government needs to adopt private sector principles. Most study participants, 27.3 per cent, strongly disagreed that government must adopt private sector policies in order to enhance service delivery and quality healthcare services in public institutions. They were supported by 21.2 per cent of participants who also disagreed that government must change the public institutions' policies, especially healthcare policies.

Dhai and Mahomed (2018: 9) revealed that South African Constitution, Act 108 of 1996, provides for human rights and human dignity. Furthermore, South Africa has good legislation and policies for public healthcare services like, the National Health Act no. 61 of 2003 and patients Right Charter, which ensure the provision of quality healthcare services to patients. Other participants were skeptical in choosing either option. This was revealed in Figure 4.2.1.13 where 28.8 per cent of study participants responded neutrally to the question. There is a lot which needs to be done by government, since 15.2 per cent of participants agreed that government needs to adopt private sector principles.

These participants were supported by 7.6 per cent of participants who strongly agreed to the question that for government to improve service delivery and healthcare services they need to employ private sector principles. According to Meyer *et al.* (2017: 1), National Health Insurance will enhance access to quality service delivery and quality healthcare services. One of the employees at Rietvlei Hospital perceived that the National Health Insurance (NHI) is a machine which will enhance service delivery and healthcare service. There was a consensus among Rietvlei Hospital employees that National Health Insurance (NHI) will improve quality service delivery and quality healthcare services.

The participants were also convinced that National Health Insurance (NHI) will enhance access to quality service delivery and quality healthcare services in South Africa. This was mentioned by one of the Rietvlei Hospital employees, who also mentioned that National Health Insurance (NHI) will enhance service delivery and quality healthcare services.

> "Yes, because National Health Insurance (NHI) is going to make, what you call, health services equitable. They is going to be equitable, what you call, it sort of equitable distribution of healthcare services, to almost everybody, since all citizens will be able to access, health services" (2020, Personal Communication, 17th September)

The participants also deemed that national Health Insurance (NHI) will ensure the equitable supplier of healthcare services to South Africans, since people with no medical aid will be treated the same as people with medical aid. They will all get the same quality of health services, since they will be using the same hospital.

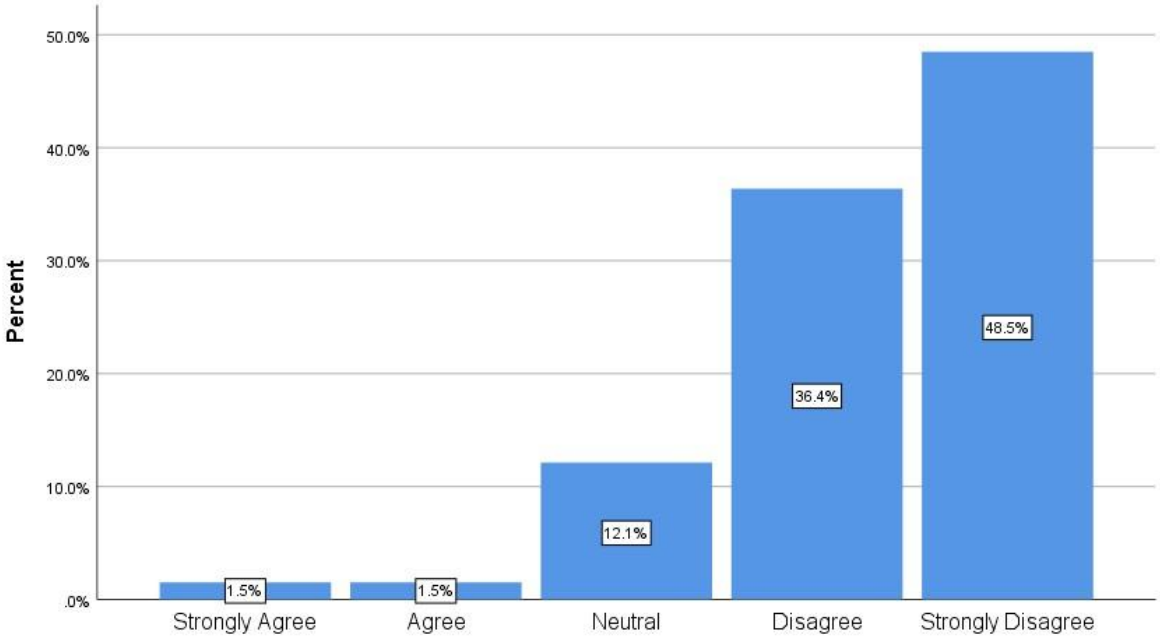
Another employee had this to say:

> "Yeah, I do believe because, for instance, that all people with medical aid and with no medical aid will be treated in the same way. There will be no difference between patients" (2020, Personal Communication, 18th September).

According to Senkubuge, Modisenyane and Bishaw (2014: 3), National Health Insurance is a backbone of health system and it will, importantly, improve the delivery of health services; however, this will depend on the availability of health facilities, health workers, diagnostics, drugs, and other supplies, including the provision for financing and the existence of responsive communities. Furthermore, this will improve service delivery and healthcare services. Another Rietvlei Hospital employee alluded that he has trust in National Health Insurance (NHI).

> "I do trust that National Health Insurance will improve the quality of service and quality of healthcare service, whereas, I don't know the way it will operate."

Figure 4.3.1.14: REASON FOR THE MIGRATION OF HEALTH PROFESIONALS TO PRIVATE HEALTH INSTITUTIONS



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly	1	1.5	1.5	1.5

Agree				
Agree	1	1.5	1.5	3.0
Neutral	8	12.1	12.1	15.2
Disagree	24	36.4	36.4	51.5
Strongly Disagree	32	48.5	48.5	100.0
Total	66	100.0	100.0	

The study respondent they are of the view that health professionals don't migrate from public health institutions to private health institutions. It can the suggested that these participants believe that to be a health professional is a calling and they are not after remuneration. An enormous number of participants of the study, 48.5 per cent and 36.4 per cent, strongly disagreed and disagreed, respectively, that a number of healthcare professionals that migrate countries where they will be highly remunerated. The study had 12.1 per cent of respondents who were impartial on the migration of health professional to areas where they will be better remunerated.

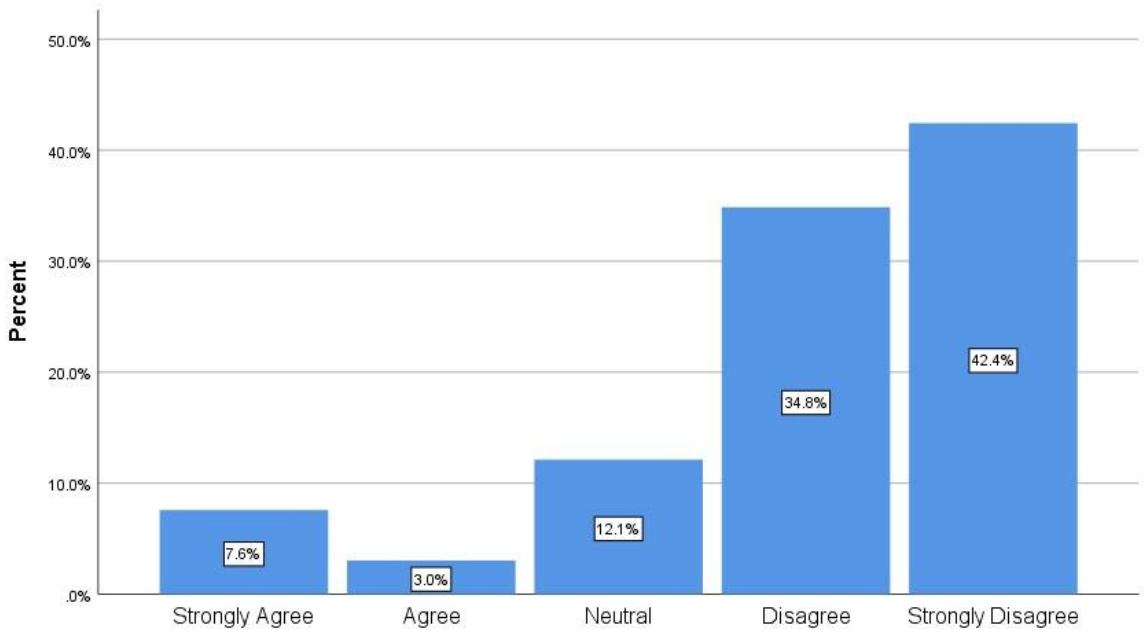
There were a few number of study participants who were of the view that health professional do migrate from public health institution to private health institutions for better remuneration. This was revealed by 1.5 per cent of the participants of the study strongly agreeing and 1.5 per cent agreeing that some health professionals do migrate from public health institutions to private health institutions for better remuneration. Since there are a few participants showing signs of dissatisfaction about public health remuneration, it can be suggested that government need to develop new strategies for employee retention. This can be achieved by increasing public healthcare employee remuneration in order to compete with private sector remuneration.

According Ramson, Govender and Naidoo (2016: 1), the migration of healthcare workers from African countries poses a huge threat to service delivery and healthcare services. Ramson, Govender and Naidoo (2016: 1) they further mentioned that public health institutions must create an environment which is conducive to healthcare workers in order retain healthcare professionals in public health institutions. However, the government must ensure the provision of financial and non-financial incentives in order to retain healthcare workers.

An employee of Rietvlei Hospital mentioned the following.

> "With us we have tried our level best to ensure that the staff are empowered and also, what you called, its available, the equipment is available, to ensure that quality service is rendered" (2020, Personal communication, 20th September).

Figure 4.3.1.15: ESTABLISHING THE IMPACT OF UNDERPAYING AND OVER WORKING DOCTORS IN PUBLIC HEALTH INSTITUTIONS

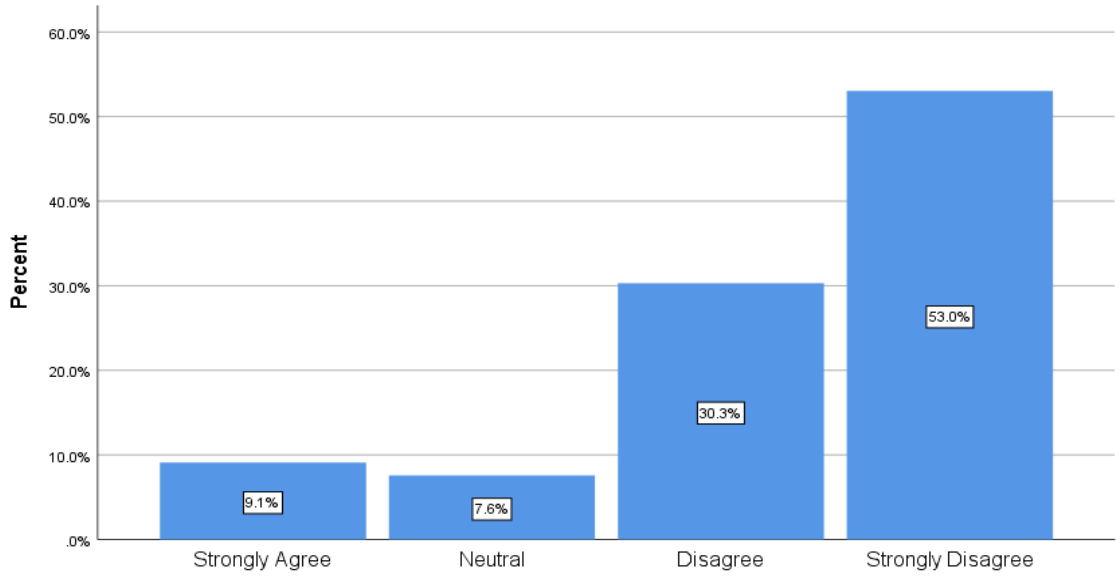


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	7.6	7.6	7.6
	Agree	2	3.0	3.0	10.6
	Neutral	8	12.1	12.1	22.7
	Disagree	23	34.8	34.8	57.6
	Strongly Disagree	28	42.4	42.4	100.0
	Total	66	100.0	100.0	

A greater majority of participants were of the view that doctors will not leave the public health sector to private health sector. The overwhelming majority of the study participants, 42.4 per cent and 34.8 per cent, strongly disagreed and disagreed, respectively, that doctors can leave public health sector because of being underpaid and overworked in public health institutions. Other participants, 12.1 per cent, were neutral because they were reluctant about doctors leaving public health institutions because of less pay and being overworked. Government needs to increase the remuneration of public health doctors because a few participants were of the view that doctors can leave public health institutions for private health institutions because of less pay and being overworked.

