**REGENT BUSINESS SCHOOL**

# AN EVALUATION OF THE SERVICE DELIVERY PROVIDED BY PRINCE MSHIYENI MEMORIAL HOSPITAL IN THE DEPARTMENT OF INTERNAL MEDICINE

**BY**

**LEOSHA BALDEO**

**MASTER OF BUSINESS ADMINISTRATION-HEALTH CARE MANAGEMENT**

**OCTOBER 2009**

# AN EVALUATION OF THE SERVICE DELIVERY PROVIDED BY PRINCE MSHIYENI MEMORIAL HOSPITAL IN THE DEPARTMENT OF INTERNAL MEDICINE

**BY**

**LEOSHA BALDEO**
**MBA107069**

**SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION-HEALTH CARE MANAGEMENT**

**REGENT BUSINESS SCHOOL**

**SUPERVISOR: PROF. D.C JINABHAI**

**OCTOBER 2009**

## EXECUTIVE SUMMARY

The study was conducted at Prince Mshiyeni Memorial Hospital in the Department of Internal Medicine. The study was undertaken in light of the recent media articles and the poor reputation that the hospital had in the community. This was a cause of concern to the staff and the patients. The aim of the study was to evaluate the service delivery in the Medical wards and thereby make recommendations so as to improve the service delivery. This also included the standing of the hospital in the community. The service dimensions used in the evaluations was that of tangibles, reliability, responsiveness and courtesy. The objective was to determine the effect of these dimensions on service quality and service delivery in the Medical wards. A descriptive study was carried out using quantitative methods. The research strategy used was that of action research. Due to the nature and size of the population the target population was limited to 200 patients by collecting information on one day and eliminating those that were admitted after a certain date. A sample of 50 was chosen using systematic probability sampling. A sampling frame was drawn up and every $4^{th}$ patient was chosen from the frame. The research instrument administered was a questionnaire. The questionnaire consisted of closed ended questions based on demographics and the four service dimensions. The questionnaire was self-administered and there was a 100% response rate. The study showed that the majority of the patients found the overall service delivery in the Medical wards mediocre. The findings of the study showed that the majority of the patients, between 68% and 86%, were content with the courtesy dimension of the service delivery whilst they were not content with all the aspects of the tangibles in the wards. A recommendation was that management at Prince Mshiyeni Memorial Hospital should try to make the Medical wards more attractive by perhaps changing the curtains or painting the walls a different colour. Another recommendation was that proper processes to monitor service delivery be implemented in Prince Mshiyeni Memorial Hospital so as to continuously maintain a high standard of service excellence.

## DECLARATION

I, Leosha Baldeo, do hereby declare that this dissertation is the result of my investigation and research and that this has not been submitted in part or full for any degree or for any other degree to any other University.

_____ _____

L. Baldeo Date

## ACKNOWLEDGEMENTS

Everything that touches our lives happens through the grace of God. My foremost acknowledgement is to Lord Krishna for the good grace and happiness that has been bestowed on me. Thank you to my supervisor Prof. Jinabhai for all the patience and assistance given during the course of the dissertation. Thanks to Trishan for putting up with all my tantrums and for the never ending encouragement. Thanks and appreciation to my parents and brother for the continued support and love I was given throughout my studies. Lastly, my thanks to Ashen for making my life much easier by allowing me access to the library.

## TABLE OF CONTENTS


| Content | Page No. |
|---|---|
| Title page | i |
| Executive Summary | ii |
| Declaration | iii |
| Acknowledgements | iv |
| Table of contents | v |
| List of tables | viii |
| List of graphs | ix |
| List of pie charts | x |
| **CHAPTER ONE: OVERVIEW OF THE STUDY** | |
| 1.1 Introduction | 1 |
| 1.2 Research context: Background | 2 |
| 1.3 The research problem | 2 |
| 1.4 Aim of the study | 3 |
| 1.5 Research objectives | 3 |
| 1.6 Research questions | 4 |
| 1.7 Significance of the study | 4 |
| 1.8 Scope of the study | 5 |
| 1.9 Research methods | 5 |
| 1.10 Format of the study-Chapter organization | 6 |
| 1.11 Conclusion | 7 |
| **CHAPTER TWO: LITERATURE REVIEW** | |
| 2.1 Introduction | 8 |
| 2.2 Service delivery as an element of quality management | 8 |
| 2.3 The impact of organizational structure and culture on service delivery | 11 |

2.4 The SERVQUAL method as a cornerstone to assessing service quality in health care organizations 12
2.5 The importance of cultural dimensions when evaluating service delivery 17
2.6 Patients' perceptions as an indicator of the quality of service 19
2.7 The feasibility of private public partnerships in the health sector 24
2.8 Differences in service delivery between the private and the public hospital sectors 25
2.9 Information technology as a tool in monitoring and improving service quality 27
2.10 The impact of inter organizational competition as a means of improving service quality 27
2.11 The role of nursing staff and patients' perceptions of service delivery 28
2.12 Role of media coverage of service quality in public hospitals 30
2.13 Government policies with regards to patients' rights and expectations 31
2.14 Conclusion 36

**CHAPTER THREE: RESEARCH METHODOLOGY AND DESIGN**

3.1 Introduction 36
3.2 Rationale for methodology 36
3.3 Research design 36
3.4 Research strategies 37
3.5 Target population 39
3.6 Sampling strategy 39
3.7 Sampling selection 41

3.8 Data collection methods 42
3.9 Research instrument 42
3.10 Pilot study 44
3.11 Administration of questionnaires 45
3.12 Data analysis 45
3.13 Validity and reliability 45
3.14 Limitations of the study 46
3.15 Elimination of bias 47
3.16 Ethical considerations 47
3.17 Conclusion 48

**CHAPTER FOUR: ANALYSIS OF RESULTS AND DISCUSSION OF THE FINDINGS**

4.1 Introduction 49
4.2 Analysis of results and discussion of findings 49
4.3 Conclusion 82

**CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS**

5.1 Introduction 84
5.2 Conclusion 84
5.3 Recommendations 85

**BIBLIOGRAPHY** 89

**APPENDICES**

Appendix A Letter of approval 112
Appendix B Questionnaire 113
Appendix C Information sheet 115
Appendix D Consent 117

**LIST OF TABLES**


| | Page No. |
|---|---|
| Table 4.1 The gender distribution of respondents | 49 |
| Table 4.2 The age distribution of respondents | 51 |
| Table 4.3 The overall impression of service delivery | 53 |
| Table 4.4 The attractiveness of the medical wards | 55 |
| Table 4.5 Staff dress code | 57 |
| Table 4.6 Technology in the wards | 59 |
| Table 4.7 Cleanliness of the medical wards | 61 |
| Table 4.8 Exact specifications of the respondents are met | 63 |
| Table 4.9 Service performed right the first time | 65 |
| Table 4.10 Consistency of the service offered | 67 |
| Table 4.11 Timely response of the staff | 69 |
| Table 4.12 Response to respondents complaints | 71 |
| Table 4.13 Willingness to answer questions | 73 |
| Table 4.14 The demeanor of the staff | 75 |
| Table 4.15 Politeness of the staff | 77 |
| Table 4.16 Consideration to visitors | 79 |
| Table 4.17 Consideration of values and property | 81 |

**LIST OF GRAPHS**


| | Page No. |
|---|---|
| Graph 4.1 Gender classification | 50 |
| Graph 4.2 Age classification | 52 |
| Graph 4.3 Impressions of service delivery | 54 |
| Graph 4.4 Attractiveness of wards | 56 |
| Graph 4.7 Ward cleanliness | 62 |
| Graph 4.8 Exact specifications carried out | 64 |
| Graph 4.12 Quick response to complaints | 72 |
| Graph 4.14 Demeanor of staff | 76 |

**LIST OF PIE CHARTS**


| | **Page No.** |
|---|---|
| Pie Chart 4.5 Dress code | 58 |
| Pie Chart 4.6 Technologically modernised wards | 60 |
| Pie Chart 4.9 Service performance right the first time | 66 |
| Pie Chart 4.10 Consistency of service | 68 |
| Pie Chart 4.11 Timely response | 70 |
| Pie Chart 4.13 Willingness to answer questions | 74 |
| Pie Chart 4.15 Politeness to respondents | 78 |
| Pie Chart 4.16 Politeness to visitors | 80 |
| Pie Chart 4.17 Overall consideration | 82 |

# CHAPTER 1

# OVERVIEW OF THE STUDY

## 1.1 INTRODUCTION

Service delivery and efficiency by any company or organization should meet a certain standard of excellence. The recipients of the service should be happy and satisfied with the service that has been provided. Service delivery in a hospital setting is vastly different to service delivery in other organizations. In a hospital setting, it is paramount that the patients receive the best quality of service delivery by the standards set. According to Rashid and Jusoff (2009:471-482) the concept of service quality in a health care setting was very complex compared to other services. This was because the service at all levels was ultimately geared towards improving the health of the people and the health sector as a whole which involved a lot of risk. Service delivery influenced patients' perceptions of the hospital and if it is a Government hospital, it influenced the patients' perceptions of the Government, its competency, the quality of services it offered and the dedication and care that it showed for its patients (Preker and Harding, 2003:xi-xii).

The study was based in Prince Mshiyeni Memorial Hospital which is a Government hospital in Kwa-Zulu Natal. The Department of Internal Medicine was the focus of the study. The researcher explored a wide scope of material including Government policies with regards to service delivery, service delivery in other first and third world countries and procedures to measure patients' satisfaction. The purpose of the study was to identify areas where the service delivery was sub-optimal and patients were dissatisfied. Solutions to improve service delivery in these areas were then offered. Various literature and different research studies done with regards to service delivery were explored with the aim of finding a way to properly evaluate service delivery.

## 1.2 RESEARCH CONTEXT: BACKGROUND

The research was carried out at Prince Mshiyeni Memorial Hospital in the Department of Internal Medicine. This is a Government hospital in Kwa-Zulu Natal, South Africa. According to the Oxford Concise Colour Medical Dictionary (2002:323) a hospital is "an institution providing medical or psychiatric care and treatment of patients." Prince Mshiyeni Memorial Hospital is both a regional and district level hospital. This meant that the hospital provided general care and specialized care. Certain departments in the hospital are run by specialists such as the Department of Internal Medicine. Services were offered as out-patient or in-patient services. The research was carried out on the in-patients in the Internal Medicine wards. According to the Oxford Concise Colour Medical Dictionary (2002:353) an in-patient is "a patient who is admitted to a bed in a hospital ward and remains there for a period of time for treatment, examination, or observation." The research explored service delivery in the Internal Medicine Department at Prince Mshiyeni Memorial Hospital. The aim was to identify areas were service delivery was poor and offer ways to improve the service delivery.

## 1.3 THE RESEARCH PROBLEM

There were many factors leading to the researcher choosing this specific topic to conduct research. These factors included various media articles that showed poor quality of service in various South African public hospitals. Prince Mshiyeni Memorial Hospital had a poor reputation in the area with regards to the quality of service the community had been receiving. This was of concern for the staff of the hospital and the community and had implications for the public health sector. The researcher noted that there were many complaints from the patients with regards to the service they had been receiving. The complaints had ranged from that of the appearance of the hospital to the behaviour and attitude of the staff. The patients would often express anxiety at being in the hospital as they had heard stories circulating in the community about the poor service received at Prince Mshiyeni Memorial Hospital. This was another factor that led to the research

study that was conducted. The purpose of the study was to explore and evaluate the service delivery in the Medical wards of Prince Mshiyeni Memorial Hospital and make recommendations if needed, in order to improve the service delivery at the hospital and to the community.

## 1.4 AIM OF THE STUDY

The aim of the study was to identify areas of inefficient service quality dimensions at Prince Mshiyeni Memorial Hospital in the Department of Internal Medicine. This was done by evaluating the service delivery offered. The service dimensions that were evaluated were:

- Courtesy.
- Responsiveness.
- Reliability.
- Tangibles

## 1.5 RESEARCH OBJECTIVES

The objectives of the study were the following:

- To evaluate the service dimension of the tangibles, that is, the physical appearance of the hospital and to assess how it influenced service delivery.

- To evaluate the reliability of the staff in terms of their ability to perform services accurately and timeously and to assess how it impacted on service delivery.

- To evaluate responsiveness of the staff in terms of willingness to help patients and to provide prompt service.

- To evaluate courtesy of the staff in terms of politeness and to assess how it impacted on service delivery.

## 1.6 RESEARCH QUESTIONS

The research questions in the study are the following:

- Does the patients' perception of the hospital environment influence the service delivery?

- Does the reliability of the staff impact on service delivery by the hospital?

- Does the responsiveness of the staff impact on the service delivery by the hospital?

- Does the courtesy of the staff influence service delivery by the hospital?