This was depicted in Figure 4.2.1.14, showing some participants, 7.6 per cent and three per cent, strongly agreeing and agreeing, respectively, that doctors can leave public health institutions because they are underpaid and overworked. Ramson, Govender and Naidoo (2016: 2) mentioned that if employees are underpaid, they will leave public healthcare services for private healthcare services for the better financial incentives. However, it will create problems for public health institutions because all qualified employees will leave the public institution.

Figure 4.3.1.16 PARTICIPANTS' PERCEPTIONS ABOUT PRACTISING BATHO PELE PRINCIPLES AT RIETVLEI HOSPITAL



Valid	Strongly Agree	6	9.1	9.1	9.1
	Neutral	5	7.6	7.6	16.7
	Disagree	20	30.3	30.3	47.0
	Strongly Disagree	35	53.0	53.0	100.0
	Total	66	100.0	100.0	

The survey participants were of the view that health professionals at Rietvlei Hospital do not practise Batho Pele principles. The study revealed that health professionals do not put people first when it comes to service delivery and healthcare services. This was revealed by the majority of participants, 42.4 per cent of respondents, who strongly disagreed that at Rietvlei Hospital Batho Pele principles, are being practiced. These participants were supported by 34.8 per cent of respondents who also disagreed that Batho Pele principles are practised by Rietvlei staff. James and Miza (2015: 3) are of the view that it is difficult for healthcare workers to practice Batho Pele Principles because patients have become abusive towards healthcare

workers, and it makes their work to be unbearable. Furthermore, patients put unrealistic demands on healthcare workers because of the expectations which have been raised by Batho Pele principles.

Some participants were reluctant to comment about the practice of Batho Pele principles by Rietvlei Hospital staff. There is a lot that management needs to do to ensure the practice of Batho Pele principles within the institution to ensure effective service delivery and effective quality healthcare services. This was revealed by the 7.6 per cent of respondents who strongly agreed that Rietvlei Hospital staff they don't execute Batho Pele Principles, and they were supported by three per cent of participants who also agreed that there is no practice of Batho Pele principles at Rietvlei Hospital. It can be suggested that management needs to address this issue quickly because it can hinder patients' rights and service delivery at Rietvlei Hospital. This can hinder customer satisfaction regarding the service they obtain at Rietvlei Hospital.

According to Jardien-Baboo *et al.* (2016: 398), for public health institutions to provide quality healthcare services, healthcare professionals must have a patient centered approach since this is a ratification of the Batho Pele principles and the Patients' Rights Charter. One employee at Rietvlei Hospital mentioned that there are few complaints since they are patient orientated, and they practice Bath Pele principles:

> "It not common on the patients' side, we don't experience these challenges when they are asking medical attention because of Batho Pele principles. The doctors are well orientated" (2020, Personal communication, 20th September).

4.3. CONCLUSIONS

This chapter tabulated the data which were collected from Rietvlei Hospital patients and health professionals as quantitative data and the date which the data were collected from Rietvlei Hospital management as qualitative data. This chapter also focused on the analysis of collected data. The prevalence tables and bar graphs clearly indicate participants' beliefs about the questions. The area to which the objectives of the study were met and the research questions answered is clearly revealed in the table and bar graphs. The results are ventilated in detail in the next chapter.

CHAPTER 5

RECOMMENDATION AND CONCLUSION

5.1 INTRODUCTION

This chapter will provide exhortation and draw a conclusion based on the findings which have been found in charter four. The recommendations will provide Rietvlei Hospital management with different ideas and knowledge on how to enhance service delivery and healthcare services within the institution. Improving service delivery and healthcare services will make Rietvlei Hospital customers more satisfied. Customer satisfaction will benefit the institution through changing the image of the institution for its customers; it will also ensure customer loyalty and customer retention. Moreover, it will reduce patients' complaints about dissatisfaction levels with service delivery and the healthcare services provided by Rietvlei Hospital to its customers. Kim *et al.* (2017: 2) attested that, in recent years, patients are interested in the quality of service which they receive from any organisation in order to satisfy their needs.

This will create a positive impression to customers that Rietvlei Hospital is a customer cantered hospital. The significance of customer satisfaction with the quality-of-service delivery and quality healthcare services which they receive from Rietvlei Hospital will encourage customers to spread the news about good quality service delivery and the healthcare services which they receive at Rietvlei Hospital through word of mouth. The institution must ensure that there is continuous communication between the organisation and customers in order to determine if the organisation is going in the wrong direction. Kamimura *et al.* (2015: 62) mentioned that healthcare organisations must obtain feedback from patients about their healthcare experiences to obtain information about patients' perceptions of quality healthcare and to ensure patients' engagement.

5.2 RESULTS PERTAINING TO THE LITERATURE REVIEW

The literature used for this study revealed the significance of quality service delivery and customer services, as well as the importance of customer service. The literature revealed that in order for public institutions to ensure customer satisfaction they must use the SERVQUAL model. The literature also disclosed the benefits of the SERVQUAL model and identified the gaps between service delivery provided by public institutions to society and the services expected by society from public institutions. The literature revealed that customers play an important role in ensuring success of any organisation.

Literature revealed that public institutions have challenges with the resources allocated to them by the government. Healthcare facilities fall in the bracket of those institutions that have resource shortages, which hinders the provision of quality service delivery and effective healthcare services. The literature disclosed that patients are not satisfied with the level of service delivery and healthcare services provided by the government to them. The literature revealed few mitigation strategies which can be implemented by government to enhance service delivery and healthcare services in South Africa. South African National Department of Health needs to implement these strategies in order to change patients' negative perceptions about service delivery and the healthcare services provided by public healthcare facilities.

The literature revealed that the National Health Department needs to ensure the implementation of National Core Standards (NCS), Batho Pele principles, and patients' rights to ensure rendering of quality service delivery and quality healthcare services. The government must ensure that the resources allocated to public institutions are enhanced in order to improve service delivery and quality healthcare services provided by government.

5.3 SUMMARY OF FINDINGS OF RESEARCH OBJECTIVES

An empirical study was conducted to assess the degree to which service quality is applied at Rietvlei Hospital. In conclusion, the following results were found in relation to the outlined objectives.

1. To examine challenges faced by uMzimkhulu community members in accessing quality healthcare services at Rietvlei Hospital.

It is significant for healthcare workers to sort patients according to their medical needs in order to ensure that those that need immediate attention get first preference. Participants of the study were of the belief that healthcare professionals do not respond to patients' challenges. Participants mentioned that Rietvlei Hospital healthcare professionals are not reliable in the eyes of patients, because sometimes when they need healthcare assistance from healthcare professionals, they do not get assistance. The patients also complained about healthcare professionals, claiming that they do not provide regular check-ups or supervision to patients admitted to Rietvlei Hospital. The study participants were of the view that Rietvlei Hospital staff is not attentive, understanding of the patient's problems, and they do not provide mental support to patients. Management must ensure that these challenges are addressed as they hinder service delivery as well as healthcare services which must be provided to patients.

Olorunfemi (2016: 35) mentioned that many African countries are rural areas which have a shortage of infrastructure and resources, even after their independence. According to Kumar (2018: 1), there was a conference for people living in rural, isolated areas, as well as people who are living in remote areas, which called for those people to be given special priority and special treatment for public healthcare facilities to achieve universal health coverage. Pomey *et al.* (2015: 29) mentioned that for public healthcare institutions to improve quality healthcare services, they must ensure that that there is patient engagement and patient participation in the decision making of the public health institution. Furthermore, the authors mention

that patient engagement has become a cornerstone for enhancing quality healthcare services at the public health institutions.

2. To investigate the perceptions of patients on the centeredness approach to accessing healthcare services.

Rietvlei Hospital healthcare workers must ensure that they provide service delivery and healthcare services in an effective and efficient manner in order to satisfy the patients' medical needs. During the time patients seek medical assistance they express a feeling of being vulnerable and powerless in the face of illness. Rietvlei Hospital staff must practice patient-centered care by caring for patients and their families in a meaningful way, valuable to individual patients. The patients were of the view that there is a brakeage in communication were professionals fail to listen to their problems, inform them about the procedures which are going to happen, and involve patients in their care.

Rietvlei Hospital healthcare professionals must ensure that they provide healthcare services which are respectful and responsive to individual patient's preferences, needs, and values in order to ensure that patients' values guide all clinical decisions. This will assist in ensuring patient satisfaction and patient retention. If the Rietvlei Hospital healthcare staffs practices this conduct, it can alleviate the negative feelings which patients have during their sickness.

According to Javed *et al.* (2019: 169), to determine the satisfaction levels of healthcare customers five-dimensions must be used, which are based on the healthcare service quality construct (SERVQUAL). Furthermore, organisations must ensure that they develop ways of improving quality of services which are produced by the organisation in order to look for ways to improve service delivery to make customers satisfied with the service they receive, which will make the organisation to be more profitable and productive. Study participants were not satisfied with the

service delivery and healthcare services provided by Rietvlei Hospital. González *et al.* (2017: 43) stated that the SERVQUAL model was built on the expectancy-disconfirmation paradigm, which means that service quality is an extent to which consumers' pre-consumption expectations of quality are confirmed or disconfirmed by their actual perceptions of the service experience. Furthermore, they stated that there are five dimensions used to measure service quality

3. To assess satisfaction levels of patients at Rietvlei Hospital using the SERVQUAL model.

The Rietvlei Hospital was investigated and SERVQUAL was applied. The study found the following:

- Tangible Elements: Patients at Rietvlei Hospital were not in a position to derive their perceptions of service quality through comparing the tangible service provided.
- Reliability: The patients could not confirm that the Department of Health and the Management at Rietvlei Hospital were fully reliable and have the full ability to perform the promised service dependably and accurately.
- Responsibility: The willingness of Rietvlei Hospital healthcare workers to provide help and providing prompt services to Rietvlei Hospital patients was lacking in the eyes of the patients.

According to Atuoye *et al.* (2015: 1), rural communities face challenges in accessing quality healthcare services. These challenges are caused by a poor healthcare infrastructure, poor road networks, and a shortage of regular means of suitable transport which leaves rural areas inaccessible, as well as a shortage of resources allocated to rural healthcare institutions. The uMzimkhulu community also experiences challenges in accessing quality healthcare services at Rietvlei Hospital because of poor infrastructure and poor allocation of resources.

- Empathy: This entails providing caring, individualised attention to customers.
- Satisfaction: this describes the fulfillment of customers' wishes, expectations, or needs, or the pleasure derived from this.

- To examine how Rietvlei Hospital healthcare professionals respond to patients' challenges.

It is significant for healthcare workers to understand patients' challenges in order to ensure that patients get quality service delivery and quality healthcare services. Understanding patients' challenges by Rietvlei healthcare workers can assist the institution to provide effective and efficient service delivery and quality healthcare services to Rietvlei Hospital patients. Participants of the study were of the view that Rietvlei Hospital healthcare workers do not understand their challenges and they do not provide mental support to patients. The participants also mentioned that Rietvlei Hospital healthcare workers do not respond to their challenges. Participants mentioned that Rietvlei Hospital healthcare professionals are not reliable to patients, because sometimes when they need healthcare assistance from healthcare professionals, they do not get assistance.

4. Examine the implementation of national health legislations by Rietvlei Hospital healthcare professionals.

Mahmoud *et al.* (2019: 1) are of the view that in the 21st century any organisation which desires growth and sustainability in the current hypercompetitive environment must ensure the production and provision of quality services meets the ever-changing needs of its customers. This will assist the organisation in order to obtain competitive advantages over its rivals and it will also engender customer's satisfaction and loyalty. Many patients who participated in the study had a negative perception of the centeredness approach in accessing healthcare services at Rietvlei Hospital. Patients who participated in the survey were of the view that Rietvlei Hospital staff doesn't practice Batho Pele principles because they wait in long queues before they obtain medical attention at Rietvlei Hospital.

The participants were also of the view that healthcare professionals are not reliable and do not respond promptly when they are needed by patients. Rietvlei Hospital

must ensure that its entire staff understand and practice Batho Pele principles, in order to enhance customer satisfaction and customer retention.