## 1.7 SIGNIFICANCE OF THE STUDY

The study was significant in many ways. The main objective was to identify areas of poor service delivery and to understand what caused this at Prince Mshiyeni Memorial Hospital. Recommendations based on the study were made in order to improve service delivery in those deficient areas. The improved service delivery would be beneficial to the patients and to the hospital as patients would be more satisfied. As highlighted by Juwaheer and Kassean (2006:89-111) patients' satisfaction and their expectations of care are indicators of the quality of the health service. The reputation of Prince Mshiyeni Memorial Hospital in terms of service delivery would become more favourable. This would also have a beneficial effect on the employees in terms of positive motivation and pride in their work. According to Qvretveit and Serouri (2006:516-532) there was also a financial benefit as resources could be targeted to those identified areas of poor service

delivery rather than being spent on areas were it was not necessary. This was especially needed in an area were resources were limited.

Since Prince Mshiyeni Memorial Hospital is a Government hospital, improved service delivery would be beneficial to the Government as the patients would realise that the Government was actively involved in patient care. Patients would clearly see the Governments' positive intention towards the people by improving the quality of health services.

The study conducted could promote further investigation into service delivery, for example, by direct interviews with the patients and employees. This could yield suggestions for improvement and could allow better understanding of patients' needs. A better understanding of patients' needs and expectations would lead to being better able to fulfill them. A study by Winstead (2000:399-417) showed how studies conducted can form a framework for future research and service training.

## 1.8 SCOPE OF THE STUDY

The study was based in Prince Mshiyeni Memorial Hospital in Durban, Kwa-Zulu Natal, South Africa. No other public hospitals were considered for this research investigation. The study was conducted in the Internal Medicine wards. The patients involved were those admitted from the drainage areas of the hospital. Patients admitted after the 31 July 2009 were excluded from the study.

## 1.9 RESEARCH METHODS

The researcher conducted a descriptive study using quantitative methods. The research strategy used was action research. The target population in the Medical wards in Prince Mshiyeni Memorial Hospital was limited to 200. The sampling technique used was systematic probability sampling. A self-administered questionnaire was used as the

research instrument. Ethical considerations, validity and reliability were taken into account.

## 1.10 FORMAT OF THE STUDY CHAPTER ORGANISATION

Chapter one deals with the introduction to the dissertation, a background to the topic, the problem statement, the aims of the study, the objectives of the study, the research questions, the significance of the study, the scope of the study, a brief literature review, the format of the study and a conclusion.

Chapter two consists of the literature review. This chapter is an overview into the theory behind the research project, analysis of other studies conducted, government policies and other factors that attribute to the research study. Existing information to support the research project and to help analyse the research project is reviewed.

Chapter three is the research methodology and design. It consists of the rationale for the methodology, the research design, the research philosophy, research strategies, the target population and sampling, the research instrument, pilot study, administration and collection of the questionnaires, data analysis, validity and reliability, limitations of the study, elimination of bias and ethical considerations.

Chapter four is the results, discussion and interpretation of findings. This consists of the presentation of the results of the study and a discussion on the findings.

Chapter five is the conclusion of the study and recommendations based on the findings of the study.

## 1.11 CONCLUSION

The quality of service delivery in any service organization needs to meet a certain standard of excellence for the organization to be successful. Every organization should have proper procedures and protocols in place so as to measure the efficiency of service quality and to make recommendations to ensure that the standard did not drop. A study by Zineldin (2006:60-92) showed the importance of having proper quality management processes in place in a health care organization.

The research conducted was to evaluate the service delivery that was being offered in the Medical Wards at Prince Mshiyeni Memorial Hospital and make recommendations based on the findings of the study. The reason why the researcher had chosen this topic of study was multi-factorial involving comments received from patients and current thought-provoking media articles.

# CHAPTER 2

# LITERATURE REVIEW

## 2.1 INTRODUCTION

According to Saunders, Lewis and Thornhill (2007:595) a critical literature review is a "Detailed and justified analysis and commentary of the merits and faults of the literature within a chosen area, which demonstrates familiarity with what is already known about your research topic." A proper literature review allowed insight into the chosen topic of research. Service delivery is the focal point of every Government. The aim of the South African Government is to provide service delivery that meets the expectations of its citizens. The research conducted explored and evaluated service delivery within the Department of Internal Medicine in Prince Mshiyeni Memorial Hospital, in Durban, Kwa-Zulu Natal.

Prince Mshiyeni Memorial Hospital is a Government hospital. It was funded by the Government to serve the people. According to the Department of Health (2009:1-2) the Government has issued many policies about patients' rights and the level of service delivery that the patients should receive. If the level of service delivery by Prince Mshiyeni Memorial Hospital did not match up to the standards set, it would affect the patients' perception of the Government and its ability to provide adequate health care services to meet the medical needs of the people.

## 2.2 SERVICE DELIVERY AS AN ELEMENT OF QUALITY MANAGEMENT

Evaluation of service delivery falls under the domain of quality management and operations management. Quality management is a very important aspect of management in any organization including the health sector and is a big determinant in an organization's success. According to studies done by Meyer and Bishop (2007:240-254),

the concept of quality management had been around for over 150 years and one of the people who contributed significantly to it was Florence Nightingale. Meyer and Bishop (2007:240-254) showed that Florence Nightingale had addressed many service quality issues, had used statistical methods in her observations and that her philosophies are of major relevance in the world of today. These findings highlighted the importance of quality management in health care. According to Komashie, Mousavi and Gore (2007:359-370), the concept of quality had a long history and quality management in health care was not as advanced as it was in industry. This study highlighted that industrial quality management techniques can be adapted and adopted in health care management successfully.

As described by Booyens (2000:304), there are many different ideas about quality, some of which are that quality can be defined and measured. As asserted in the above study, quality was dynamic and was related to outcomes. Research conducted by Dey, Hariharan and Brookes (2006:203-222) aimed to develop an integrated quality management model to identify problems and solutions to help evaluate performance and to improve performance. This model was used very effectively and can be specifically applied to hospital health care service quality as a uniform unit of measure.

Total quality management in any organization is an imperative for effectiveness. As defined by Heizer and Render (2006:198) it is "management of an entire organization so that it excels in all aspects of products and services that are important to the customer." According to Walshe and Smith (2006:457), the essentials of this type of management required that the organization meet their customer needs efficiently by using statistical methods to discover problems and solutions. In a hospital setting it essentially means that the patients' needs are at the center of decision making and that every employee should be geared towards maintaining a high standard of quality. Performance levels of the employees should be measured as this helps in measuring the quality of the service performed. According to Heizer and Render (2006:198-203) there are six concepts of total quality management. These are:

- Continuous improvement.
- Six sigma.
- Employee empowerment.
- Benchmarking.
- Just-in-Time systems.
- Knowledge of total quality management tools.

A study by Duggirala, Rajendran and Anantharaman (2008:693-722) showed how the different dimensions of provider perceived total quality management and its impact on hospital performance and service delivery. The study showed how the results obtained were used to assess the quality of care by the hospital. A study by Arasli and Ahmadeva (2004:135-145) showed that total quality management in health care entities in third world countries needed to be focused upon. The study highlighted that quality management should have included public opinion. The same study showed that public sector hospitals were in a worse position than the private sector hospitals with regards to quality management.

As highlighted in a study based on hospitals in Iran done by Rad (2005:12-34), total quality management can be successfully implemented in health care organizations. Strategic and structural problems were most important obstacles found in the study but total quality management had been easily and effectively implemented. The findings can be applied to other hospitals in other countries with similar background, governmental policies, resources and personnel. According to a study by Mehrabi, Nasiripour and Delgoshaei (2008:562-568), the organization needs to focus fully on the patients for the success of total quality management programs in hospitals. A study by Chen, Shi and Dong (2008:11-25) explored the relationship between the providers and patients in Hong Kong. The factors which influenced the relationship positively were the following:

- Providers' expertise.
- Empathy.

- Likeability.
- Communication effectiveness.

According to the same study, these factors had led to positive relationship quality which in turn led to re-patronage and word of mouth recommendation (Chen, et al., 2008:11-25). A study by Mehra and Ranganathan (2008:913-927) explored the role of total quality management in customer satisfaction. The study proved that total quality management increased customer satisfaction and helped achieve higher customer focus across many diverse industries. A study by Powers and Jack (2008:188-197) showed how hospitals can deploy flexible strategies in response to changing demands. These flexible strategies involved the facilities, equipment and personnel. This study showed a positive relationship between these flexible strategies and patients' satisfaction and organizational performance.

Six sigma was a concept of total quality management. According to Wild (2003:667), six sigma "is a logical and methodical approach to achieving continuous improvements in areas critical to the success of any service or manufacturing business." A study by Nakhai and Neves (2009:663-684) evaluated the effectiveness and limitations of six sigma methodology to help improve service quality. The result of the study showed that there were unrealistic expectations as to what the six sigma concept was capable of achieving. According to a study by Feng and Manuel (2008:535-547), six sigma had been applied to various health care organizations and the application of it to other health care centres should be promoted. This study also highlighted problems with implementation, duration and cost of the six sigma program.

## 2.3 THE IMPACT OF ORGANISATIONAL STRUCTURE AND CULTURE ON SERVICE QUALITY

A study by Bertezene and Martin (2009:413-428) based on various medical establishments in France argued that performance of an organization could be improved

by new organizational structure and quality management methods. The research by Bertezene and Martin (2009:413-428) showed that many hospitals lacked effectiveness and efficiency which in turn produced poor service delivery. Thus, implementation of quality management tools and a new perspective on organizational structure boosted performance and service delivery.

Rabanni, Jafri, Abbas, Jahan, Syed, Pappas, Azam, Brommels and Tomson (2009:498-513) argued that organizational culture was a determinant for quality improvement and was associated with perceptions about quality of care in a hospital setting. The study by Rabanni, et al. (2009:498-514) showed that by having a participatory and open culture, employee satisfaction would be enhanced. These findings impacted on quality care implementation within the hospital and should be taken into consideration.

## 2.4 THE SERVQUAL METHOD AS A CORNERSTONE TO ASSESSING SERVICE QUALITY IN HEALTH CARE ORGANISATIONS

Service quality in health care organizations consist of many different aspects all of which are important and inter related. Zeithaml, Parasuraman and Berry (1990:1-3) devised the SERVQUAL method of evaluating service delivery. This method involves the quality being divided into ten quality dimensions. These are:

- Tangibles.
- Reliability.
- Responsiveness.
- Competence.
- Courtesy.
- Credibility.
- Security.
- Access.
- Communication.

- Understanding the customer.

The four which were most relevant to the research undertaken and which were used are:

- Tangibles.
- Reliability.
- Responsiveness.
- Courtesy.

By focusing on these service dimensions the researcher hoped to gain information that would help improve service delivery. According Booyens (2000:302), the elements of health care quality consisted of 3 A's and 3 E's. These are:

- Acceptability.
- Accessibility.
- Appropriateness.
- Effectiveness.
- Efficiency.
- Equity.

A study by Rashid and Jusoff (2009:471-482) explored the concept of service quality in a health care setting. The study looked at service quality from a technical and functional aspect as a means of better understanding how patients evaluated service quality in health care.

According to a study conducted by Babakus and Mangold (1992:767-786), SERVQUAL provided a comprehensive scale of measurement and was useful in a hospital environment. There were many other quality dimensions and methods of evaluating service delivery that had stemmed from SERVQUAL aimed at being more specifically targeted to health care service delivery. Research in various forms on service delivery

had been conducted in other countries and the findings could be applied to the South African heath services industry under certain complimentary conditions.

A study by Whitehead, May and Agahi (2007:275-289) showed that cleanliness was the key influencing factor in patients' perceptions of a hospital and their decision to chose a specific hospital. The study highlighted that patients' perception of cleanliness was influenced by three factors:

- Appearance of the environment.
- Physical cleanliness.
- Staff behaviour.

The appearance of the environment was the most important factor (Whitehead, et al., 2007:275-289).

A study by Karassavidou, Glaveli and Papadopoulos (2009:34-46) explored the quality of service provided in Greek hospitals. The study focused on patients' perceptions and expectations regarding the service quality and the quality dimensions that influenced these perceptions and expectations. The same study concluded that the most important quality dimension was the human factor and that service quality can be measured, monitored and altered according to patients' needs. A study by Akdag and Zineldin (2009:1) explored the factors affecting patients' satisfaction and their evaluation of the quality of health care. The results showed that the quality of the infrastructure was the most important factor.

Research by Padma, Rajendran and Sai (2009:157-191) focused on evaluation of service quality in hospitals from the perspective of patients and their families. The study showed the importance of obtaining feedback from families and friends of the patients. A study by Badri, Attia and Ustadi (2008:159-174) showed that patients' satisfaction can be used as a predictor of quality of care and that patients' satisfaction was very difficult to

measure and the indicators remained unclear. According to a study by Zigan, Macfarlane and Desombre (2008:57-71), hospitals needed to be aware of the importance of intangible resources in performance management and as part of service delivery. A study by Steinke (2008:188-209) showed that service climate in a hospital had an effect on service quality and client satisfaction and ultimately on service delivery of the hospital. The study highlighted the following as predictors of service climate:

- Service training.
- Managerial practices.
- Physical design.
- Job design.
- Job satisfaction.
- Employee empowerment.

According to a study by Hensen, Schiller, Metze and Luger (2008:75-86) physicians played a large role in the evaluation of hospital services for quality improvement. The physicians felt that timely and significant information about the hospital stay and accessibility to hospital staff were areas in which hospitals could improve service quality. The study by Hensen, et al. (2008:75-86) highlighted the importance of the physicians' point of view when assessing how the qualities of health care services were perceived.

According to Reimer and Kuehn (2005:785-808) the tangible dimension of quality played a very large role in service delivery which was often overlooked. It was a cue for the expected quality and it influenced the patients' evaluation of other factors that determined service quality. The tangibles therefore had a direct and an indirect effect on the perceived service quality. The same study also showed that the effects of the tangibles were higher if the patient spent a longer time in hospital. A study done by Kara, Lonial, Tarim and Zaim (2005:5-20) looked at the tangibles and the intangibles. The aim was to determine which of the two service dimensions held more weight. The research revealed that the intangible factors turned out to be more important than the tangible factors and

they played a more significant role in determining customer satisfaction. A study done by Kang and James (2004:266-277) suggested a new model for service quality. This model has three dimensions of service quality, namely:

- Technical.
- Functional.
- Image dimensions.

According to the study, the model was more effective than SERVQUAL as SERVQUAL only reflected the service delivery process whilst the new model had taken other factors into consideration.

Ramsaran-Fowdar (2008:104-124) developed a new instrument of service delivery measurement which was especially applicable to the private hospital sector. This instrument was called PRIVHEALTHQUAL. When implemented, it showed the dimension of reliability and fair and equitable treatment as being the most important dimensions to patients. As described in a study conducted by Winsted (2000:399-417) there were many other components of quality which were not addressed by most studies and hence consideration to these components should be given. These are:

- Conversation.
- Respect.
- Genuiness.
- Attitude.
- Demeanor.

A study done by Bakar, Akgun and Assaf (2008:343-355) used the SERVQUAL scale to evaluate hospital services and the conclusion was that the scores for patients were higher than expected for public hospitals and lower than expected for private hospitals that offered high quality service. The study showed that the quality of service in private

hospitals was not always as high as patients' expectations of it. Severt, Aiello, Elswick and Cyr (2008:664-678) had developed the concept of hospitality in a hospital. The aim was to offer hospitality to patients on par with that experienced by a guest in a hotel as a means of enhancing service delivery.

A study done by Lam (1997:145-152) evaluated the service delivery in Hong Kong hospitals. The study showed that SERVQUAL was a reliable scale to measure service excellence and that perceived service delivery fell short of expectations in all dimensions except for the tangibles. Timely, professional and competent services were what the Hong Kong citizens expected. The findings on this study could be applied in general to South African hospitals under certain similar conditions. According to a study done by Kiriga, Emrouznejad, Vaz, Bastiene and Padayachy (2008:72-92), health centres in Seychelles had a technical efficiency of above 93% and there was increased productivity over a three year span. This showed that the health care centres were running properly and efficiently, and that the centres were providing a high quality of service.

An evaluation of the quality management system in resource constrained Arabic country by Qvretveit and Serouri (2006:516-532) showed that there was compliance with the standards set in the quality system and there was modest improvement in patients' satisfaction. This showed that positive improvements could be introduced even in low economic resource settings to improve quality management and service delivery.

## 2.5 THE IMPORTANCE OF CULTURAL DIMENSIONS WHEN EVALUATING SERVICE DELIVERY

According to a study done by Ladhari (2008:65-86) there were many potential difficulties with the SERVQUAL method of service quality measurement. Therefore, alternative industry specific measures and culture specific measures should be developed for the specific industries. This was considered in the study conducted by the researcher. The study was based in Durban, in the province of Kwa-Zulu Natal. This province has a rich

diversity of cultural and traditional influences which needed to be taken into account. According to Rose, Uli, Abdul and Ng (2004:146-159) the dimensions of quality identified needed to be taken into consideration. Socio-economic variables such as social support and education also needed to be considered. The organizations needed to have knowledge about the community they serve.

A study by Rice (2007:622-637) showed that culture and competency was important in the advancement of cultural competency in public service delivery. The study highlighted that cultural competency could enhance service delivery by increasing the ability of the organization to work efficiently, effectively and equitably in a culturally diverse context. The study also argued that service delivery professionals were better prepared if they had knowledge, awareness and skills in cultural competency.

A study based on patients' satisfaction in Japan by Elleuch (2008:692-705) showed that other quality dimensions linked to culture should be emphasized such as:

- Courtesy.
- Empathy.
- Harmony.

A study conducted by Choi, Lee, Kim and Lee (2005:140-149) looked at relationships between service quality and patients' satisfaction, different subgroups of gender, age and types of services received. The results showed that the level of satisfaction was different when divided by age and types of services. A study by Bellou (2008:496-509) examined different organizational cultures and dimensions within various Greek hospitals. The results of the study showed the importance of developing an organizational culture which promoted service quality.

## 2.6 PATIENTS' PERCEPTIONS AS AN INDICATOR OF THE QUALITY OF SERVICE

A study conducted by Juwaheer and Kassean (2006:89-111) looked at patient satisfaction, their expectations and their willingness to recommend hospital services. These were important aspects to consider because in most organizations the patients' needs drive the organization and determine the standards of quality. A study done by Walker and Baker (2000:411-431) showed that consumers' perceptions of service dimensions changed as consumers acquired more experience if they had been admitted more than once in a hospital or in different hospitals.

According to Duggirala, Rajendran and Anantharaman (2008:560-583), the concept of patients' perceptions of total quality service should be highlighted. Patients were able to provide feedback to the hospitals on regular basis. The feedback allowed the hospital to gauge patients' satisfaction, analyze their performance and make adjustments. A study by Lee, Khong and Ghista (2006:563-571) measured the potential loss of customers because of the poor quality of service delivery. The findings of this study revealed the following:

- For every 100 customers that experienced poor quality service delivery about 70% would be unlikely to patronize the hospital again.
- For every 100 customers that had experienced poor quality service delivery about 75% of them would inform family and friends about their experiences which would result in the loss of more potential customers.

The same study showed that there were a lot of negative financial and economic implications of poor service delivery which needed to be taken into account especially in the private sector.

A study by Alaloola and Albedaiwi (2008:630-637) proved that patients' opinion on

service quality was a core service quality indicator. Patients' satisfaction and dissatisfaction on the various service dimensions were taken into account. The same study showed that patients were satisfied with the following:

- Room comfort.
- Room temperature.
- Room call button.
- Room cleanliness.
- Respectful staff.

The study by Alaloola and Albedaiwi (2008:630-637) showed that patients were dissatisfied with the following:

- Staff not introducing themselves.
- Staff not explaining procedures.

The study showed that service quality in areas of dissatisfaction should be raised and in areas of satisfaction should be sustained or improved (Alalooa and Albedaiwi, 2008:630-637). According to a study by Papanikolaou and Ntani (2008:548:561) there were many areas or dimensions in which service quality could be measured with regards to patients' satisfaction in a hospital. The measures used in the same study were the following:

- Overall satisfaction.
- Satisfaction with medical and nursing staff.
- Room facilities.
- Waiting times.
- Extra costs.

The results of the study by Papanikolaou and Ntani (2008:548-561) showed the following:

- There was a lack of staff.
- Patients had to wait long hours.
- Patients had to pay extra money to medical and nursing staff.
- Overall satisfaction was high.

Research by Chaniotakis and Lymperopoulos (2009:229-242) explored the effect of service quality on satisfaction and positive word of mouth behaviour. The study showed that the quality dimension of empathy directly affected word of mouth behaviour. The study also showed that responsiveness, assurance and tangibles indirectly affected word of mouth behaviour through satisfaction. The study highlighted that these service dimensions should be attended to so as to improve patients' satisfaction and increase their intention to use positive word of mouth behaviour.

A study by Gill and White (2009:8-19) revealed that patients' satisfaction could not be used to evaluate the quality of health care as it was a separate and advanced construct. The study showed that other measures used to evaluate health quality aside from patients' satisfaction needed to be discovered. A study by Baalbaki, Ahmed, Pashtenko and Makarem (2008:47-62) proved that patients' perceptions of service quality in a hospital were influenced by hospital support functions. The study also proved that the patients' perceptions were important to the hospital for the following reasons:

- Hospital reputation.
- Influence future patients' demands.
- Understanding the patients as consumers of health care systems.

According to Lim and Tang (2000:290-299) a study conducted to measure patients' satisfaction in hospitals in Singapore showed that there was a gap between patients' expectations and perceptions. The recommendations from this study were improvements in all six service dimensions, namely:

- Tangibles.
- Reliability.
- Responsiveness.
- Assurance.
- Empathy.
- Accessibility.
- Affordability.

The study also highlighted the important role that service quality played in influencing patients when choosing a hospital.

A research study by Naidu (2009:366-381) attempted to understand and measure different factors in a health care setting that affected patients' satisfaction. The study showed that the factors affecting patients' satisfaction were multi-dimensional and affected by many variables. The study highlighted that health care quality affected patients' satisfaction which in turn affected positive patient behaviours such as loyalty. The study showed that regular monitoring of health care was needed to improve service delivery so as to improve patients' satisfaction.

A similar study by Badri, Attia and Ustadi (2009:382-410) also highlighted the strong connection between health care quality as a predictor of patients' satisfaction and the evaluation of health care from the patients' viewpoint. A study by Zineldin (2006:60-92) examined the many factors affecting patients' satisfaction which in turn affected the patients' willingness to recommend the hospital to others. The research showed that patients' satisfaction was based on five different qualities of a hospital. These qualities were:

- Quality of object.
- Processes.
- Infrastructure.

- Interaction.
- Atmosphere.

The results of the study were used to improve quality management processes according to the above qualities so as to improve patients' satisfaction in a hospital.

A study conducted by Etgar and Fuchs (2009:474-485) aimed to show the relationship between the perceived quality of service provided and the patients' attitudinal responses along cognitive and emotive levels. The study proved that patients' evaluation of service quality affected their attitudinal responses. It also showed that quality perceptions influenced the level of patients' satisfaction from both a cognitive and affective level. The study highlighted that service dimensions related to anxiety reduction were assurance and reliability which were most important when it came to evaluating service quality.

A study done by Vinagre and Neves (2008:87-103) showed that the factors that affected patients' satisfaction were service quality, patients' emotions, expectations and involvement. The results showed that the patient satisfaction process complexity was very high and that the patient satisfaction mechanisms were important for improving service quality.

A study by Hsieh (2009:289-299) explained the importance of patients' opinions to be taken into account within a quality management system. The study showed that patients' opinions via surveys, suggestion boxes and managed complaints showed understanding into what patients needed and wanted and therefore helped to improve the quality of service offered. Another study conducted by Sajid and Baig (2007:545-548) highlighted the value of patients in assessing the success or failure of a health care system. The study argued that in order to find out the real performance of a health care system, the satisfaction of the public should be used and there should be an active patient response system.

Service quality and patients' satisfaction were related to patients' complaints and how the complaint was handled. A study done by Hsieh, Thomas and Rotem (2005:308-320) evaluated how hospital staff responded to patients' complaints. The study showed that many problems existed over the different aspects of handling complaints. The most common problems were that information sharing and communication were inadequate and improvements could not be sustained. The study highlighted that patients' complaints, information and feedback should be used as a source of learning to promote high standards of service quality.

## 2.7 THE FEASIBILTY OF PRIVATE PUBLIC PARTNERSHIPS IN THE HEALTH SECTOR

According to Adams, Young, Zhihong (2006:384-396), an increased focus on value for money in the public sector hospitals led to increased efficiency in service delivery. Public private partnership in the health sector in China had been running for a few years and according to the study by Adams, et al. (2006:384-396), this partnership had been successful in improving the quality of service but still faced constraints that had to be ironed out.

A study by Sciulli (2008:21-38) explored public private partnerships in health care and the relationship between the Government and the private sector. The study showed that many criteria were needed for a successful outcome. The study concluded that contract specifications, previous experience in the hospital sector and flexibility were the key factors in a successful outcome.