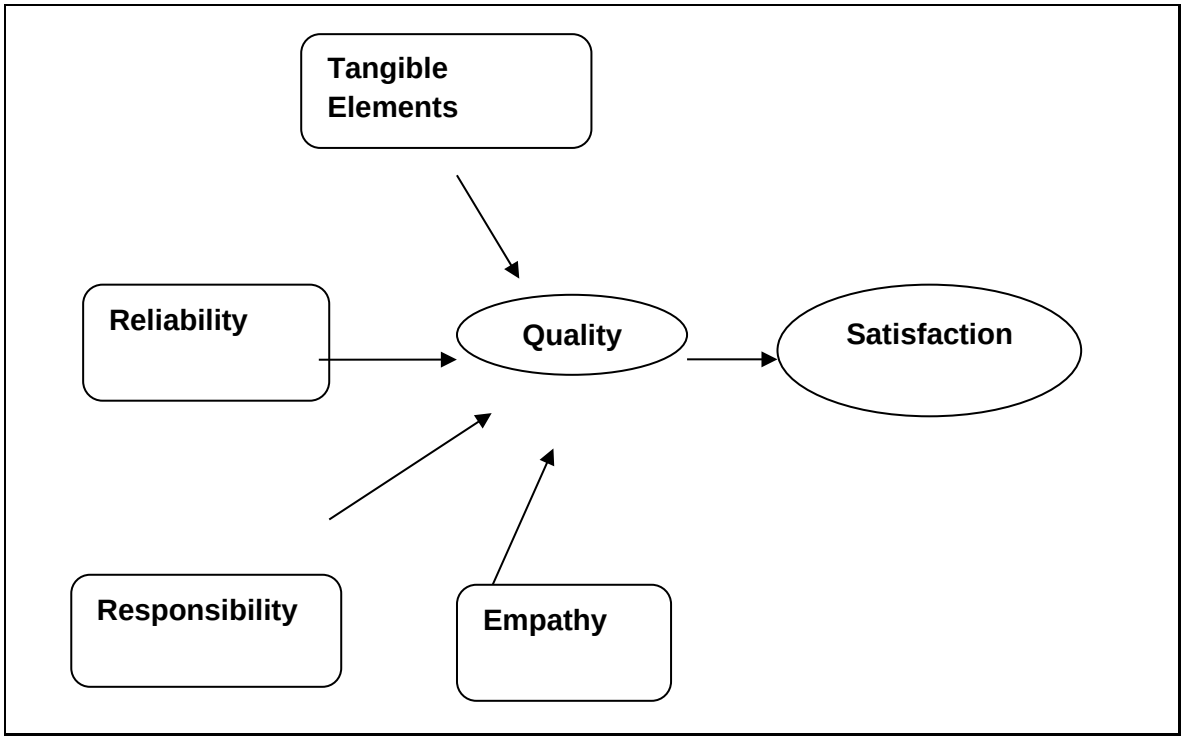


Figure 5.3.1: Five Dimensions of Service Quality

Source; González *et al.* (2014: 43)

These dimensions, if they are implemented effectively can assist Rietvlei hospital to achieve effective service delivery as well as effective healthcare services to its customers. James, Villacis Calderon and Cook (2017: 379) mentioned that these dimensions work as an aiding tool to assist the patients to gauge the quality of service delivery and healthcare services which they obtain from healthcare institutions, since many patients are likely to lack the highly skilled of medical training which is necessary for the interpretation of their experiences. According Adeniji and Mash (2016: 1), public healthcare professionals are face with the challenge of responding immediately to the life threatening emergencies of patients seeking medical assistance at public hospitals.

Furthermore, it is significant for healthcare workers to sort patients according to their medical needs in order to ensure that those that need immediate attention get first preference. Participants of the study were of the opinion that healthcare professionals don't respond to patients' challenges. Participants mentioned that Rietvlei hospital healthcare professionals are not reliable, because sometimes when they need healthcare assistance from healthcare professionals, they don't get assistance. The patients also complained about the fact that healthcare professionals don't provide regular check-ups or supervision to patients admitted at Rietvlei hospital. The study participants were of the view that Rietvlei hospital staff are not attentive or understanding the patients problems, and also they don't provide mental support to patients. Management must ensure that that these challenges are addressed because the service delivery as well as healthcare services provided to patients is at risk.

According to Kim *et al.* (2017: 2), in order to ensure patient satisfaction, healthcare institutions must ensure that they provide quality service delivery and quality healthcare services to patients. Kamimura *et al.* (2015: 62) mentioned that for organisations to improve service delivery and provide quality healthcare services to customer they must ensure customer engagement. Rietvlei Hospital management must ensure patient involvement in their decision making and also ensure the investigation of customer needs.

5.4 STUDY RECOMMENDATIONS

In order for Rietvlei Hospital to enhance service delivery and healthcare services and to ensure customer satisfaction, the following is recommended:

5.4.1 PERFORMANCE MANAGEMENT

Rietvlei Hospital management must ensure that all employees are well informed about the vision and mission of the organisation. Rietvlei Hospital must set performance targets for every employee of the organisation. The institution management must ensure that all employees are aware of their set performance targets and employees must sign an agreement to reach for their performance

target. Management must ensure that they monitor and evaluate the performance of each employee quarterly. The institution must have mechanisms in place to deal with underperforming employees. These mechanisms can include referring employees to Human Resource Development (HRD) for refresher courses and to Employment Assistant Programs (EAP) if there are personal issues which make the employee underperform.

Rietvlei Hospital managers must also develop a performance management system which ensures that it is aligned with service standards as well as vision, mission, and institutional orders of the organisation. In order for the institution to promote good performance among employees, the organisation must give outstanding employees a production bonus in order to encourage all employees to up their performance. This will ensure the increase in service delivery and healthcare services provided by healthcare workers to patients.

5.4.2 ENHANCING HEALTHCARE PROFESIONALS' SKILLS

The study revealed that Rietvlei Hospital customers were not satisfied with the skills and knowledge possessed by Rietvlei Health professionals. This was also ascertained by healthcare professional, who claim that they do not receive courses which will improve their skills. The organisation needs to ensure that they keep up with the growing technology and make employees proficient with emerging technology. Management must investigate what skill each employee requires to enhance service delivery and healthcare services of the organisation. The institution management must ensure that all employees upgrade their skills through furthering their education. Upgrading employees' skills will ensure that the organisation provides quality service delivery and quality healthcare services. To create a customer orientated organisation it is significant that all Rietvlei Hospital employees are trained to deal with the public, especially in situations which are more frequent within the healthcare institutions.

5.4.3 WAITING TIMES

The patients' long waiting times at public hospitals for service delivery is demonstrated by the long queues of patients in the hospital, especially in the Outpatient Departments (OPD) and in Primary Health Care Facilities (PHCF). The patients try to circumvent waiting in long queues by coming in very early in the morning before the hospital's opening time. This is caused by the demand of healthcare services which exceeds the capacity of the institutions because of the shortage of staff. The survey revealed that Rietvlei Hospital patients wait in long queues before they are being attended to at the institution.

Rietvlei Hospital management must ensure that they monitor the patients' queues daily. They must ensure that patients' appointments are not being postponed, because the postponing of patients' appointments increases the queues. They must ensure that patients who came on time for their appointments are attended to. The remedies of patients' waiting times can be that patients are requested to report to the manager of that unity if they have waited more than 15 minutes in order to access healthcare services. Management can also put out suggestion boxes and complaint books for patients to register complain. Management must also monitor the total time the patients spend in the institution, from the time patient enters the institution to the time the patient leaves the institution. It must be noted that reducing patients' waiting times will enhance patient satisfaction.

5.4.4 COMMUNICATION BARRIERS

The study highlighted that there are communication challenges at Rietvlei Hospital. Health professionals and patients have a communication barrier because of competing demand, a lack of privacy, background noise, and a language barrier, which all hinder the provision of service delivery and healthcare services. The institution must provide English and Xhosa lessons to all Rietvlei Hospital employees in order to ensure that all staff can communicate clearly with patients. This will assist the institution to combat the communication barrier between health professionals and patients. In order for the organisation to provide quality service delivery and

quality healthcare services, the organisation must render health services in the home language of the patients.

It is significant that communication challenges are addressed quickly, because if there is a communication barrier it will be difficult for the organisation to provide effective and efficient service delivery and healthcare services. Addressing communication issues will make patients more satisfied with the service delivery and healthcare services provided by the health institution.

5.4.5 CUSTOMER CARE SERVICE REPRESENTATIVES

It is significant for public health institutions to provide quality service delivery and quality healthcare services since they use public funds to provide these services. The institution must appoint customer representatives who will liaise with patients directly in order to identify the challenges which they experienced at Rietvlei Hospital. This patient representative will visit inpatients and outpatients to identify any challenges which they were faced with at Rietvlei Hospital. If patients were not fit during the time of visits or during the time of admission, the customer representative can visit patients at their homes or conduct telephone interviews with patients. This will assist the organisation to identify areas which need to be addressed to ensure effective service delivery and quality healthcare services.

5.4.6 IMPROVING SERVICE DELIVERY AND HEALTHCARE SERVICES AT PUBLIC INSTITUTIONS

The study revealed that Rietvlei Hospital provides poor service delivery and poor healthcare services to patients; this was ascertained by patients who participated in the study. There is a rising demand from patients that healthcare institutions must improve service delivery and healthcare services to meet their needs. Government must increase the resources which are allocated to Rietvlei Hospital. These resources include financial resources and human resources in order for institution to be able to provide quality service delivery and quality healthcare services to patients. Government must provide modern equipment to rural healthcare facilities,

particularly to Rietvlei Hospital, because this will enhance service delivery and healthcare services.

Rietvlei management must ensure the setting performance target to ensure meeting the level of service quality which customers perceived from Rietvlei Hospital. The Rietvlei management must be committed to service quality and ensure that they close of the gap between customer perception and management understands of customer perception. Rietvlei Hospital management must ensure that staff are empowered and make resources available to health professionals to render effective service delivery and quality healthcare services. Management must ensure that staff members practice Batho Pele principles and respect Patients' Rights at all times. Public relations officers must ensure that patients they are satisfied in order to spread a good image of Rietvlei Hospital.

5.5 FUTURE STUDIES

This study only focused on the service delivery which is provided by Rietvlei Hospital to its customers. It also focused on patients' and health professionals' perceptions of service delivery and healthcare services provided by the institution. The study didn't cover the issue of how financial resources allocated at Rietvlei Hospital are being used. Succeeding research studies can focus their investigation on the effective use of resources allocated to rural healthcare facilities. This research study didn't look to a variance of aspects since it was focusing on the service quality which is provided by Rietvlei Hospital to its customers.

Key References

Abu Amuna, Y. M., Al Shobaki, M. J., Abu-Naser, S. S. and Badwan, J. J. 2017. Understanding Critical Variables for Customer Relationship Management in Higher Education Institution from Employees Perspective.

Adeniji, A. A. and Mash, B. 2016. Patients' perceptions of the triage system in a primary healthcare facility, Cape Town, South Africa. *African journal of primary health care & family medicine*, 8 (1): e1-e9.

Aithal, A. and Aithal, P. 2017. ABCD Analysis of Task Shifting–An optimum Alternative Solution to Professional Healthcare Personnel Shortage. *International Journal of Health Sciences and Pharmacy (IJHSP)*, 1 (2): 36-51.

Akhavan, S. and Tillgren, P. 2015. Client/patient perceptions of achieving equity in primary health care: a mixed methods study. *International Journal for Equity in Health*, 14 (1): 65.

Alford, D. P., German, J. S., Samet, J. H., Cheng, D. M., Lloyd-Travaglini, C. A. and Saitz, R. 2016. Primary care patients with drug use report chronic pain and selfmedicate with alcohol and other drugs. *Journal of general internal medicine*, 31 (5): 486-491.

Alzahrani, M. M., Alqahtani, S. M., Tanzer, M. and Hamdy, R. C. 2016. Musculoskeletal disorders among orthopedic pediatric surgeons: an overlooked entity. *Journal of children's orthopaedics*, 10 (5): 461-466.

Anderson, T. J., Saman, D. M., Lipsky, M. S. and Lutfiyya, M. N. 2015. A crosssectional study on health differences between rural and non-rural U.S. counties using the County Health Rankings. *BMC health services research*, 15 (1): 441.