A study by Cheung, Chan and Kajewski (2009:81-95) explored the reasons why Hong Kong, Australia and the United Kingdom implemented private public partnership. The reasons were attributed to the following:

- Economic development pressure demanding more facilities.

- High quality of service required.
- Private incentive.
- Inefficiency because of public monopoly and lack of competition.
- Shortage of Government funding.
- Avoid public investment restriction.

A study by Ramani, Mavalankar, Patel and Mehandiratta (2007:159-173) explored the idea of public private partnerships in developing counties so as to improve primary health care services. The research results showed that main concerns needed to be overcome in such a partnership. These concerns were:

- Availability.
- Access.
- Affordability.
- Equity concerns.

The study argued that if these problems were overcome the public private partnership would be a good way of solving health problems. Thus, the public private partnership could be considered in South Africa as there coexists both private and public health services. There are large discrepancies in service delivery between these two service entities. The aim of a partnership, if it were implemented successfully, would be to help the public health sector patients to achieve a better quality of service delivery.

## 2.8 THE DIFFERENCES IN SERVICE DELIVERY BETWEEN THE PRIVATE AND THE PUBLIC HOSPITAL SECTOR

A study conducted by Taner and Antony (2006:1-10) based in Turkey compared the quality of hospital care service between public and private hospitals with the aim of finding differences in perceptions. The results of the study showed that in-patients in private hospitals were more pleased with the service delivery in terms of doctors, nurses

and supportive services compared to in-patients in public hospitals. According to the study, patients put most value on reasonable costs and doctors as determinants of service quality in public hospitals.

A study by Arasli, Ekiz and Turan (2008:8-23) compared service delivery between public and private hospitals in Northern Cyprus and determined the causes of poor service delivery. The six quality dimensions identified in the hospitals were:

- Empathy.
- Giving priority to in-patient needs.
- Relationships between staff and patients.
- Professionalism of staff.
- Food.
- The physical environment.

The research revealed that some of the expectations of the in-patients had not been met in both the public and private hospitals. This study showed that lack of management commitment to service quality in both hospital settings contributed to poor service quality. Doctors and nurses did not put a lot of effort into patients' satisfaction. The main reason for this was attributed to poor job satisfaction on their part. It was also noted in the study that there should be a feedback mechanism for in-patients to voice complaints which can be effectively dealt with. Recommendations of this study were to organize training sessions for the staff on service quality and in-patients' satisfaction (Arasil, et al., 2008:8-23).

A study by Sohail (2003:197-206) measured the service quality in private hospitals in Malaysia and revealed that the patients perceived value of service quality exceeded the expectations for all the quality dimensions.

## 2.9 INFORMATION TECHNOLOGY AS A TOOL IN MONITORING AND IMPROVING SERVICE QUALITY

Information technology is one of the tools that organizations could use to give them a competitive advantage. In health care organizations, the usage of information systems is paramount to run an organized and efficient service delivery system. A study by Sivabrovornvatana, Siengthai and Krairit (2005:413-423) explored the relationship between technology and quality management for enhancing service excellence. The study showed that hospitals can make better, more informed decisions based on the knowledge and measurements gained from information systems. This in turn could yield sustainable improvement in service quality as perceived by the patients.

A similar study by Ramani (2004:207-220) based on Government hospitals in India showed that a management information system was needed in hospitals to plan and monitor the delivery of health care services efficiently and effectively. A study by Hung, Chen and Lee (2009:239-256) showed that medical errors caused a lot of negligence and mortality. By providing on the spot training to staff these could be reduced. The same study showed that e-learning systems could be used to easily provide this training at work thereby improving service quality. A study by Harrison and McDowell (2008:679-691) explored the role that information systems played in health laboratories. The study showed that information systems allowed for results to reach doctors faster. This allowed for faster decision making and improved clinical outcomes. The same study therefore proved that information systems in health laboratories enhanced clinical care and improved service quality.

## 2.10 THE IMPACT OF INTER ORGANISATIONAL COMPETETION AS A MEANS OF IMPROVING SERVICE QUALITY

Competition between various organizations was a means of ensuring better delivery of service and products to better satisfy the customers. Competition in the health care

industry was also noted. In South Africa, this was mainly restricted to the private health care sector. A study by Rivers and Glover (2008:627-641) focused in depth into the issues associated with competition in the health care industry. The study showed that competition between different organizations was very good in a health care environment and that patients' satisfaction as an outcome was directly based on and could be used to measure competition. Innovation in health care was needed to continue providing services that met certain standards and patients' expectations.

Due to an ever evolving and advancing age, together with almost daily breakthroughs in technology, innovation in health service delivery was a very difficult task. A study conducted by Duncan and Breslin (2009:13-20) showed the complexity of health care service innovation. The study highlighted that health care organizations needed to pay attention to patients' experiences if they were to meet the needs of the patients. The organizations needed to deeply understand the patients' needs and thereby develop technological innovations to address them.

## 2.11 THE ROLE OF NURSING STAFF AND PATIENTS' PERCEPTIONS OF SERVICE DELIVERY

The nursing staff are the cornerstone of every hospital. They administered the bulk of the end service products to the patients and were most in contact with the patients. Aside from the medical expertise which they administered they also cared for patients in the wards and generally answered questions, responded to complaints and helped patients adjust to the settings of a hospital. In most cases they represented the hospital as they were in the forefront of the service delivery. A study done by Lanjananda and Patterson (2009:5-32) showed that nurses in a hospital setting were a primary contact point and the way their behaviours and attitudes were perceived by the patients were a critical determinant of the quality of the service received and patients' satisfaction. The same study explored the determinants of customer-orientated behaviour of nurses in a high contact health care setting. The study by Lanjananda and Patterson (2009:5-32)

highlighted four basic personality traits that impacted directly and indirectly on nurse customer orientated behaviour. These personality traits were:

- Extraversion.
- Emotional stability.
- Conscientiousness.
- Agreeableness.

Other factors noted in the same study that had an impact on customer orientated behaviour were the nurses' perceptions of the service environment and their commitment to the hospital.

Research conducted by Kirpal (2004:274-304) explored the difficulties with recruiting and training nursing staff due to the increased workload, decreased job satisfaction and comparatively low pay. The study showed that nurses in many different countries were faced with many challenges. These were challenges between cost efficiency and quality of care and challenges between caring for patients and increased administrative demands. The findings by Kirpal (2004:274-304) could be extended to nurses throughout the globe and highlighted that the majority of nurses were dissatisfied with the current state of the health sectors. Nurses, who were dissatisfied, affected the quality of service delivery and patients' perceptions of the hospitals were seen negatively.

Another study by Luthans, Lebsack and Lebsack (2008:178-188) explored the relationship between the nurses' level of optimism and performance outcomes, service excellence and customer satisfaction. The study highlighted that there were significant positive relationships between nurses' optimism and their commitment to their hospital, customer satisfaction, work performance and quality of service. A study by Park and Kim (2009:20-38) assessed the influence of organizational culture on nurses' turnover and job satisfaction. The study showed that an organizational culture which emphasized teamwork and human relations was strongly associated with high job satisfaction and

lower turnover. This in turn ensured a stable staff and a good standard of service quality.

## 2.12 ROLE OF MEDIA COVERAGE IN PERCEPTION OF SERVICE QUALITY

The public generally became aware of poor service delivery in health care centres when it was recently broadcasted through media channels such as newspapers and television. People are influenced by the information they receive from the media. Articles and reports which highlighted poor service delivery in public hospitals would influence peoples' perceptions about the hospital and the perceived service delivery they would receive when they go to a hospital. As highlighted by Hosken (2009:1) a mother was forced to give birth by herself without any help by nursing staff. The mother was subsequently ridiculed and threatened by the nurses in Soshanguve Clinic, who were drinking tea whilst the mother was in labour. The mother refused to be identified in the article as she was afraid of reprisals from the nurses.

Hosken (2009:1) also highlighted the plight of a man in Steve Biko Academic Hospital who had had his colon removed and had to lie in his own faeces for three days whilst the nurses ignored him. Johns (2009:3) stated that a baby had died after waiting five hours to receive help in a hospital in George. Johns (2009:3) also showed that there had been other instances of babies dying under similar circumstances in public hospitals. According to Cole (2009:5), a patient in Addington hospital died in the waiting room without being assessed by the doctor. She had been waiting for many hours. Complaints had been received from many patients and relatives who were in the same waiting room that day. According to Maposa (2008:10), people had to wait many hours before being attended to in a hospital in Khayelitsha. The staff did not show concern, the treatment was poor and the service inefficient. Maposa (2008:10) also highlighted that there was a shortage of medication, poor record-keeping and assaults on patients in the hospital. Maposa (2009:6) indicated that the poor service in a hospital in Gugulethu was not questioned by the patients as they were intimidated and afraid of the nurses. The patients

had stated that they would rather die than approach the nurses. The patients also accused the nurses of drinking on duty (Maposa, 2009:6).

Maposa (2009:8) highlighted the seriousness of the staff shortages and the budget constraints that many provincial departments faced regarding health care. These had an effect on the quality of service that the hospitals were able to offer. Maposa (2009:1) also showed the crisis that the provincial health care departments were in due to over expenditure and numerous vacancies. These also had an impact on the service quality that the hospitals could provide. Attwood (2009:6) highlighted that because hospitals lacked crucial lifesaving equipment such as ventilation machines, they were struggling to provide efficient service to patients.

The South African doctors illegal strikes in June 2009, were spread across the various mediums of mass media. According to Hartley (2009:1) the strike made the people of South Africa aware of the poor working conditions, poor quality of service and a basic deficiency in service delivery due to lack of staff that had been prevalent. According to Gosling (2009:1) poor working conditions, lack of staff and beds and low morale of existing staff were brought to the attention of the public by the strike. Gosling (2009:1) highlighted that these conditions made it impossible for hospitals and doctors to provide adequate service delivery and showed the grossly inferior quality of service that patients in various hospitals around South Africa received. The people of South Africa faced a lot of barriers and inadequacy when seeking out basic health care. All hospitals should regularly monitor the quality of service being offered to the patients and should ensure that prompt and efficient service is delivered at all times.

## 2.13 GOVERNMENT POLICIES WITH REGARDS TO PATIENTS' RIGHTS AND EXPECTATIONS

As affirmed by Preker and Harding (2003:xi-xii) the Governments of today were

undergoing a lot of changes with regards to health services. This was attributed to raising public expectations, the increased advances in technology and changes in the types of diseases seen. People were interconnecting the competence of the Government to the performance of public services. Preker and Harding (2003:xi-xii) described three keys in the health care systems of many countries in general which needed to be modified. These were:

- Key one was that of equity. This was essentially decreasing the variations in health care offered by the different organizations.
- Key two was efficiency. This was providing health care that was effective.
- Key three was responsiveness which was essentially meeting the needs of the patients' timeously and in the correct manner.

According to Dlugacz, Restifo and Greenwood (2004:5-6), health care was meant to have responded to the needs of the community and should meet the expectations of the local population. Public perception of care influenced the success of the organizations. A study by Ramani (2004:207-220) on the hospitals in India showed that a proper monitoring of the delivery of health care services was needed. The main concern showed in this study was the lack of resources to provide a proper level of care and lack of hospital infrastructure to facilitate this care.

The South African Government firmly believes in Batho Pele [People First]. Government hospitals in South Africa were meant to run according to these principles. There are many principles of Batho Pele all of which are involved in empowering the patients and making them aware of their rights and responsibilities with regards to health care. According to the Department of Health (2009:1-2) the Batho Pele principles are:

- Consultation.
- Service standards.
- Access.

- Courtesy.
- Information.
- Openness and transparency.
- Redress.
- Value for money.
- Encouraging innovation and rewarding excellence.
- Customer impact and leadership.
- Strategic direction.

All the Batho Pele principles had an impact on the service delivery offered to the patients. According to the Department of Health (2009:1-2) the main aspects of the Batho Pele principles were:

- Consultation was when patients are given a choice about the services that are offered.
- Service standards are when patients are told about the quality of services and are thus aware of what to expect.
- Access was when patients have equal access to the services.
- Courtesy was when all patients are treated with the same level of courtesy and respect.
- Information was the right of all patients to be given accurate information about the services they received.
- Openness and transparency was the right of patients to know how the departments are run.
- Redress was the rights of patients to complain about services received. They should have been given an apology, an explanation and a remedy.
- Value for money was when services are to be provided economically to get the best value for money.
- Encouraging innovation and rewarding excellence was about acknowledging staff that contributed extra.

- Customer impact was to make sure that patients are aware of the Batho Pele principles.
- Leadership and strategic direction was when the leaders have good leadership ability and play a role in the success of the organization.

These Batho Pele principles were the Government's promise to the people and it was up to the Government and pubic sector entities to monitor that the principles are adhered to (Department of Health, 2009:1-2).