Andre de la, P. 2016. Spirituality and healthcare: Towards holistic people-centred healthcare in South Africa. *HTS Teologiese Studies/Theological Studies*, 72 (4): e1e9.

Ataguba, J. E., Day, C. and McIntyre, D. 2014. Monitoring and evaluating progress towards Universal Health Coverage in South Africa. *PLoS Med*, 11 (9): e1001686.

Atuoye, K. N., Dixon, J., Rishworth, A., Galaa, S. Z., Boamah, S. A. and Luginaah, I. 2015. Can she make it? Transportation barriers to accessing maternal and child health care services in rural Ghana. *BMC health services research*, 15 (1): 333.

Ballim, F. 2017. The Un-making of the Group Areas Act: Local Resistance and Commercial Power in the Small Town of Mokopane. *South African Historical Journal*, 69 (4): 568-582.

Barron, P., Padarath, A., Ranchod, S., Adams, C., Burger, R., Carvounesi, A., Stewart, J., Dreyer, K., Smith, A. and van Biljon, C. 2017. Twenty years of the South African Health Review; South Africa's hospital sector: old divisions and new developments. *Health Systems Trust, Durban*,

Bhengu, W. T. M. B. R. 2019. Challenges of quality improvement

in the healthcare of South Africa post-apartheid: A critical review.

Bilog, D. Z. 2017. Investigating consumer preferences in selecting buffet restaurants in Davao region, Philippines. *Journal of Administrative and Business Studies*, 3 (5): 221-233.

Brauns, M. and Wallis, M. 2014a. Performance management and public policy: the case of the health sector in South Africa. *Administratio publica*,

Brauns, M. and Wallis, M. 2014b. Policy Implementation and the Promotion of Service Delivery within the Public Health Sector In South Africa. *International Business & Economics Research Journal (IBER)*, 13 (2): 201.

Brownson, R. C., Baker, E. A., Deshpande, A. D. and Gillespie, K. N. 2017. *Evidencebased public health*. Oxford university press.

Chang, C.-W., Tseng, T.-H. And Woodside, A. G. 2013. Configural algorithms of patient satisfaction, participation in diagnostics, and treatment decisions' influences on hospital loyalty. *Journal of Services Marketing*,

Chattopadhyay, B. and Kelley, K. 2016. Estimation of the coefficient of variation with minimum risk: A sequential method for minimizing sampling error and study cost. *Multivariate Behavioral Research*, 51 (5): 627-648.

Cole, M. B., Wright, B., Wilson, I. B., Galárraga, O. and Trivedi, A. N. 2018. Medicaid expansion and community health centers: Care quality and service use increased for rural patients. *Health Affairs*, 37 (6): 900-907.

Connelly, L. M. 2016. Trustworthiness in qualitative research. *Medsurg Nursing*, 25 (6): 435-437.

Creswell, J. W. 2014. *A concise introduction to mixed methods research*. SAGE publications.

Creswell, J. W., Klassen, A. C., Plano Clark, V. L. and Smith, K. C. 2011. Best practices for mixed methods research in the health sciences. *Bethesda (Maryland): National Institutes of Health*, 2013: 541-545.

Dabestani, R., Shahin, A., Shirouyehzad, H. and Saljoughian, M. 2017. A comparative study of ordinary and fastidious customers' priorities in service quality dimensions. *Total Quality Management & Business Excellence*, 28 (3-4): 331-350.

Day, S., Cornell, J. and Malherbe, N. 2019. Discourses of 'service delivery protests' in South Africa: an analysis of talk radio. *Critical Discourse Studies*: 1-18.

De Juan, A. and Wegner, E. 2019. Social Inequality, State-centered Grievances, and Protest: Evidence from South Africa. *Journal of Conflict Resolution*, 63 (1): 31-58.

De la Porte, A. 2016. Spirituality and healthcare: Towards holistic people-centered healthcare in South Africa. *HTS Teologiese Studies / Theological Studies*, 72 (4)

Dell, A. and Kahn, D. 2017. Geographical maldistribution of surgical resources in South Africa: A review of the number of hospitals, hospital beds and surgical beds. *South African Medical Journal*, 107 (12): 1099-1105.

Dhai, A. and Mahomed, S. 2018. Healthcare in Crisis: A Shameful Disrespect of our Constitution. *South African Journal of Bioethics and Law*, 11 (1): 8.

Dill, M., Mahabal, H. H. and Bachmann, T. 2009. *Defining a data analysis process*: Google Patents.

Dlova, N. C., Mankahla, A., Madala, N., Grobler, A., Tsoka-Gwegweni, J. and Hift, R. J. 2015. The spectrum of skin diseases in a black population in D urban, K waZuluNatal, S outh Africa. *International journal of dermatology*, 54 (3): 279-285.

Doherty, J., Kirigia, D., Okoli, C., Chuma, J., Ezumah, N., Ichoku, H., Hanson, K. and McIntyre, D. 2018. Does expanding fiscal space lead to improved funding of the health sector in developing countries? lessons from Kenya, Lagos State (Nigeria) and South Africa. *Global Health Action*, 11 (1): 1461338-1461311.

Drennan, J. 2003. Cognitive interviewing: verbal data in the design and pretesting of questionnaires. *Journal of advanced nursing*, 42 (1): 57-63.

Etikan, I. and Bala, K. 2017. Sampling and sampling methods. *Biometrics & Biostatistics International Journal*, 5 (6): 00149.

Etikan, I., Musa, S. A. and Alkassim, R. S. 2016. Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, 5 (1): 1-4.

Fan, L.-H., Gao, L., Liu, X., Zhao, S.-H., Mu, H.-T., Li, Z., Shi, L., Wang, L.-L., Jia, X.L., Ha, M. and Lou, F.-G. 2017. Patients' perceptions of service quality in China: An investigation using the SERVQUAL model. *PloS one*, 12 (12): e0190123.

Fatima, T., Malik, S. A. and Shabbir, A. 2018. Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private healthcare systems. *International Journal of Quality and Reliability Management*, 35 (6): 11951214.

Foster, K. and Isobel, S. 2018. Towards relational recovery: Nurses' practices with consumers and families with dependent children in mental health inpatient units. *International journal of mental health nursing*, 27 (2): 727-736.

Fusheini, A. and Eyles, J. 2016. Achieving universal health coverage in South Africa through a district health system approach: conflicting ideologies of health care provision. *BMC Health Serv Res*, 16 (1): 558.

Gerein, N., Green, A. and Pearson, S. 2006. The implications of shortages of health professionals for maternal health in sub-Saharan Africa. *Reproductive health matters*, 14 (27): 40-50.

Ghotbabadi, A. R., Feiz, S. and Baharun, R. 2015. Service quality measurements: a review. *International Journal of Academic Research in business and social sciences*, 5 (2): 267.

Gilson, L., Elloker, S., Olckers, P. and Lehmann, U. 2014. Advancing the application of systems thinking in health: South African examples of a leadership of sensemaking for primary health care. *Health Research Policy and Systems*, 12 (1): 30.

González, I. B., Pedraza Melo, N. A., Lavín Verástegui, J. and Monforte García, G. 2017. Service quality and users satisfaction assessment in the health context in Mexico. *Cuadernos de Administración (Universidad del Valle)*, 33: 36-47.

Greene, J. C. 2007. *Mixed methods in social inquiry*. John Wiley & Sons.

Gunawan, J. 2015. Ensuring trustworthiness in qualitative research. *Belitung Nursing Journal*, 1 (1): 10-11.

Gupta, P. and Vardhan, S. 2016. Optimizing OEE, productivity and production cost for improving sales volume in an automobile industry through TPM: a case study. *International Journal of Production Research*, 54 (10): 2976-2988.

Gustafsdottir, S. S., Fenger, K., Halldorsdottir, S. and Bjarnason, T. 2017. Social justice, access and quality of healthcare in an age of austerity: users' perspective from rural Iceland. *International Journal of Circumpolar Health*, 76 (1): 1347476-1347479.

Hendricks, S. J., Buch, E., Seekoei, E., Bossert, T. and Roberts, M. 2014. Decentralisation in South Africa: options for district health authorities in South Africa. *South African health review*, 2014 (1): 59-72.

Henrique, D. B., Rentes, A. F., Godinho Filho, M. and Esposto, K. F. 2016. A new value stream mapping approach for healthcare environments. *Production Planning & Control*, 27 (1): 24-48.

Huck, S. W., Cormier, W. H. and Bounds, W. G. 1974. *Reading statistics and research*. Harper & Row New York.

Ibrahim, M. 2015. The art of Data Analysis. *Journal of Allied Health sciences Pakistan*, 1: 98-104.

Jacobsen, K. H. and Hasumi, T. 2014. Satisfaction with healthcare services in South Africa: results of the national 2010 General Household Survey. *The Pan African medical journal*, 18: 172.

Jaga, A., Arabandi, B., Bagraim, J. and Mdlongwa, S. 2018. Doing the ‘gender dance’: Black women professionals negotiating gender, race, work and family in postapartheid South Africa. *Community, Work & Family*, 21 (4): 429-444.

James, S. and Miza, T. M. 2015. Perceptions of professional nurses regarding introduction of the Batho Pele principles in State hospitals. *Curationis*, 38 (1): 1-e9.

James, T. L., Villacis Calderon, E. D. and Cook, D. F. 2017. Exploring patient perceptions of healthcare service quality through analysis of unstructured feedback. *Expert Systems With Applications*, 71: 479-492.

Jang, S. H., Kim, R. H. and Lee, C. W. 2016. Effect of u-healthcare service quality on usage intention in a healthcare service. *Technological Forecasting & Social Change*, 113: 396-403.

Jardien-Baboo, S., van Rooyen, D., Ricks, E. and Jordan, P. 2016. Perceptions of patient-centred care at public hospitals in Nelson Mandela Bay. *health sa gesondheid*, 21 (1): 397-405.

Javed, S. A., Liu, S., Mahmoudi, A. and Nawaz, M. 2019. Patients' satisfaction and public and private sectors' health care service quality in Pakistan: Application of grey decision analysis approaches. *The International Journal of Health Planning and Management*, 34 (1): e168-e182.

Johann, M. 2015. *Services Marketing*.

Johnson, R. B., Onwuegbuzie, A. J. and Turner, L. A. 2007. Toward a definition of mixed methods research. *Journal of mixed methods research*, 1 (2): 112-133.

Kamimura, A., Ashby, J., Myers, K., Nourian, M. M. and Christensen, N. 2015. Satisfaction with healthcare services among free clinic patients. *Journal of community health*, 40 (1): 62-72.

Kim, C. E., Shin, J.-S., Lee, J., Lee, Y. J., Kim, M.-R., Choi, A., Park, K. B., Lee, H.-J. and Ha, I.-H. 2017. Quality of medical service, patient satisfaction and loyalty with a focus on interpersonal-based medical service encounters and treatment effectiveness: a cross-sectional multicenter study of complementary and alternative medicine (CAM) hospitals. *BMC complementary and alternative medicine*, 17 (1): 174-112.

Kruk, M. E., Kelley, E., Syed, S. B., Tarp, F., Addison, T. and Akachi, Y. 2017. Measuring quality of health-care services: what is known and where are the gaps? *BULLETIN OF THE WORLD HEALTH ORGANIZATION*, 95 (6): 390-390.

Kumar, R. 2018. The Delhi declaration 2018:“Healthcare for all rural people”–Alma Ata revisited. *Journal of family medicine and primary care*, 7 (4): 649.

Liu, W., Liu, Y., Twum, P. and Li, S. 2016. National equity of health resource allocation in China: Data from 2009 to 2013. *International Journal for Equity in Health*, 15 (1): 68.

Liu, X., Dou, L., Zhang, H., Sun, Y. and Yuan, B. 2015. Analysis of context factors in compulsory and incentive strategies for improving attraction and retention of health

workers in rural and remote areas: A systematic review. *Human Resources for Health*, 13 (1): 61.

Lourens, G. 2012. The National Core Standards and evidence-based nursing: professional practice. *Professional Nursing Today*, 16 (1): 3-4.

Lynn, P., Nandi, A., Parutis, V. and Platt, L. 2018. Design and implementation of a high-quality probability sample of immigrants and ethnic minorities: Lessons learnt. *Demographic Research*, 38: 513-548.