The Department of Health had a commitment which was essentially a statement of promises on service quality made by the Government to the people (Department of Health, 2009:1). According to the Provincial Health Department in Kwa-Zulu Natal (2009:1), the vision was for optimal health status for all persons. The commitment was to have a sustainable health system running and the core values are:

- Trust.
- Open communication.
- Commitment to performance.
- Courage to innovate.

According to the Department of Health (2009:1) at a national level the aim was to strengthen health promotion and health systems. This was done through formulating health policy and standards for health care. At the Kwa-Zulu Natal provincial level the responsibilities were:

- To provide or render the health service.
- To formulate and implement health policies and standards.
- To research health services to ensure efficiency and quality and to control the quality of health delivery.

According to the Department of Health (2009:1) the numerous health policies are to constantly improve the health care delivery system by focusing on:

- Access.
- Equity.
- Efficiency.
- Quality.
- Sustainability.

The South African Government was essentially responsible for the setting standards of service delivery within the public hospitals. All public hospitals should be responsible for monitoring the level of service delivery within the hospitals and to make sure they complied with the standards. The public hospitals should also train the employees in aspects of service quality so that employees are geared towards providing high service quality output to patients (Department of Health, 2009:1-2).

## 2.14 CONCLUSION

An extensive literature review was done by the researcher that highlighted certain important aspects of the research topic. Researching these aspects had given an insight into the research topic and all the factors that pertained thereto. Many recent studies that were done in the field of service quality and service delivery were used in the literature review. Information regarding SERVQUAL, information technology, patient satisfaction, service delivery in private hospitals, nursing staff, public private partnerships, Governmental policies, media, organizational culture and total quality management were summarized to strengthen the theoretical framework.

# CHAPTER 3

# RESEARCH METHODOGY AND DESIGN

## 3.1 INTRODUCTION

According to Leedy and Ormrod (2005:2) research is "a systematic process of collecting, analyzing, and interpreting information (data) in order to increase our understanding of the phenomenon about which we are interested or concerned." Research is continuous everyday in every organization in different forms. It is needed by organizations as it allows for new information and knowledge to be discovered and it encourages innovation and creativity. Organizations participate in research so as to remain competitive in an ever turbulent market and to ensure that they retained customers by ensuring customer satisfaction.

## 3.2 RATIONALE FOR THE METHODOLGY

The researcher had decided to do a quantitative study, as opposed to a qualitative study which involves non numerical data. According to Leedy and Ormrod (2005:94) quantitative methodology was used to describe relationships amongst measured variables to explain or predict a situation. It involved analysing numerical data and used statistical procedures to analyse and make recommendations. The researcher had chosen this methodology as it was appropriate for this research study.

## 3.3 RESEARCH DESIGN

According to Bailey (1994:62), measurement "is the process of determining the value or level, either qualitative or quantitative, of a particular attribute for a particular unit of analysis." There are many types of research that could be carried out. These are discussed briefly below (Saunders, Lewis and Thornhill, 2007:133):

- Exploratory studies - which is mainly used to clarify a person's understanding of a problem.
- Explanatory studies - these studies are used to create relationships between different variables.
- Descriptive studies – is used to portray an accurate picture of the situation on which the researcher wants to collect data.

The researcher conducted a descriptive study. A descriptive study according to Sekaran (2003:121) "is undertaken in order to ascertain and be able to describe the characteristics of the variables of interest in a situation."

## 3.4 RESEARCH STRATEGIES

Choosing an appropriate research strategy was paramount to conducting a successful research study. The research strategy had to be complimentary to the research study in that it had to match the research in terms of design and methodology. As stated by Saunders, Lewis and Thornhill (2007:610) research strategy was a "General plan of how the researcher will go about answering the research question(s)."

According to Bailey (1994:26), research paradigm is "a perspective or frame of reference for viewing the social world, consisting of a set of concepts and assumptions." Research paradigms incorporate philosophical concepts. Research strategies may be a positivist research strategy, a phenomenological research strategy or a combined research strategy.

According to Saunders, et al. (2007:135-143) the different research strategies are:

- Experiment.
- Case study.
- Action research.

- Grounded theory.
- Ethnography.
- Archival research.
- Practitioner-researcher.
- Survey.

The research strategy used was action research as it was an in house investigation. As described by Saunders, et al. (2007:140-142) action research strategy was mainly used for change in an organization and consists of four common themes. The themes are as follows:

Theme one – this theme focuses on the purpose of the research. In the research conducted this was to evaluate service delivery of the organization.

Theme two - the second theme involves the partnership between the practitioners and the researchers. In the study conducted the researcher was part of the organization.

Theme three – The third theme involves the process of diagnosing, planning, taking action and evaluating the course of events.

Theme four - The fourth theme states that the research should have implications beyond the immediate project.

Action research is cyclical in nature and changes as new variables come into play. Action research allowed for the collection of data from a population. The data collected was standardised and there was control over the research process. It allowed for the collection of quantitative data which can be analysed using appropriate statistics. There are many data collection techniques that could be used such as questionnaires, structured observation and interviews. The data collected can be used in the facilitation of change within the organization (Saunders, et al., 2007:142).

## 3.5 TARGET POPULATION

A population is defined as the total collection of elements about which conclusions are drawn and a population element was the subject on which the measurement is taken (Cooper and Schindler, 2001:163). The study was based in the Internal Medicine wards at Prince Mshiyeni Memorial Hospital in Kwa-Zulu Natal. The number of medical beds was approximately 200 excluding acute admissions and high care beds. The population consisted of all the residents of the drainage areas of Prince Mshiyeni Memorial Hospital that had the potential of being admitted in the Medical wards. Because there was a continual inflow and outflow of patients being admitted and discharged the actual population size would be infinite. Due to the nature and size of the study the researcher had limited the population by only collecting data on one day. The 31 July 2009 was used to collect data from the respondents and those patients admitted after the 31 July 2009 were excluded from the target population. This effectively reduced the size of the target population to 200 beds/patients.

## 3.6 SAMPLING STRATEGY

According to Cooper and Schindler (2001:163) sampling is essentially selecting some elements from the population which were representative of the whole population and drawing conclusions from the sample which could be inferred to the whole population. A sample reflects the characteristics of the population. According to Saunders, Lewis and Thornhill (2007:206) the reason why sampling was used was because it was not practical to survey the whole population due to budget and time constraints and there was a greater accuracy of results. As described by Welman and Kruger (2001:99) a good sample implied a well defined population with an adequately chosen sample, accuracy in terms of the absence of biasness which was dependent on the way the sample was collected and an estimate of how representative the sample was of the whole population. As highlighted by Bailey (1994:89) there are two different methods of sampling namely:

- Probability sampling techniques.
- Non-probability sampling techniques.

Leedy and Ormrod (2005:206) defined non-probability sampling as when the researcher has no way of guaranteeing that each element of the population will be represented in the sample. There are many different types of non-probability sampling techniques. The quota sampling technique is entirely non-random sampling. The aim when using quota sampling is to produce a sample that reflects the population in terms of the relative proportions in different categories, for example age (Bryman and Bell, 2007:201). Purposive technique, of which there are five types, is when the researcher uses this/her judgment to select cases that will meet the research objectives. The five types of purposive sampling techniques as described by Saunders, et al. (2007:232), namely:

Extreme case - Data collected about the extreme case will enable the researcher to learn most and to answer the research objectives.

Heterogeneous - Data collected allows the researcher to describe the key themes noted.

Homogeneous - Data collected is from a particular subgroup in which all the sample members are similar.

Critical case - Data is collected on critical cases because they can make a dramatic point or they are important.

Typical case - Data is collected as part of a research project to provide an illustrative profile using a representative case.

Snowball sampling technique occurs when initial contact is made with a small group of people who are relevant to the topic and then uses these people to establish contact with other people (Bryman and Bell, 2007:200). Self-selection sampling technique occurs when each element identifies their desire to participate in the research and convenience sampling technique involves the selection of those cases which are easiest to obtain for the sample.

As described by Cooper and Schindler (2001:166), probability sampling is based on random selection and is essentially a controlled procedure that ensures that each element is given a known equal chance of being selected. There are many different types of probability sampling techniques. Simple random sampling is when the sample is selected at random from the sampling frame and systematic sampling technique is when the sample is selected at regular intervals from a sampling frame (Saunders, et al., 2007:215-220). Number tables of computers can be used for both. Stratified random sampling technique when the population is stratified by a criterion and then a simple random or a systematic sample is chosen from each stratum (Bryman and Bell, 2007:187). Cluster sampling technique is when the population is divided into discrete groups/clusters. These clusters can be naturally occurring. The sampling frame consists of a list of clusters. The clusters are then selected via simple random sampling and information is collected from each case within the cluster. Multi-stage sampling technique is a development of cluster sampling (Saunders, et al., 2007:223-224).

## 3.7 SELECTION OF THE SAMPLE

The researcher used the systematic sampling technique. The population under investigation for this study was the Medical wards at Prince Mshiyeni Memorial Hospital in Kwa-Zulu Natal, South Africa. The age and gender of the patients did not affect the sampling process. A number table was drawn up with all the bed numbers on each of them. There were 200 bed numbers on the table representing the target population. Every fourth bed number on the number table was chosen using the systematic sampling technique to select the sample of 50 respondents. Each element had an equal chance of being chosen.

According to Cooper and Schindler (2001:165) sampling error can occur. This is when the sample differs from the population. With probability sampling techniques the sampling error can be minimized. Research was carried out on this sample and the results obtained were generalized on the target population, the Internal Medicine wards at

Prince Mshiyeni Memorial Hospital.

## 3.8 DATA COLLECTION METHODS

According to Sharma (1995:137) there are three different ways of collecting data from respondents. Mailing of the questionnaire is one of the data collection methods. This can be electronic mail or postal mail. This method has a low response rate but is the least expensive (Sharma, 1995:137). A telephonic data collection method can also be used which allows fast collection of data but also has its drawbacks. A personal collection of data can also occur. Personal data collection is more costly but has a high response rate and is more flexible (Sharma, 1995:137).

The method used for data collection by the researcher was the personal method. The questionnaires were delivered and collected personally. There was 100% response rate to the questionnaire as all 50 selected respondents participated in the empirical investigation.

## 3.9 RESEARCH INSTRUMENT

There are many different data collection instruments such as observation, interviews and questionnaire. The choice of data collection instrument used was a structured questionnaire. There are many different types of questionnaires. According to Bryman and Bell (2007:240-241) with a self-administrated questionnaire the respondents answer the questions by completing the questionnaire themselves. The questionnaires can be administered electronically, posted to respondents or delivered personally. In an interview the questionnaire can be administrated and the responses are recorded by the interviewer. This can occur via the telephone or by a structured interview (Saunders, et al., 2007:357). The questionnaire which the researcher used was a self-administered questionnaire using the personal method. This was given to each respondent and then collected later.

As described by Saunders, et al. (2007:362), there are three types of data variables that can be collected via a questionnaire. These are:

- Opinion - how the respondent feels about something or what they believe is true or false.
- Behaviour - what respondents do.
- Attribute - respondents' characteristics.

The data variable which the researcher collected was soliciting an opinion to the question. Basically it was recording the person's opinion about a specific issue. According to Fox and Bayat (2007:91) there are two basic question formats, namely:

- Closed questions – This is also called structured or multiple-choice questions. It contains specific mutually exclusive response categories from which the respondent must select one category that best fits.
- Open questions – This is also called free-response or unstructured questions. Respondents are encouraged to respond freely on issues and the responses are qualitative in nature.

The questions asked were closed questions. According to Saunders, et al. (2007:368), there are six types of closed questions which can be used. These are:

- List - a list of responses is offered from which the respondent can choose.
- Rank - place things in rank order.
- Category - respondent's answers can fit in a category.
- Rating - how strongly they agree or disagree with a series of statements.
- Quantity - the response is a number.
- Grid - record responses to two or more questions at the same time.

The researcher used the Likert scale rating system. According to

Fox and Bayat (2007:94), it is easy to compile and consists of a collection of statements. The respondents indicate the degree to which they agreed or disagreed with the contents of the statement. According to Bryman and Bell (2007:248) the Likert scale consists of a battery of questions with identical answer formats which are pre-coded and essentially measures the intensity that the person feels towards a topic. The questionnaire (Appendix B) consisted of Likert scale rating questions based on tangibles, reliability, responsiveness and courtesy. Three yes/no questions of which 2 were based on demographics and 1 on general opinion were also used.

## 3.10 PILOT STUDY

The pilot study involved pilot testing the questionnaire before it was administered to the respondents. According to Welman and Kruger (2001:141), there are many purposes of pilot studies. These are:

- To detect flaws in the measurement procedure.
- To allow researchers to note non-verbal behaviour that may signify discomfort about the way the question is worded.
- How long the questions take to complete.
- Clarity of the questions and layout.
- If there were any important aspects left out.