Mackey, A. and Gass, S. M. 2015. *Second language research: Methodology and design*. Routledge.

Mahmoud, A. B., Ekwere, T., Fuxman, L. and Meero, A. A. 2019. Assessing Patients' Perception of Health Care Service Quality Offered by COHSASA-Accredited Hospitals in Nigeria. *SAGE Open*, 9 (2): 215824401985248.

Mallman, M. and Lee, H. 2016. Stigmatised learners: mature-age students negotiating university culture. *British Journal of Sociology of Education*, 37 (5): 684-701.

Manias, E., Gerdtz, M., Williams, A., McGuiness, J. and Dooley, M. 2016. Communicating about the management of medications as patients move across transition points of care: an observation and interview study. *Journal of evaluation in clinical practice*, 22 (5): 635-643.

Manulik, S., Rosińczuk, J. and Karniej, P. 2016. Evaluation of health care service quality in Poland with the use of SERVQUAL method at the specialist ambulatory health care center. *Patient Preference and Adherence*, 10: 1435-1442.

Martínez-Mesa, J., González-Chica, D. A., Duquia, R. P., Bonamigo, R. R. and Bastos, J. L. 2016. Sampling: how to select participants in my research study? *Anais brasileiros de dermatologia*, 91 (3): 326-330.

Mayosi, B. M. and Benatar, S. R. 2014. Health and Health Care in South Africa — 20 Years after Mandela. *The New England Journal of Medicine*, 371 (14): 1344-1353.

Mbemba, G. I. C., Gagnon, M.-P. and Hamelin-Brabant, L. 2016. Factors influencing recruitment and retention of healthcare workers in rural and remote areas in developed and developing countries: an overview. *Journal of Public Health in Africa*, 7 (2)

Menon, P. R., Stapleton, R. D., McVeigh, U. and Rabinowitz, T. 2015. Telemedicine as a tool to provide family conferences and palliative care consultations in critically ill patients at rural health care institutions: a pilot study. *American Journal of Hospice and Palliative Medicine®*, 32 (4): 448-453.

Meyer, J. C., Schellack, N., Stokes, J., Lancaster, R., Zeeman, H., Defty, D., Godman, B. and Steel, G. 2017. Ongoing initiatives to improve the quality and efficiency of medicine use within the public healthcare system in South Africa; a preliminary study. *Frontiers in pharmacology*, 8: 751.

Michlig, G. J., Lafta, R., Al-Nuaimi, M. and Burnham, G. 2019. Providing healthcare under ISIS: A qualitative analysis of healthcare worker experiences in Mosul, Iraq between June 2014 and June 2017. *Global public health*, 14 (10): 1414-1427.

Monstad, K., Engesæter, L. B. and Espehaug, B. 2014. Waiting time and socioeconomic status—An individual-level analysis. *Health Economics*, 23 (4): 446461.

Mosadeghrad, A. M. 2014. Factors influencing healthcare service quality. *International Journal of Health Policy and Management*, 3 (2): 77.

Moser, C. and Kalton, G. 1985. Survey methods in social investigation Aldershot. *UK: Gower*,

Murphy, M. 2016. Population definitions for comparative surveys in education.

Mwanza, B. G. and Mbohwa, C. 2015. An assessment of the effectiveness of equipment maintenance practices in public hospitals. *Procedia Manufacturing*, 4: 307314.

Naidoo, S. 2012. The South African national health insurance: A revolution in healthcare delivery! *Journal of Public Health*, 34 (1): 149-150.

Nicol, E. and Hanmer, L. A. 2015. Routine Health Information Systems in South Africa-Opportunities for Improvement. *Studies in health technology and informatics*, 216: 993.

Noble, H. and Smith, J. 2015. Issues of validity and reliability in qualitative research. *Evidence-based nursing*, 18 (2): 34-35.

O'Shea, A. M. J., Fortis, S., Vaughan Sarrazin, M., Moeckli, J., Yarbrough, W. C. and Schacht Reisinger, H. 2019. Outcomes comparison in patients admitted to low

complexity rural and urban intensive care units in the Veterans Health Administration. *Journal of Critical Care*, 49: 64-69.

Olorunfemi, S. 2016. Rural Road Infrastructural Challenges: An Impediment to Health Care Service Delivery in Kabba-Bunu Local Government Area of Kogi State, Nigeria.

Ostrom, Q. T., Gittleman, H., Fulop, J., Liu, M., Blanda, R., Kromer, C., Wolinsky, Y., Kruchko, C. and Barnholtz-Sloan, J. S. 2015. CBTRUS statistical report: primary brain and central nervous system tumors diagnosed in the United States in 2008-2012. *Neuro-oncology*, 17 (suppl_4): iv1-iv62.

Otalora, M. L., Rosenbaum, M. S. and Orejula, A. R. 2018. Understanding health care service quality in developing Latin America. *Health Marketing Quarterly*, 35 (3): 167185.

Parasuraman, A., Zeithaml, V. A. and Berry, L. L. 1985. A Conceptual Model of Service Quality and Its Implications for Future Research. *Journal of Marketing*, 49 (4): 41-50.

Picakciefe, M., Acar, G., Colak, Z. and Kilic, I. 2017. The relationship between sociodemographic characteristics, work conditions, and level of “mobbing” of health workers in primary health care. *Journal of interpersonal violence*, 32 (3): 373-398.

Pineo, R. 2019. Preface to the 2019 Special Issue on Public Healthcare in the Developing World. *Journal of Developing Societies*, 35 (1): 1-15.

Pollock, A., Campbell, P., Deery, R., Fleming, M., Rankin, J., Sloan, G. and Cheyne, H. 2017. A systematic review of evidence relating to clinical supervision for nurses, midwives and allied health professionals. *Journal of advanced nursing*, 73 (8): 18251837.

Pomey, M.-P., Hihat, H., Khalifa, M., Lebel, P., Néron, A. and Dumez, V. 2015. Patient partnership in quality improvement of healthcare services: Patients’ inputs and challenges faced. *Patient Experience Journal*, 2 (1): 29-42.

Ponce, O. A., Gomez Galan, J. and Pagán, N. 2019. Current scientific research in the humanities and social sciences: Central issues in educational research. *European Journal of Science and Theology*, 15 (1): 81-95.

Ponce, O. A. and Pagán-Maldonado, N. 2015. Mixed methods research in education: Capturing the complexity of the profession. *International Journal of Educational Excellence*, 1 (1): 111-135.

Rampamba, E. M., Meyer, J. C., Helberg, E. and Godman, B. 2017. Knowledge of hypertension and its management among hypertensive patients on chronic medicines at primary health care public sector facilities in South Africa; findings and implications. *Expert review of cardiovascular therapy*, 15 (8): 639-647.

Ramson, P., Govender, P. and Naidoo, K. 2016. Recruitment and retention strategies for public sector optometrists in KwaZulu-Natal Province, South Africa. *African Vision and Eye Health*, 75 (1): e1-e10.

Rapea, A. P. 2004. Linking performance management to Batho Pele. *Service Delivery Review*, 3 (2): 99.

Reddy, P. S. 2016. The politics of service delivery in South Africa: The local government sphere in context. *TD: The Journal for Transdisciplinary Research in Southern Africa*, 12 (1): 1-8.

Rees, J., Abrahams, M., Doble, A., Cooper, A. and Group, P. E. R. 2015. Diagnosis and treatment of chronic bacterial prostatitis and chronic prostatitis/chronic pelvic pain syndrome: a consensus guideline. *BJU international*, 116 (4): 509-525.

Ross, C. K., Frommelt, G., Hazelwood, L. and Chang, R. W. 1987. The role of expectations in patient satisfaction with medical care. *Journal of health care marketing*, 7 (4)

Rubin, A. and Babbie, E. R. 2016. *Empowerment series: Research methods for social work*. Cengage Learning.

Savanth, S. S. and Babu, K. R. M. 2017. Hospital queuing-recommendation system based on patient treatment time. In: Proceedings of *2017 International Conference on Intelligent Computing and Control Systems (ICICCS)*. IEEE, 953-958.

Senkubuge, F., Modisenyane, M. and Bishaw, T. 2014. Strengthening health systems by health sector reforms. *Global Health Action*, 7 (1): 1-7.

Shafei, I., Walburg, J. and Taher, A. 2019. Verifying alternative measures of healthcare service quality. *International Journal of Health Care Quality Assurance*, 32 (2): 516-533.

Shafiq, M., Naeem, M. A., Munawar, Z. and Fatima, I. 2017. Service Quality Assessment of Hospitals in Asian Context: An Empirical Evidence from Pakistan. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 54: 46958017714664.

Sharma, G. 2017. Pros and cons of different sampling techniques. *International journal of applied research*, 3 (7): 749-752.

Sidze, E. M., Beekink, E. and Maina, B. W. 2015. Challenges associated with tracking resources allocation for reproductive health in sub-Saharan African countries: The UNFPA/NIDI resource flows project experience. *Reproductive Health*, 12 (1): 39.

Singer, E. and Couper, M. P. 2017. Some methodological uses of responses to open questions and other verbatim comments in quantitative surveys. *Methods, data, analyses: a journal for quantitative methods and survey methodology (mda)*, 11 (2): 115-134.

Stander, F. W., De Beer, L. T. and Stander, M. W. 2015. Authentic leadership as a source of optimism, trust in the organisation and work engagement in the public health care sector. *SA Journal of Human Resource Management*, 13 (1): 1-12.

Steenkamp, A. J. 1995. The South African Constitution of 1993 and the Bill of Rights: An Evaluation in Light of International Human Rights Norms. *Human Rights Quarterly*, 17 (1): 101-126.

Sumaedi, S., Yarmen, M. and Yuda Bakti, I. G. M. 2016. Healthcare service quality model. *International Journal of Productivity and Performance Management*, 65 (8): 1007-1024.

Sung, N.-J. and Lee, J.-H. 2019. Association between Types of Usual Source of Care and User Perception of Overall Health Care Service Quality in Korea. *Korean journal of family medicine*, 40 (3): 143-150.

Taherdoost, H. 2016a. Sampling methods in research methodology; how to choose a sampling technique for research. *How to Choose a Sampling Technique for Research (April 10, 2016)*,

Taherdoost, H. 2016b. Validity and reliability of the research instrument; how to test the validation of a questionnaire/survey in a research. *How to Test the Validation of a Questionnaire/Survey in a Research (August 10, 2016)*,

Tang, A., Hallouch, O., Chernyak, V., Kamaya, A. and Sirlin, C. B. 2018. Epidemiology of hepatocellular carcinoma: target population for surveillance and diagnosis. *Abdominal Radiology*, 43 (1): 13-25.

Teddlie, C. and Tashakkori, A. 2009. *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. Sage.

Teshnizi, S. H., Aghamolaei, T., Kahnouji, K., Teshnizi, S. M. H. and Ghani, J. 2018. Assessing quality of health services with the SERVQUAL model in Iran. A systematic review and meta-analysis. *International Journal for Quality in Health Care*, 30 (2): 8289.

Thato FOKO, T. T., Lebogang LEGARE, Keneilwe MAREMI. 2017. Addressing Service Delivery in Rural Areas through Deployment of Information and Communication Technology Platforms.

Torkington, N. P. K. 2017. *Community health needs in South Africa*. Routledge.

Torrey, E. F., Entsminger, K., Geller, J., Stanley, J. and Jaffe, D. 2015. The shortage of public hospital beds for mentally ill persons. *Montana*, 303 (20.9): 6.9.

Trochim, W. M. K., Donnelly, J. P. and Arora, K. 2016. *Research methods: the essential knowledge base*. Student ed. Boston, MA: Cengage Learning.

van Rensburg, H. C. J. 2014. South Africa's protracted struggle for equal distribution and equitable access - still not there. *Human Resources for Health*, 12 (1): 26-26.

Von Pressentin, K. B., Mash, B. J. and Esterhuizen, T. M. 2017. Examining the influence of family physician supply on district health system performance in South Africa: An ecological analysis of key health indicators. *African journal of primary health care & family medicine*, 9 (1): e1-e10.

Wasserman, H., Chuma, W. and Bosch, T. 2018. Print media coverage of service delivery protests in South Africa: A content analysis. *African Studies*, 77 (1): 145-156.

Whittaker, S., Linegar, A., Shaw, C. and Spieker, N. 2011. Quality standards for healthcare establishments in South Africa. *South African health review*, 2011 (1): 5967.