It is essentially done to refine the questions so that there will be no problems in the interpretation of the questions during the research. The pilot study was done on a sample of patients previously admitted to the Medical wards at Prince Mshiyeni Memorial Hospital. When patients were discharged they were given a date to attend a follow-up clinic for any outstanding results. The patients at these follow-up clinics were used for the pilot study. Ten patients from these clinics were randomly chosen for the pilot study. The amendments on the questionnaire were related to the words used. Some of the patients did not understand the words so simpler words were substituted.

## 3.11 ADMINISRATION OF QUESTIONNAIRES

The questionnaires were personally self-administered. The questionnaires were administered by the researcher with the help of an interpreter for those patients were language was a problem. The information sheet (Appendix C) and consent form were handed out with the questionnaire. The questionnaire and consent forms were collected after 20 minutes.

## 3.12 DATA ANALYSIS

The data from each response was first captured. The data collected was quantitative, categorical and nominal. Appropriate statistical techniques using Microsoft Excel was used to summarize and present the data in statistical format. The data was summarized in tables and frequency distributions and were presented in tabular format, bar graphs and proportions were shown in pie charts.

## 3.13 VALIDITY AND RELIABILITY

Important concepts in the formation of a good questionnaire are that of validity and reliability. As stated by Bailey (1994:67) "The validity of a measuring instrument may be defined as the extent to which differences in scores on it reflects true differences among individuals on the characteristic that we seek to measure, rather than constant or random errors." As highlighted by Bailey (1994:67), validity essentially consists of two parts, namely:

- The measuring instrument is actually measuring the true concept and not any other concept.
- The concept is being accurately measured.

According to Saunders, et al. (2007:366-367), four types of validity are referred to.

These are:

- Internal validity - This is the ability of the questions to measure what was intended to be measured. The results produced should represent the reality of what is being measured.
- Content validity - This is the extent to which the questions in the questionnaire cover the investigative questions.
- Criterion-related validity or Predictive validity - This is the ability of the questions to make accurate predictions.
- Construct validity - This is the extent to which the questions measure the presence of the constructs which they were intended to measure.

Reliability according to Bless, Higson-Smith and Kagee (2006:149) "is the extent to which the observable (or empirical) measures that represent a theoretical concept are accurate and stable when used for the concept in several studies." Reliability has to essentially do with consistency. As attested by Saunders, et al. (2007:367), there were three ways of assessing reliability which are:

- Test re-test - correlating the data collected with those collected from the same questionnaire under similar conditions.
- Internal consistency - correlating the responses to each question in the questionnaire to other questions in the questionnaire.
- Alternative form - comparing responses to alternate forms of the same question.

The questionnaire was assessed by other doctors and nurses in the department and deemed to be appropriate for the administration thereof.

## 3.14 LIMITATIONS OF THE STUDY

The target population was the people admitted to Prince Mshiyeni Memorial Hospital in

the Internal Medicine wards. The researcher imposed a limit on the target population by collecting data on a single day that being 31 July 2009 and by excluding those patients who were admitted after 31 July 2009 from the study. The researcher reduced the target population to 200. From this target population of 200 a sample of 50 were chosen using the systemic sampling technique. Patients from other departments within the hospital were not included in the study.

## 3.15 ELIMINATION OF BIAS

Whilst conducting the research study the researcher did not discriminate against gender, race or age. All the various race groups were involved randomly in the study.

## 3.16 ETHICAL CONSIDERATIONS

There were numerous ethical considerations to follow when setting out to conduct a research project. Research ethics as defined in Saunders, Lewis and Thornhill (2007:178) "relates to questions about how we formulate and clarify our research topic, design our research and gain access, collect data, process and store our data, analyse data and write up our research findings in a moral and responsible way."

A copy of the research proposal was sent to the Health Research and Knowledge Management offices of the Kwa-Zulu Natal Provincial Health Department along with a letter of support from the medical manager of Prince Mshiyeni Memorial Hospital as a request to conduct the study within the hospital. A letter of approval (Appendix A) was received from the Department of Health to commence the research.

There were a number of key ethical issues all of equal importance. One issue was that of informed consent. The patients were informed about how the research was being conducted; what information the researcher was seeking and how it will be used; what their involvement in the study was; any risk of harm to them and the rights the patients

had in terms of the right to withdraw from the study (Saunders, et al., 2007:181). Patients were not pressurized to participate and it was done of their own free will. The patients were conscious and alert and had an understanding of the questions. See Appendix D for form of informed consent to the patients.

Another ethical issue that was considered was that of privacy and confidentiality of the patients. The identities of the patients were not disclosed to other people especially during the reporting of the findings. Patients were informed about the anonymity of the research. The researcher ensured that patients were protected and no harm came to the patients during the course of the empirical investigation.

## 3.17 CONCLUSION

The researcher had carried out a descriptive study in order to evaluate the service delivery in Prince Mshiyeni Memorial Hospital. The study was quantitative in nature. An action research strategy was used. A limit of 200 patients was imposed on the target population in the Internal Medicine wards. A sample of 50 was selected from the target population. The sample was selected using systematic sampling and a number table. The data collection method used was the personal method and the instrument used was a structured questionnaire. It was self-administered and delivered and personally collected. The questionnaire consisted of closed questions most of which were rating questions. The Likert scale was used. A pilot study was done to detect flaws in the questionnaire. The data collected from the questionnaire was summarized using statistical processes. Validity and reliability were taken into account during the study. Ethical considerations were adhered to.

# CHAPTER 4

## ANALYSIS OF RESULTS AND DISCUSSION OF THE FINDINGS

### 4.1 INTRODUCTION

The questionnaire was administered to the selected sample of 50 respondents. The patients admitted after the 31 July 2009 were excluded from the study. The response rate of the questionnaire was 100% as the personal method of administration was used. The analysis of the results involved the use of Microsoft Excel.

### 4.2 ANALYSIS OF RESULTS AND DISCUSSION OF FINDINGS

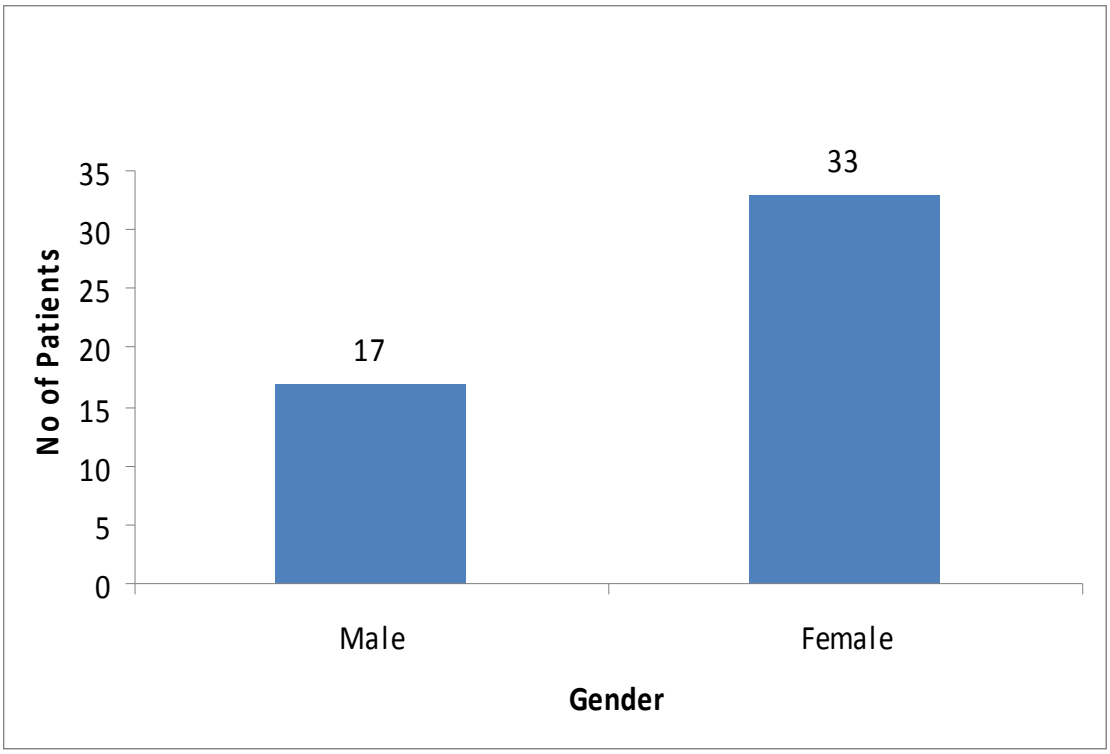
### PART A - DEMOGRAPHIC VARIABLES AND OVERALL IMPRESSION

**TABLE 4.1 THE GENDER DISTRIBUTION OF RESPONDENTS** (n=50)

| | n | % |
|---|---|---|
| Male | 17 | 34% |
| Female | 33 | 66% |
| Total | 50 | 100% |

The distribution of gender in the Medical wards in Prince Mshiyeni Memorial Hospital is shown in Table 4.1. The results revealed that 66% of the respondents admitted were female and 34% of respondents admitted were male on the day the research was conducted.

**GRAPH 4.1 GENDER CLASSIFICATION** (n=50)



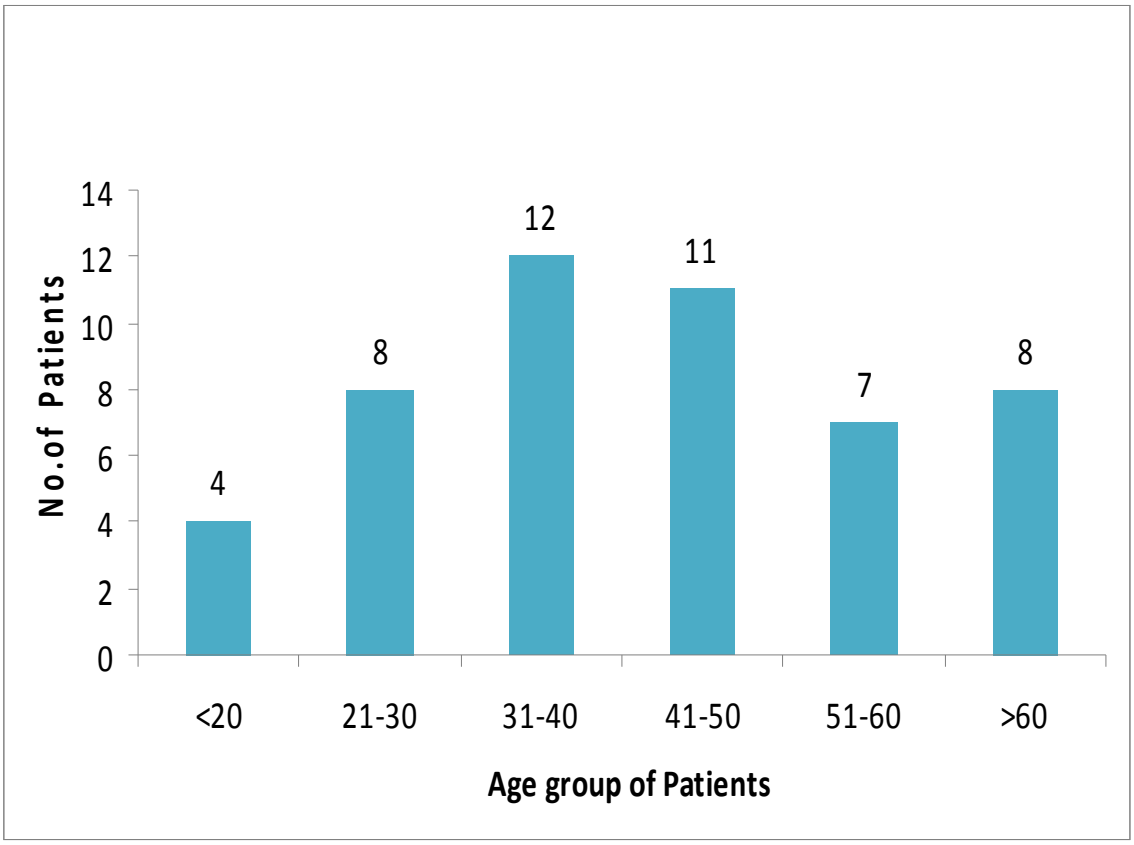

Graph 4.1 shows that a majority of females (66%) were admitted in the Medical wards, whilst only 34% of males were admitted in wards on the day the study was conducted.

**TABLE 4.2 THE AGE DISTRIBUTION OF RESPONDENTS** (n=50)

| Age | n | % |
|---|---|---|
| <20 | 4 | 8% |
| 21-30 | 8 | 16% |
| 31-40 | 12 | 24% |
| 41-50 | 11 | 22% |
| 51-60 | 7 | 14% |
| >60 | 8 | 16% |
| Total | 50 | 100% |

Table 4.2 shows the age distribution of respondents admitted to the Medical wards in Prince Mshiyeni Memorial Hospital. The largest age group admitted was between the ages of 31 and 40 years. This age category comprised of 24%. The second largest age group was between 41 and 50 years at 22%. The next smallest age group was from 21 to 30 years and greater than 60 years at 16%. The next smallest age category was from 51 to 60 years at 14% and the smallest age was less than 20 years at 8%.

**GRAPH 4.2 AGE CLASSIFICATION** (n=50)



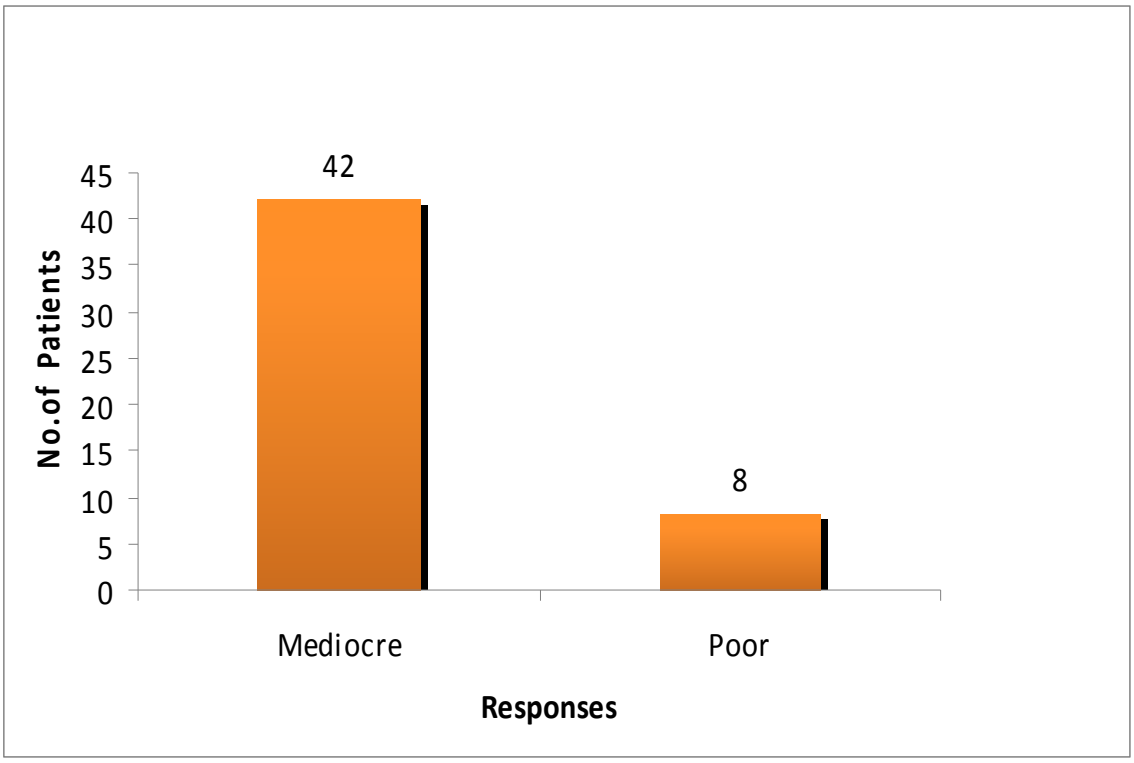

Graph 4.2 shows that the age distribution of the respondents in the Medical wards were not even. The respondents were distributed among every age group. There was no major discrepancy between the different age groups with the largest percentage of respondents admitted in the 31-40 years category at 24% and the lowest percentage in less than 20 years category at 8%. The difference between the largest age group and lowest age group was 16%. A study by Choi, Lee, Kim and Lee (2005:140-149) explored the relationship between service quality, satisfaction, gender, age and types of services received in the health care sector in South Korea. The results of the study revealed that the level of satisfaction of patients were not the same between different age groups and types of services received.

**TABLE 4.3 THE OVERALL IMPRESSION OF SERVICE DELIVERY** (n=50)

| | n | % |
|---|---|---|
| Mediocre | 42 | 84% |
| Poor | 8 | 16% |
| Total | 50 | 100% |

The majority of the respondents (Table 4.3) indicated that the overall impression of service delivery was mediocre. This equated to a significant result of 84%, whilst 16% indicated that service delivery was poor.

**GRAPH 4.3 IM PRESSIONS OF SERVICE DELIVERY** (n=50)




Graph 4.3 illustrates the overall impressions of service delivery in the Medical wards. Majority of the respondents at 84% had felt that the service delivery was mediocre. Only 16% of the respondents had rated the service delivery as being poor.

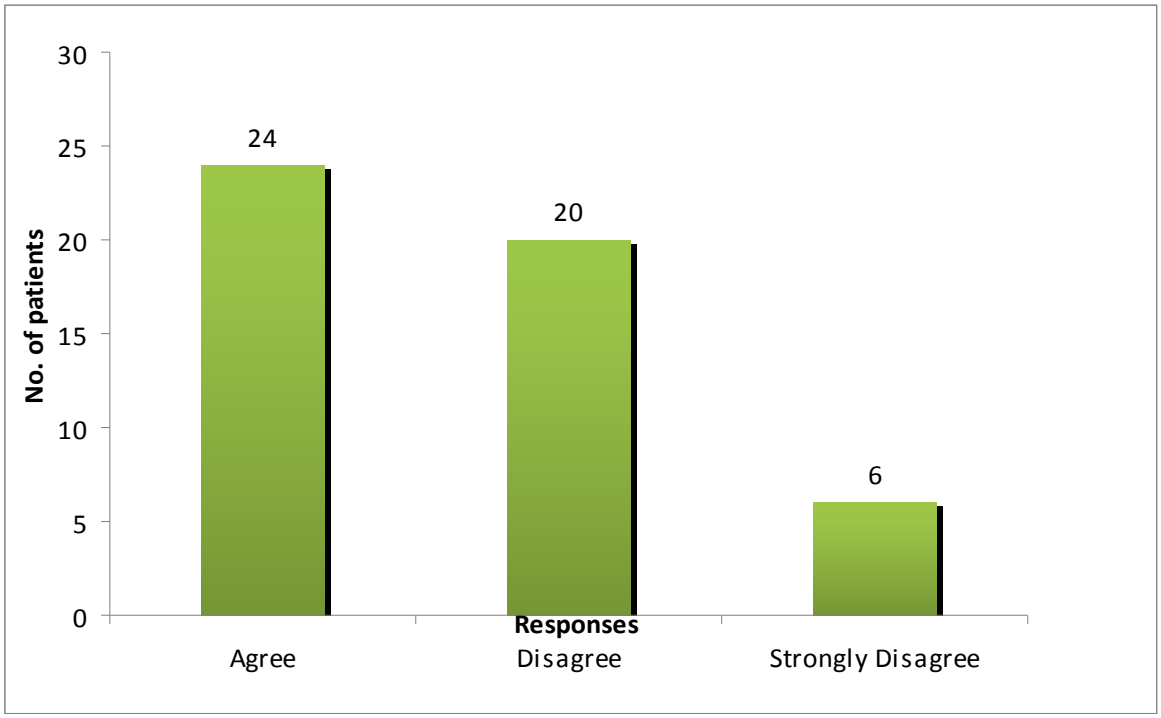
**PART B - THE EFFECT OF THE TANGIBLIES ON SERVICE DELIVERY**

**TABLE 4.4 THE ATTRACTIVENESS OF THE MEDICAL WARDS**
(n=50)

| | n | % |
|---|---|---|
| Agree | 24 | 48% |
| Disagree | 20 | 40% |
| Strongly disagree | 6 | 12% |
| Total | 50 | 100% |

According to Table 4.4, 48% of the respondents admitted in the Medical wards in Prince Mshiyeni Memorial Hospital agreed that the facilities were attractive. The table also illustrated that 40% of respondents had disagreed and had felt that the facilities were not attractive and 12% of respondents had strongly disagreed and felt that the facilities were not attractive at all.

**GRAPH 4.4 ATTRACTIVENESS OF WARDS** (n=50)



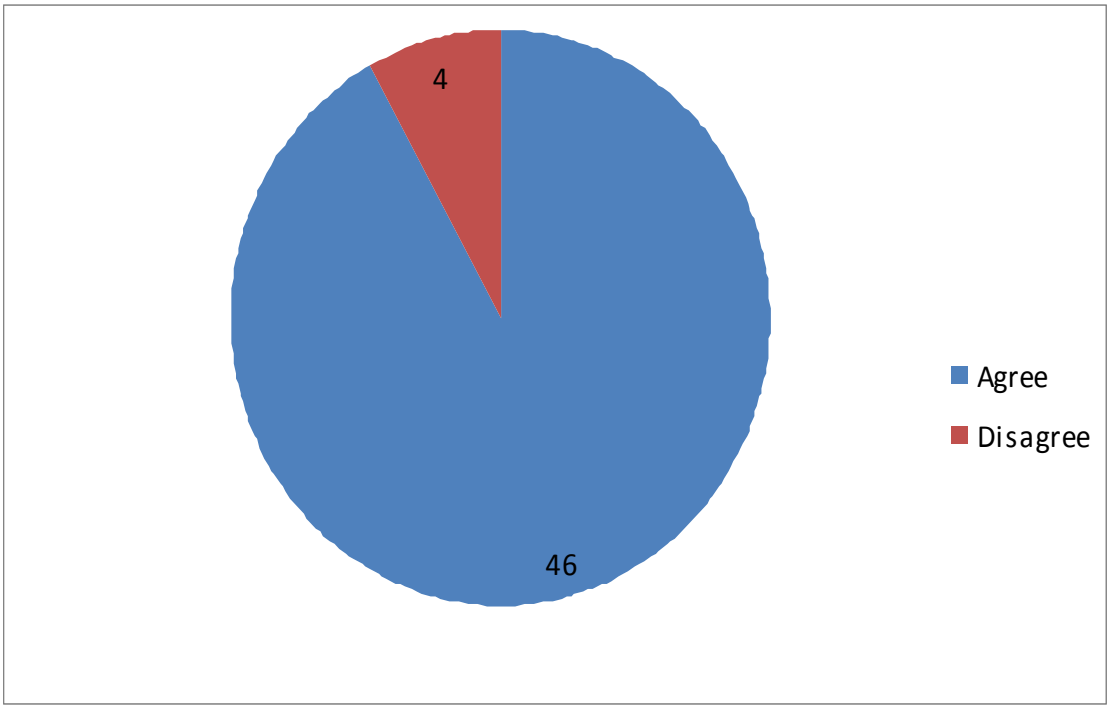

Graph 4.4 illustrates how the respondents in the Medical wards felt about the attractiveness of their surroundings. According to the graph 52% of the respondents had found the wards unattractive. Service quality was a large entity and could be divided into different dimensions. The attractiveness of the surroundings formed part of the tangible dimension of service quality. Service delivery was essentially dependent on the quality of service. A study conducted by Alaloola and Albedaiwi (2008:630-637) explored aspects of patients' satisfaction as indicators of service quality. The main aspects researched were the tangibles. The study showed that patients were satisfied with room comfort, room temperature, room call button, room cleanliness and respectful staff. The patients were not satisfied with staff not introducing themselves and not explaining procedures.

**TABLE 4.5 STAFF DRESS CODE** (n=50)

| | N | % |
|---|---|---|
| Agree | 46 | 92% |
| Disagree | 4 | 8% |
| Total | 50 | 100% |

The appearance of the staff falls under the quality dimension of tangibles. As illustrated in the table, 92% of the respondents in the Medical wards in Prince Mshiyeni Memorial Hospital had felt that the staff were appropriately dressed, whilst 8% of the respondents had felt that the staff were inappropriately dressed.