Wilson, V. 2016. Research methods: Mixed methods research. *Evidence Based Library and Information Practice*, 11 (1 (S)): 56-59.

Winchester, M. S. and King, B. 2018. Decentralization, healthcare access, and inequality in Mpumalanga, South Africa. *Health Place*, 51: 200-207.

Young, T., Garner, P., Clarke, M. and Volmink, J. 2016. Series: Clinical Epidemiology in South Africa. Paper 1: Evidence-based health care and policy in Africa: past, present, and future. *Journal of Clinical Epidemiology*, 83: 24-30.

Yuehong, Y., Zeng, Y., Chen, X. and Fan, Y. 2016. The internet of things in healthcare: An overview. *Journal of Industrial Information Integration*, 1: 3-13.

ADDENDUM I

LETTER OF INFORMATION

Title of the Research Study: SERVICE QUALITY AT RIETVLEI HOSPITAL

Principal Investigator/s/researcher: Skhumbuzo Gcabashe, Btech Degree in Public Management

Co-Investigator/s/supervisor/s: Professor N.S Matsiliza

Brief Introduction and Purpose of the Study:

Outline of the Procedures: Participants will be interviewed and also requested to answer questioners at Rietvlei Hospital. Data will collected through interviews, questioners, and observation, qualitative data will be interpreted by NVIVO and quantitative data will be interpreted by statistical package for social sciences (SPSS). This study will be a mix methodology since its uses both technique which is qualitative and qualitative methods. The researcher will not request lot of time from the respondent to obtain data. Respondents are required to provide accuracy information for the study. Participants will be selected simple randomly as part of probability study. (Responsibilities of the participant, consultation/interview/survey details, venue details, inclusion/exclusion criteria, explanation of tools and measurement outcomes, any follow-ups, any placebo or no treatment, how much time required of participant, what is expected of participants, randomisation/group allocation)

Risks or Discomforts to the Participant: They will be no risks or discomfort to the participants.

Benefits: This study will benefits the participants and the university administrative, in identifying challenges of service delivery and healthcare services in rural areas. The study will also encourage improvement in service delivery and healthcare services in

rural areas. The benefit to the researcher will be the publication, conference presentation and completion of Master's Degree in Public Management

Reason/s why the Participant May Be Withdrawn from the Study: The participation to this study is voluntarily and the participants may withdraw from this study at any stage without having to provide reasons. Participants withdrawing in this study will not incur any penalty or any benefits which may be entitled to.

Remuneration: There will be no remuneration to be received by participants.

Costs of the Study: There are no costs to the research participants.

Confidentiality: The researcher assures the participants of the following:

- To maintain confidentiality and security of all responses for questionnaires.
- To protect their rights and welfare i.e. to ensure there is no harm comes to them as a result of their participation in this research.
- To make findings of this research to be available on request.

Research-related Injury The researcher assures participants that there will be no injuries.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher Mr S. Gcabashe on: 083 4873 667/ 033 845 5695, my supervisor Prof N.S Matsiliza on: 033 845 8886 or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population e.g. isiZulu.

ADDENDUM II

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher **Skhumbuzo Gcabashe**, 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, Skhumbuzo Gcabashe herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Skhumbuzo Gcabashe 10/03/2020 S. Gcabashe

Full Name of Researcher **Date** **Signature**

Full Name of Witness (If applicable)	**Date**	**Signature**
Full Name of Legal Guardian (If applicable)	**Date**	**Signature**

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level - use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. wrong date or spelling mistake a new document has to be completed. The incomplete original document has to be kept in the participant file and not thrown away and copies thereof must be issued to the participant.

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes* http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at: http://www.nhrec.org.za/?page_id=14

ADDENDUM III

Department of Public Management Law and Economics
Public Management

19 Aberfeldy Road

Scottsville

Pietermaritzburg

3201

03 June 2019

REQUEST TO PARTICIPATE IN RESEARCH

Dear Participants

You are hereby requested to participate in research study. The researcher wants to know the views of patients and health practitioners at Rietvlei Hospital. This research will be conducted as part of my studies at Durban University of Technology (DUT). The study will be available at DUT libraries for public scrutiny. Please feel free to ask the researcher to clarify anything that which is not clear to you.

In order to participate, you need to complete the questionnaires, to be administered by a field worker. The completed questionnaires will be collected from you within three days after it has administered.

You have a right to query about any concerns regarding the study at any time. Please feel free to report any problem you may experience during the study, to the researcher. The contact details of the researcher are as follows: 033 8455 695 or 083 4873 667 feel free to contact and ask for Mr Skhumbuzo Gcabashe.

Participating to this study is completely voluntary. You are not obliged to participate in this study. If you feel not to participate, you are free not to accept the questionnaires and you will not incur any penalty or any benefits which you may be entitled to.

Please not that you are not required to disclose your identity on the questionnaires: therefore, no one will know your name or other details. The Biographic information requested is generic in nature and will assist the researcher on different variables.

This request has been prepared in compliance with current statutory guidelines.

Yours sincerely

.....

Skhumbuzo Gcabashe

ADDENDUM IV

Department of Public Management Law and Economics

Public Management

19 Aberfeldy Road

Scottsville

Pietermaritzburg

3201

03 June 2019

REQUEST TO PARTICIPATE IN RESEARCH

Dear Participants

You are hereby requested to participate in research study. The researcher wants to know the views of patients and health practitioners at Rietvlei Hospital. This research will be conducted as part of my studies at Durban University of Technology (DUT). The study will be available at DUT libraries for public scrutiny. Please feel free to ask the researcher to clarify anything that which is not clear to you.

In order to participate, you need to complete the questionnaires, to be administered by a field worker. The completed questionnaires will be collected from you within three days after it has administered.

You have a right to query about any concerns regarding the study at any time. Please feel free to report any problem you may experience during the study, to the researcher. The contact details of the researcher are as follows: 033 8455 695 or 083 4873 667 feel free to contact and ask for Mr Skhumbuzo Gcabashe.

Participating to this study is completely voluntary. You are not obliged to participate in this study. If you feel not to participate, you are free not to accept the

questionnaires and you will not incur any penalty or any benefits which you may be entitled to.

Please not that you are not required to disclose your identity on the questionnaires: therefore, no one will know your name or other details. The Biographic information requested is generic in nature and will assist the researcher on different variables.

This request has been prepared in compliance with current statutory guidelines.

Yours sincerely

.....

Skhumbuzo Gcabashe

083 4873 667

Student

Contact Details

033 845 8886

Supervisor / Promoter

Contact Details

_____N/A_____

Co-Supervisor/Co-Promoter

Contact Details

ADDENDUM V

Department of Public Management Law and Economics

Public Management

19 Aberfeldy Road

Scottsville

Pietermaritzburg

3201

03 June 2019

Chief Executive Officer

Rietvlei Hospital

P O Box 501

Stafford Post

4686

Attention: Ms. N. Keswa

Dear Madam

I am currently studying at Durban University of Technology (DUT) towards a Master's degree in Public Management. My research project is entitled: SERVICE QUALITY AT RIETVLEI HOSPITAL**.** This research is being conducted under the supervision of Professor N.S Matsiliza from the Department of Public Management Law and Economics.

The focus of the study is to explore and describe service delivery and quality of healthcare at Rietvlei Hospital, evaluating approaches and policies for improving healthcare delivery, and analysing health outcomes through evidence-based

research. The researcher will make recommendations as part of the research, and forward a copy of end result to you.

Should permission to conduct the research be granted, the interviews will be scheduled for September 2019 to November 2019 at a time and place suitable to the participants. The researcher undertakes to adhere to all ethical principles of the research. Participants will also be fully informed of the purpose of the research. Participants will be on a voluntary basis and participants may withdraw at any point, should they so desire.

I hereby, request your permission to conduct interviews with patients seeking medical treatment, including nurses and doctors working at Rietvlei Hospital. Copies of the questionnaires and participant letter are enclosed for your approval. Should you have any queries, please contact my supervisor, Professor N.S Matsiliza during office hours at 033 845 8886.

Yours faithfully

.....

Skhumbuzo Gcabashe

ADDENDUM VI

MANAGEMENT SCIENCES: FACULTY RESEARCH ETHICS COMMITTEE (FREC)

3 March 2020

Student Name: **Mr S Gcabashe**
Student No: 20508728

Dear Mr S Gcabashe

MASTER OF MANAGEMENT SCIENCES: PUBLIC ADMINISTRATION

TITLE: Service quality at Rietvlei Hospital

Please be advised that the FREC Committee has reviewed your proposal and the following decision was made: **Approved – Ethics Level 2**

Date of FRC Approval: 3 March 2020

Approval has been granted for a period of two years from the above FRC date, after which you are required to apply for safety monitoring and annual recertification. Please use the form located at the Faculty. This form must be submitted to the FREC at least 3 months before the ethics approval for the study expires.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the FREC according to the FREC SOP's. Please note that ANY amendments in the approved proposal require the approval of the FREC as outlined in the FREC SOP's.

Yours sincerely

_____

Prof JP Govender
Chairperson: Faculty Research Ethics Committee

ADDENDUM VII

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

P/Bag x501, Stafford's Post,
Via Port Shepstone, 4686
Tel: 039-2605200, Fax.039-2600019
Email.:nonhlanhla.keswa@kznhealth.gov.za

RIETVLEI DISTRICT HOSPITAL
Office of the CEO

TO	SKHUMBUZO GCABASHE
FROM	MRS. N A KESWA: RIETVLEI HOSPITAL
DATE	13 NOVEMBER 2019

RE: PERMISSION TO CONDUCT RESEARCH AT RIETVLEI HOSPITAL

The CEO is pleased to inform you that you are permitted to conduct your research as per request application.

Please note the following:

This letter does not in any way represent Ethics Approval that should be obtained from an accredited Ethics Committee.

Should you wish to publish your findings, kindly ensure that you apply for approval from the provincial Health Research Ethics Committee in KZN Department of Health to Dr. Lutge (Elizabeth.lutge@kznhealth.gov.za) The hospital will not provide any resource for this study.

You are requested to provide feedback on your findings to the CEO / Medical Manger's office.

Kind Regards

Mrs. N A Keswa\
yrs. N A Kes a Hospital CEO

ADDENDUM VIII

SECTION A

Biographical information: Health Professionals

Please provide the following information regarding you in the organisation,

By placing an X in the appropriate block

1. Gender

a. Male	
b. Female	

2. Race

a. White	
b. Black	
c. Asian	
d. Coloured	

3. Age

a. Less than 25 years old	
b. 26 years-35 years	
c. 36 years-55 years	
d. Over 55 years of age	

4. In which department are you employed?

a. Out-Patient Department (OPD): hypertension Clinic, Epilepsy Clinic, Asthmatic Clinic, Diabetic Clinic	
b. Hospital Clinic: Chronic Diseases, Antenatal, Communicable Diseases (ARV,STI and TB) Under 5s, Orthopaedic, Occupational Health, Wellness Clinic	
c. Operating Theatre	
d. Dental	

e. Ophthalmic	
f. Other (please specify)	

5. How long have you been in the employment of this organisation?

a. Less than 5 years	
b. Between 5 and 10 years	
c. Between 10 and 15 years	
d. More than 15 years	

6. What position do you hold in this organisation?

a. Doctor	
b. Professional Nurse	
c. Enrolled Nurse	
d. Enrolled Nursing Assistant	
e. Other (please specify)	

SECTION B: Health Professionals

The views of health professionals regarding service delivery in South Africa are important.

Please answer the following question, by encircling the appropriate number

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a.	Medical staff are not underresourced in terms of equipment, staff and funding	5	4	3	2	1
b.	Political leaders have ensured a sound management of finances and human resources	5	4	3	2	1
c.	Remuneration issues and old infrastructure contribute to demotivation of medical staff	5	4	3	2	1
d.	It is important to monitor health professionals' performance on a regular basis	5	4	3	2	1
e.	The HIV/AIDS pandemic has not impacted on service delivery	5	4	3	2	1
f.	Continuous training programme are recommended at Rietvlei Hospital	5	4	3	2	1
g.	In a bid to improve service delivery, government must resort to employing private sector principles	5	4	3	2	1
h.	Professionals tend to migrate to areas where they believe their work will be more thoroughly rewarded	5	4	3	2	1
i.	There is a risk that doctors who are underpaid and overworked can leave the public healthcare sector	5	4	3	2	1
j.	The Batho Pele Principles are been practised at Rietvlei Hospital (people First)	5	4	3	2	1

ADDENDUM IX

SECTION A

Biographical information: Patients

Please provide the following information regarding you in the organisation,

By placing an X in the appropriate block

1. Gender

c. Male	
d. Female	

2. Race

e. White	
f. Black	
g. Asian	
h. Coloured	

3. Age

e. Less than 25 years old	
f. 26 years-35 years	
g. 36 years-55 years	
h. Over 55 years of age	

4. How often do you visit Rietvlei Hospital?

a. Once in two weeks	
b. Once a month	
c. Once in three months	
d. Once in six months	
e. Once a year	

5. What type of treatment do you require?

a. Chronic treatment	
b. Repeat treatment	
c. Emergency treatment	
d. General check-up	
e. Other (please specify)	

6. What department are you visiting?

a. Obstetrics and Gynaecology	
b. Paediatrics and Child Health	
c. General Surgery	
d. Family Medicine	
e. Other (please specify)	

SECTION B: Patients

The views of health professionals regarding service delivery in South Africa are important

Please answer the following question, by encircling the appropriate number

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a.	Is the physical appearance of the Hospital- its staff, premises, wards, restrooms, equipment, and beds clean and well organised?	5	4	3	2	1
b.	Hospital staff is reliable and respond promptly when they are needed?	5	4	3	2	1
c.	Patients wait in long queues before they get medical attention?	5	4	3	2	1
d.	Healthcare workers and specialist provide regular supervision to patients?	5	4	3	2	1
e.	Doctors and nurses have enough skills and knowledge?	5	4	3	2	1
f.	Doctors are attentive and understanding and nurses provide mental support and understanding to patients problems	5	4	3	2	1
g.	Medical equipment is modern, function and up to date.	5	4	3	2	1
h.	Does Health professionals able to provide quick diagnoses of diseases?	5	4	3	2	1
I.	Doctors and nurses communicate clearly and in a friendly manner regarding laboratory and other test result, diagnoses, prescriptions, health regimens etc.	5	4	3	2	1
j.	Doctors and nurses are always available at Rietvlie Hospital?	5	4	3	2	1
k.	Beds are available to admit inpatients?	5	4	3	2	1

ADDENDUM X

INTERVIEW QUESTIONS SCHEDULE FOR MANAGEMENT AT RIETVLEI HOSPITAL

SECTION A

Biographical information: Management

Please provide the following information regarding your position in the organisation, by placing an X in the appropriate block.

1. Gender

a. Male	
b. Female	

2. Race

a. White	
b. Black	
c. Asian	
d. Coloured	

3. Age

a. Less than 25 years old	
b. 26 years – 35 years	
c. 36 years – 55 years	
d. Over 55 years of age	

4. In which department are you employed?

5. What position do you hold in the institution?

6. How long have you been employed by this department?

7. How many courses, seminars, and workshops have you attendant for the past five years?

8. Do you believe that National Health Insurance will improve access to quality service delivery and quality healthcare services?

9. **How can you rate the relationship between management and support staff?**

10. **What has management done to improve the level of service delivery and healthcare services in the organisation?**

11. **Does government allocate adequate funding for quality service delivery and healthcare services?**

12. **Does Rietvlei Hospital have sufficient equipment for providing quality service deliver and quality health services?**

ADDENDUM XI

INTERVIEW QUESTIONS SCHEDULE FOR MANAGEMENT AT RIETVLEI HOSPITAL

SECTION A

Biographical information: Health Professionals

Please provide the following information regarding your position in the organisation, by placing an X in the appropriate block.

1. Gender

c. Male	
d. Female	

2. Race

e. White	
f. Black	
g. Asian	
h. Coloured	

3. Age

e. Less than 25 years old	
f. 26 years – 35 years	
g. 36 years – 55 years	
h. Over 55 years of age	

4. What position are you holding at Rietvlei Hospital?

5. What is your highest qualification?

6. How many years have you been working at Rietvlei Hospital?

7. In what capacity are you employed at Rietvlei Hospital?

8. **How often do you deal with patients?**

9. **Are you involved in activities which involve patients?**

10. **Can you tell me the various activities which are involve when patients are seeking medical assistance?**

11. **Do you know of any challenges or contentious issues that patients usually encountered when they seek medical assistance?**

12. **How often do patients complain about the challenges which they encountered when they seek medical attention?**

13. **As a staff of this department, what are your observations on the challenges which relate to the patients of this facility?**

14. **What challenges do you normally face when it comes to patients seeking medical assistance in Rietvlei Hospital?**

15. **Can you tell me how often you respond to challenges and issues relating to patients?**

16. **One of the approaches for service delivery in the Hospital as patient's centeredness. How feasible is this approaches as far as patients seeking medical attention are concerned?**

In your own view, how do you think would be the appropriate mechanisms to deal with the challenges relating to patients seeking medical assistance in the Hospital?

ADENDUM XII

Service quality at Rietvlei Hospital

by Skhumbuzo Gcabashe

Approved by

Prof NS Matsiliza 16 March 2021

Type text here

Submission date: 09-Mar-2021 05:26PM (UTC-0800)
Submission ID: 1528877692
File name: VICE_QUALITY_AT_RIETVLEI_HOSPITAL_March_Main_10_2021_-_Copy.docx (1.37M)
Word count: 42280
Character count: 241837

Service quality at Rietvlei Hospital

ORIGINALITY REPORT

18%	16%	6%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	openscholar.dut.ac.za Internet Source	3%
2	hdl.handle.net Internet Source	2%
3	researchspace.ukzn.ac.za Internet Source	2%
4	ir.dut.ac.za Internet Source	2%
5	repository.nwu.ac.za Internet Source	<1%
6	www.wits.ac.za Internet Source	<1%
7	journals.sagepub.com Internet Source	<1%
8	authorzilla.com Internet Source	<1%
9	link.springer.com Internet Source	<1%

10	core.ac.uk Internet Source	<1%
11	scholarworks.waldenu.edu Internet Source	<1%
12	www.rajalakshmi.org Internet Source	<1%
13	pdfs.semanticscholar.org Internet Source	<1%
14	www.oxbridgeacademy.edu.za Internet Source	<1%
15	www.tandfonline.com Internet Source	<1%
16	Joko Gunawan. "ENSURING TRUSTWORTHINESS IN QUALITATIVE RESEARCH", Belitung Nursing Journal, 2015 Publication	<1%
17	Ilker Etikan. "Sampling and Sampling Methods", Biometrics & Biostatistics International Journal, 2017 Publication	<1%
18	www.allresearchjournal.com Internet Source	<1%
19	Saad Ahmed Javed, Sifeng Liu, Amin Mahmoudi, Muhammad Nawaz. "Patients' satisfaction and public and private sectors'	<1%

	health care service quality in Pakistan: Application of grey decision analysis approaches", The International Journal of Health Planning and Management, 2018 Publication	
20	Juliizaerma Mohamad Khudzari, Syahrina 'Adliana Abdul Halim, Norziana Lokman, Sarina Othman. "Social Cognitive Theory (SCT) and Students' Failure in Bachelor of Corporate Administration Programme", Asian Journal of University Education, 2019 Publication	<1%
21	worldwidescience.org Internet Source	<1%
22	repository.up.ac.za Internet Source	<1%
23	digitalcommons.liberty.edu Internet Source	<1%
24	www.coursehero.com Internet Source	<1%
25	Taqdees Fatima, Shahab Alam Malik, Asma Shabbir. "Hospital healthcare service quality, patient satisfaction and loyalty", International Journal of Quality & Reliability Management, 2018 Publication	<1%

26	docplayer.net Internet Source	<1%
27	Sung Hee Jang, Rachel H. Kim, Chang Won Lee. "Effect of u-healthcare service quality on usage intention in a healthcare service", Technological Forecasting and Social Change, 2016 Publication	<1%
28	academic.oup.com Internet Source	<1%
29	slidex.tips Internet Source	<1%
30	curationis.org.za Internet Source	<1%
31	efsa.onlinelibrary.wiley.com Internet Source	<1%
32	www.hsrc.ac.za Internet Source	<1%
33	fr.scribd.com Internet Source	<1%
34	Margaret S. Winchester, Brian King. "Decentralization, healthcare access, and inequality in Mpumalanga, South Africa", Health & Place, 2018 Publication	<1%

35	en.wikipedia.org Internet Source	<1%
36	Saeed Hosseini Teshnizi, Teamur Aghamolaei, Kobra Kahnouji, Seyyed Mehrdad Hosseini Teshnizi, Jalil Ghani. "Assessing quality of health services with the SERVQUAL model in Iran. A systematic review and meta-analysis", International Journal for Quality in Health Care, 2018 Publication	<1%
37	Ivana T. Croghan, Sandhya Pruthi, J. Taylor Hays, Stephen Cha, Ruth E. Johnson, Marianne Kosel, Richard Morris, Richard D. Hurt. "The Role of Smoking in Breast Cancer Development: An Analysis of a Mayo Clinic Cohort", The Breast Journal, 2009 Publication	<1%
38	James, Tabitha L., Eduardo D. Villacis Calderon, and Deborah F. Cook. "Exploring patient perceptions of healthcare service quality through analysis of unstructured feedback", Expert Systems with Applications, 2016. Publication	<1%
39	aura.antioch.edu Internet Source	<1%
40	www.ccsenet.org Internet Source	<1%

41	www.echealth.gov.za Internet Source	<1%
42	helda.helsinki.fi Internet Source	<1%
43	samj.org.za Internet Source	<1%
44	Ephrem Habtemichael Redda, Jhalukpreya Surujlal. "ASSESSING THE LEVEL OF PATIENT SATISFACTION ON PUBLIC HEALTHCARE FACILITIES IN SOUTH AFRICAN", Humanities & Social Sciences Reviews, 2020 Publication	<1%
45	repository.uinjkt.ac.id Internet Source	<1%
46	www.lse.ac.uk Internet Source	<1%
47	www.researchgate.net Internet Source	<1%
48	www.ukessays.com Internet Source	<1%
49	baadalsg.inflibnet.ac.in Internet Source	<1%
50	scholar.sun.ac.za Internet Source	

		<1%
51	Caroline Howard Grøn, Heidi Houlberg Salomonsen. "In the Mayor We Trust? Trust as the Micro-Foundation of Complementary Politico-Administrative Relations in Local Governments", Administration & Society, 2018 Publication	<1%
52	Alex Pollock, Pauline Campbell, Ruth Deery, Mick Fleming, Jean Rankin, Graham Sloan, Helen Cheyne. "A systematic review of evidence relating to clinical supervision for nurses, midwives and allied health professionals", Journal of Advanced Nursing, 2017 Publication	<1%
53	dspace.kottakkalfarookcollege.edu.in:8001 Internet Source	<1%
54	Amy M.J. O'Shea, Spyridon Fortis, Mary Vaughan Sarrazin, Jane Moeckli, W.C. Yarbrough, Heather Schacht Reisinger. "Outcomes comparison in patients admitted to low complexity rural and urban intensive care units in the Veterans Health Administration", Journal of Critical Care, 2019 Publication	<1%
55	ir.dut.ac.za:8080 Internet Source	<1%

56	ujcontent.uj.ac.za Internet Source	<1%
57	www.genderlinks.org.za Internet Source	<1%
58	Repository.up.ac.za Internet Source	<1%
59	eprints.lancs.ac.uk Internet Source	<1%
60	mafiadoc.com Internet Source	<1%
61	nepal.unfpa.org Internet Source	<1%
62	www.hst.org.za Internet Source	<1%
63	www.kjfm.or.kr Internet Source	<1%
64	www.studymode.com Internet Source	<1%
65	Adeloye A. Adeniji, Bob Mash. "Patients' perceptions of the triage system in a primary healthcare facility, Cape Town, South Africa", African Journal of Primary Health Care & Family Medicine, 2016 Publication	<1%

66	gbata.org Internet Source	<1%
67	ibc-conference.com Internet Source	<1%
68	repository.uel.ac.uk Internet Source	<1%
69	shura.shu.ac.uk Internet Source	<1%
70	uir.unisa.ac.za Internet Source	<1%
71	wrap.warwick.ac.uk Internet Source	<1%
72	"Workplace Reform in the Healthcare Industry", Springer Science and Business Media LLC, 2005 Publication	<1%
73	Michael Kodom, Adobea Yaa Owusu, Perpetual Nancy Baidoo Kodom. "Quality Healthcare Service Assessment under Ghana's National Health Insurance Scheme", Journal of Asian and African Studies, 2019 Publication	<1%
74	eprints.utar.edu.my Internet Source	<1%

75	Aurelio Tommasetti, Pierpaolo Singer, Orlando Troisi, Gennaro Maione. "Extended Theory of Planned Behavior (ETPB): Investigating Customers' Perception of Restaurants' Sustainability by Testing a Structural Equation Model", Sustainability, 2018 Publication	<1%
76	Charlotte Pietersen. "Implementation of Batho Pele Principles in an Educational District Office", Mediterranean Journal of Social Sciences, 2014 Publication	<1%
77	Manaswini Pradhan. "chapter 14 Indian Healthcare Service Management Through Data Mining", IGI Global, 2018 Publication	<1%
78	Thato Foko, Tumiso Thulare, Lebogang Legare, Keneilwe Maremi. "Addressing service delivery in rural areas through deployment of information and communication technology platforms", 2017 IST-Africa Week Conference (IST-Africa), 2017 Publication	<1%
79	moam.info Internet Source	<1%
80	researchbank.acu.edu.au Internet Source	<1%
81	ro.ecu.edu.au	

	Internet Source	<1%
82	Amir Manzoor. "chapter 5 Designs of Mixed Method Research", IGI Global, 2016 Publication	<1%
83	P. Ghazal. "Rising trend of substance abuse in Pakistan: a study of sociodemographic profiles of patients admitted to rehabilitation centres", Public Health, 2019 Publication	<1%
84	Sharmila S. Savanth, K.N. Rama Mohan Babu. "Hospital queuing-recommendation system based on patient treatment time", 2017 International Conference on Intelligent Computing and Control Systems (ICICCS), 2017 Publication	<1%
85	gahp.net Internet Source	<1%
86	pureadmin.qub.ac.uk Internet Source	<1%
87	repository.usu.ac.id Internet Source	<1%
88	"Public Service Delivery Protests in a Democratic South Africa: A Dilemma for Local Municipalities", Mediterranean Journal of Social	<1%

Sciences, 2014
Publication

89	James, Sindiwe, and Thenjiwe M. Miza. "Perceptions of professional nurses regarding introduction of the Batho Pele principles in State hospitals", Curationis, 2015. Publication	<1%
90	Kathryn A. Marley. "The Role of Clinical and Process Quality in Achieving Patient Satisfaction in Hospitals", Decision Sciences, 8/2004 Publication	<1%
91	Reza Dabestani, Arash Shahin, Hadi Shirouyehzad, Mohammad Saljoughian. "A comparative study of ordinary and fastidious customers' priorities in service quality dimensions", Total Quality Management & Business Excellence, 2015 Publication	<1%
92	dergipark.org.tr Internet Source	<1%
93	theijhss.com Internet Source	<1%
94	www.diaryinc.com Internet Source	<1%
95	www.hanscom.af.mil Internet Source	<1%

96	www.mhg.co.za Internet Source	<1%
97	www.uwstout.edu Internet Source	<1%
98	Karen Birna Thorvaldsdottir, Sigridur Halldorsdottir, Rhonda M. Johnson, Sigrun Sigurdardottir, Denise Saint Arnault. "Adaptation of the barriers to help-seeking for trauma (BHS-TR) scale: a cross-cultural cognitive interview study with female intimate partner violence survivors in Iceland", Journal of Patient-Reported Outcomes, 2021 Publication	<1%
99	Rees, Jon, Mark Abrahams, Andrew Doble, and Alison Cooper. "Diagnosis and treatment of chronic bacterial prostatitis and chronic prostatitis/chronic pelvic pain syndrome: a consensus guideline", BJU International, 2015. Publication	<1%
100	digiresearch.vut.ac.za Internet Source	<1%
101	krishikosh.egranth.ac.in Internet Source	<1%
102	www.ncbi.nlm.nih.gov Internet Source	<1%

103	"Abstracts from The American Telemedicine Association 2016 Annual Meeting and Trade Show", Telemedicine and e-Health, 2016 Publication	<1%
104	Colin Clarke. "Race, Place and Space: Liverpool's Local-Born Blacks", Antipode, 2007 Publication	<1%
105	Michela Benedetti, Sergio Terzi. "Chapter 60 Proposal of a Performance Measurement System for Professional Non-profit Service Organizations", Springer Science and Business Media LLC, 2010 Publication	<1%
106	bmcmedethics.biomedcentral.com Internet Source	<1%
107	etd.uum.edu.my Internet Source	<1%
108	network.bepress.com Internet Source	<1%
109	papers.ssrn.com Internet Source	<1%
110	researchbank.rmit.edu.au Internet Source	<1%
111	www.scielo.org.za Internet Source	<1%

112	www.scilit.net Internet Source	<1%
113	"Sustainability", Wiley, 2020 Publication	<1%
114	Ildikó Dén-Nagy. "Problem solver or private life killer?: Mobile Telephony and Work-life Balance in Hungary", Corvinus University of Budapest, 2018 Publication	<1%
115	anythingmedical.co.za Internet Source	<1%
116	bmchealthservres.biomedcentral.com Internet Source	<1%
117	commons.cu-portland.edu Internet Source	<1%
118	dokumen.pub Internet Source	<1%
119	epdf.pub Internet Source	<1%
120	hal.archives-ouvertes.fr Internet Source	<1%
121	ijqr.net Internet Source	<1%
122	lib.convdocs.org	

	Internet Source	<1%
123	livrepository.liverpool.ac.uk Internet Source	<1%
124	loyolacollege.edu Internet Source	<1%
125	manualzz.com Internet Source	<1%
126	pergamos.lib.uoa.gr Internet Source	<1%
127	pt.scribd.com Internet Source	<1%
128	reproductive-health-journal.biomedcentral.com Internet Source	<1%
129	scholar.ufs.ac.za:8080 Internet Source	<1%
130	shodhganga.inflibnet.ac.in Internet Source	<1%
131	td-sa.net Internet Source	<1%
132	umpir.ump.edu.my Internet Source	<1%
133	www.mak.ac.ug Internet Source	<1%

134	www.ontario.ca Internet Source	<1%
135	www.pluralpublishing.com Internet Source	<1%
136	www.sarrahsouthafrica.org Internet Source	<1%
137	Amani Mallat, Demetris Vrontis, Alkis Thrassou. "Patient satisfaction in the context of public–private partnerships", International Journal of Organizational Analysis, 2020 Publication	<1%
138	Ameeta Jaga, Bhavani Arabandi, Jeffrey Bagraim, Sibusiso Mdlongwa. "Doing the 'gender dance': Black women professionals negotiating gender, race, work and family in post-apartheid South Africa", Community, Work & Family, 2017 Publication	<1%
139	Joanna Rosińczuk, Stanisław Manulik, Piotr Karniej. "Evaluation of health care service quality in Poland with the use of SERVQUAL method at the specialist ambulatory health care center", Patient Preference and Adherence, 2016 Publication	<1%
	Kuo, Tsung-Hsien, and Li-An Ho. "Individual	

140	difference and job performance: the relationships among personal factors, job characteristics, flow experience, and service quality", Social Behavior and Personality An International Journal, 2010. Publication	<1%
141	Marjan Miremadi, Kamyar Goudarzi. "Developing an innovative business model for hospital services in Iran: a case study of Moheb Hospitals", Leadership in Health Services, 2019 Publication	<1%
142	Michael Abayomi Fowowe, Kayode K. Arogundade. "chapter 138 Impact of Employees' Empowerment on Perceived Quality of Service Delivery in the Tertiary Health Institutions", IGI Global, 2021 Publication	<1%
143	Serkan Altuntas, Semih Kansu. "An innovative and integrated approach based on SERVQUAL, QFD and FMEA for service quality improvement", Kybernetes, 2019 Publication	<1%
144	Swapnarag Swain. "Do patients really perceive better quality of service in private hospitals than public hospitals in India?", Benchmarking: An International Journal, 2019 Publication	<1%

145	citeseerx.ist.psu.edu Internet Source	<1%
146	creativecommons.org Internet Source	<1%
147	digitalcommons.pepperdine.edu Internet Source	<1%
148	edoc.unibas.ch Internet Source	<1%
149	eprints.soton.ac.uk Internet Source	<1%
150	equinetafrica.org Internet Source	<1%
151	etd.uwc.ac.za Internet Source	<1%
152	iati.dfid.gov.uk Internet Source	<1%
153	ir.lib.uwo.ca Internet Source	<1%
154	kebijakankesehatanindonesia.net Internet Source	<1%
155	myassignmenthelp.com Internet Source	<1%
156	open.uct.ac.za Internet Source	

		<1%
157	oro.open.ac.uk Internet Source	<1%
158	repository.hsrc.ac.za Internet Source	<1%
159	repository.out.ac.tz Internet Source	<1%
160	sites.kowsarpub.com Internet Source	<1%
161	solidariteit.co.za Internet Source	<1%
162	spoudai.unipi.gr Internet Source	<1%
163	trepo.tuni.fi Internet Source	<1%
164	ukzn-dspace.ukzn.ac.za Internet Source	<1%
165	www.gardenroute.gov.za Internet Source	<1%
166	www.giek.no Internet Source	<1%
167	www.hrsdc.gc.ca Internet Source	<1%

168	www.langeberg.gov.za Internet Source	<1%
169	www.lickingcohealth.org Internet Source	<1%
170	www.psc.gov.za Internet Source	<1%
171	www.researchsquare.com Internet Source	<1%
172	www.rsisinternational.org Internet Source	<1%
173	www.science.gov Internet Source	<1%
174	www.scribd.com Internet Source	<1%
175	www.spotlightnsp.co.za Internet Source	<1%
176	www.ventersdorp.co.za Internet Source	<1%
177	"Learning and Collaboration Technologies", Springer Science and Business Media LLC, 2016 Publication	<1%
178	Blerton Abazi. "A novel approach for information security risk assessment maturity framework	<1%

based on ISO 27001", Corvinus University of Budapest, 2020
Publication

179	Claire Penn, Jennifer Watermeyer. "Communicating Across Cultures and Languages in the Health Care Setting", Springer Science and Business Media LLC, 2018 Publication	<1%
180	Itohan Esther Aigwi, Temitope Egbelakin, Jason Ingham. "Efficacy of adaptive reuse for the redevelopment of underutilised historical buildings", International Journal of Building Pathology and Adaptation, 2018 Publication	<1%
181	Morin, Jean-Fr√©d√©ric. "Research Methods in the Social Sciences: An A-Z of key concepts", Oxford University Press, 2020 Publication	<1%
182	Winifred Armstrong, Raewyn Peart. "Marrying Planning, Economics and Environment: Is South Africa ahead of the curve?", Development, 2004 Publication	<1%
183	clutejournals.com Internet Source	<1%
184	www.statisticalaid.com Internet Source	<1%

185	Ali Bassam Mahmoud, Theresa Ekwere, Leonora Fuxman, Abdelrhman Ahmad Meero. "Assessing Patients' Perception of Health Care Service Quality Offered by COHSASA-Accredited Hospitals in Nigeria", SAGE Open, 2019 Publication	<1%
186	Jonathan Drennan. "Cognitive interviewing: verbal data in the design and pretesting of questionnaires", Journal of Advanced Nursing, 4/2003 Publication	<1%
187	Julia Moorman, Pieter de Jager, Heinrich Volmink, Shan Naidoo. "Health Care Delivery System: South Africa", Wiley, 2014 Publication	<1%
188	Lindiwe Julia Ncube, Alufheli Edgar Nesamvuni. "South African foodservice quality: inpatient's perceptions", International Journal of Health Care Quality Assurance, 2019 Publication	<1%
189	Mauricio Losada Otalora, Mark S. Rosenbaum, Augusto Rodríguez Orejula. "Understanding health care service quality in developing Latin America", Health Marketing Quarterly, 2018 Publication	<1%

pure.uva.nl

190	Internet Source	<1%
191	www.workinfo.org Internet Source	<1%

Exclude quotes	Off	Exclude matches	Off
Exclude bibliography	Off		