**PIE CHART 4.5 DRESS CODE** (n=50)



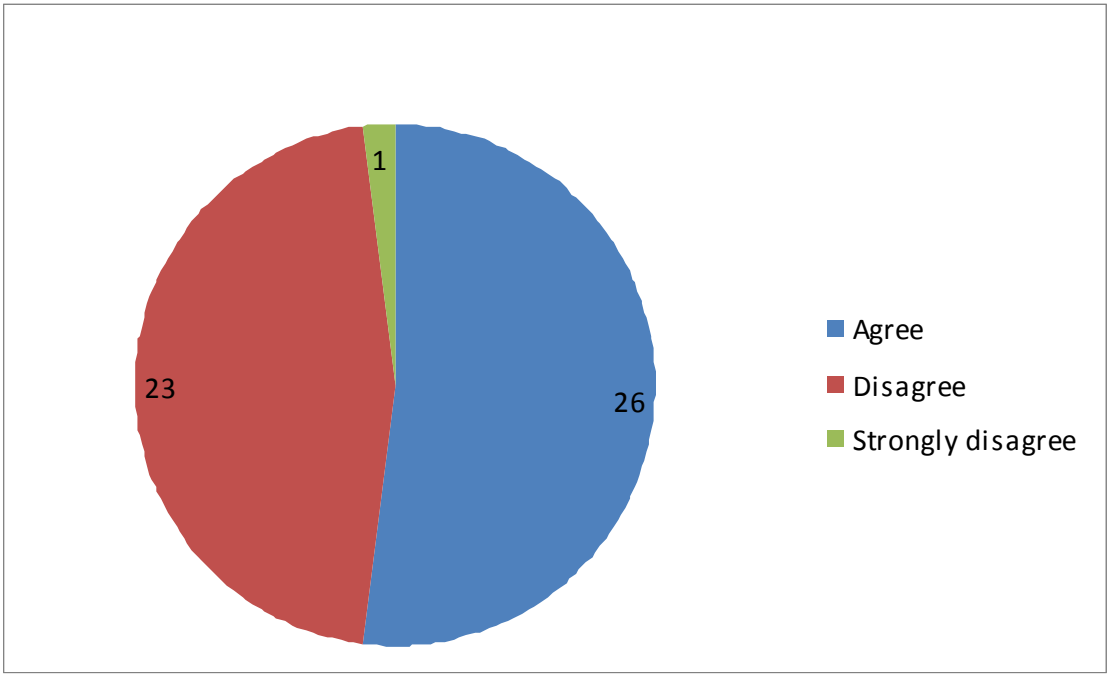

Pie chart 4.5 illustrates that a significant majority of the respondents (92%) in the Medical wards found the staff to be appropriately attired, whilst only 8% of the respondents found the staff to be inappropriately dressed.

**TABLE 4.6 TECHNOLOGY IN THE WARDS** (n=50)

| | n | % |
|---|---|---|
| Agree | 26 | 52% |
| Disagree | 23 | 46% |
| Strongly Disagree | 1 | 2% |
| Total | 50 | 100% |

According to Table 4.6, 52% of the respondents in the Medical wards had felt that the technology in the wards were modern. The table illustrates that 46% of the respondents disagreed and had felt that the technology was not modern, whilst 2% of the respondents strongly disagreed stressing that the technology was not modern.

**PIE CHART 4.6 TECHNOLOGICALLY MODERNISED WARDS** (n=50)



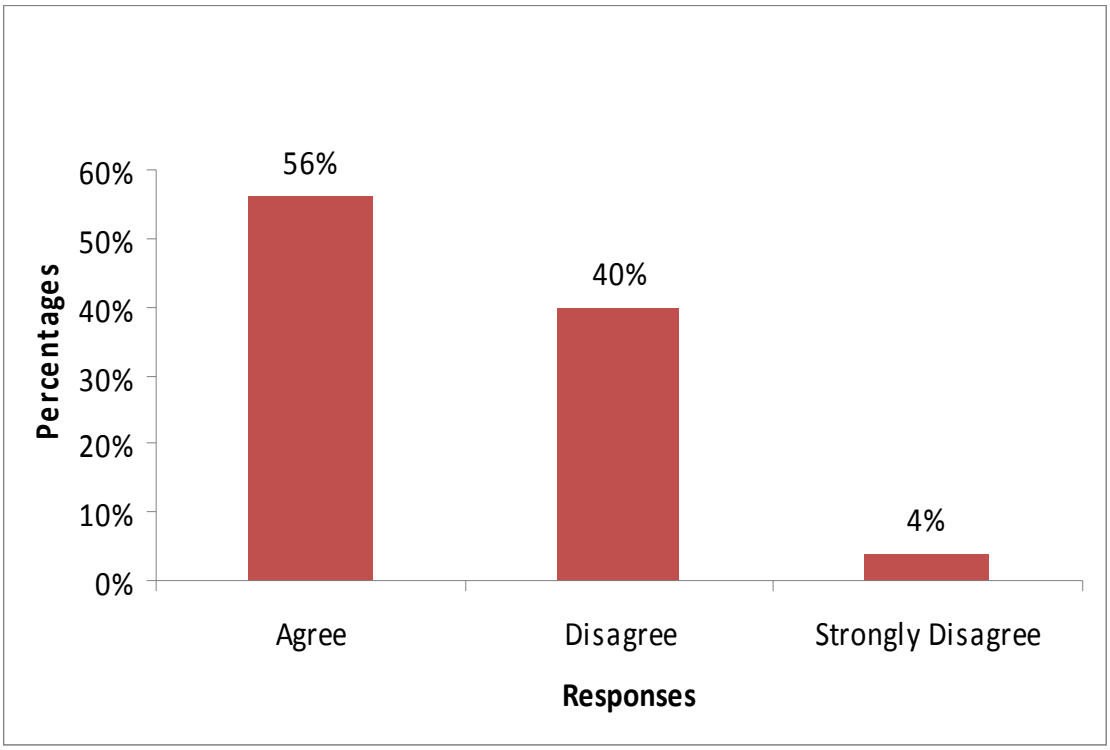

Pie chart 4.6 revealed that 52% of the respondents agreed that the wards had modern technology, whilst 48% of the respondents felt that the technology in the wards were not modern. The appearance of the equipment in the ward was part of the tangible dimension of service quality. According to a study by Reimer and Kuehn (2005:785-808), the tangibles played a very big role in service quality. The tangibles acted as a cue for the expected service and influenced patients' evaluations of the other service dimensions.

**TABLE 4.7 CLEANLINESS OF THE MEDICAL WARDS** (n=50)

| | n | % |
|---|---|---|
| Agree | 28 | 56% |
| Disagree | 20 | 40% |
| Strongly disagree | 2 | 4% |
| Total | 50 | 100% |

Table 4.7 showed that 56% of the respondents in the Medical wards in Prince Mshiyeni Memorial Hospital had felt that the wards were clean and did not have an odour. The table also showed that 40% of the respondents had disagreed and felt that the ward was not clean and had an odour, whilst 4% of the respondents had strongly disagreed and felt that the wards were not clean and had an odour.

**GRAPH 4.7 WARD CLEANLINESS** (n=50)




Graph 4.7 showed the respondents' perceptions of the cleanliness of the Medical wards. 56% of the respondents felt the wards were clean and 44% of the respondents felt the wards were not clean. According to a study by Whitehead, May and Agahi (2007:275-289) the appearance of the environment was an important factor in service delivery with cleanliness being a key influencing factor.

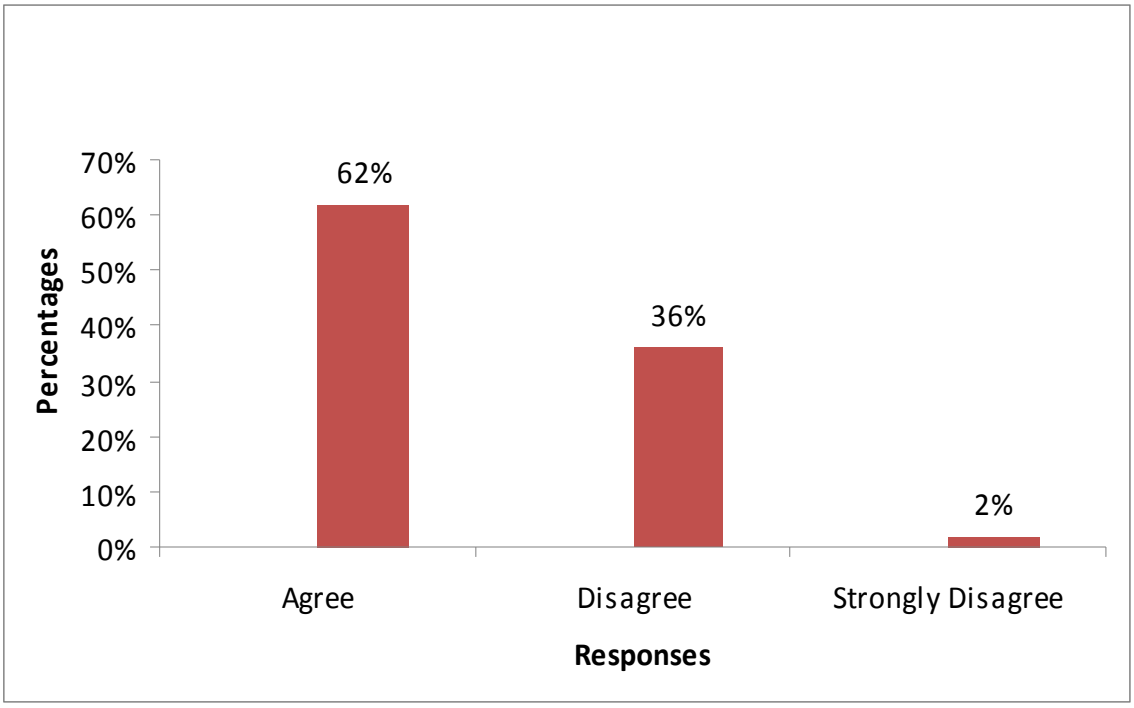
## PART C - EVALUATION OF THE RELIABLITY DIMENSION OF QUALITY IN THE MEDICAL WARDS

**TABLE 4.8 EXACT SPECIFICATIONS OF THE RESPONDENTS ARE MET** (n=50)

| | n | % |
|---|---|---|
| Agree | 31 | 62% |
| Disagree | 18 | 36% |
| Strongly disagree | 1 | 2% |
| Total | 50 | 100% |

This essentially meant that when something was asked for by the respondents it was carried out or given according to their exact specifications such as food and setting up of beds with special equipment. According to Table 4.8, 62% of the respondents in the Medical wards in Prince Mshiyeni Memorial Hospital had felt that their exact specifications were being carried out. The table illustrated that 36% disagreed and had felt that their exact specifications were not carried out by the staff, whilst 2% strongly disagreed and had strongly felt that their exact specifications were not carried out by the staff.

**GRAPH 4.8 EXACT SPECIFICATIONS CARRIED OUT** (n=50)



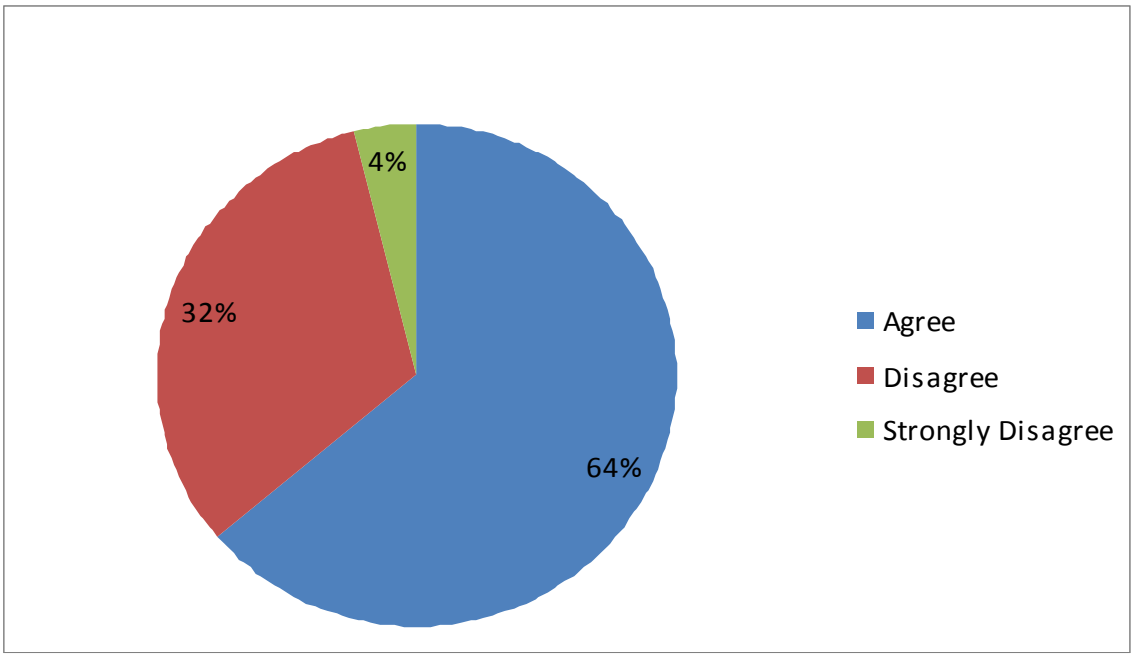

Graph 4.8 showed the respondents view on whether their exact specifications had been carried out. The graph revealed that 62% of the respondents felt that their exact requests were carried out and 38% had felt that their exact requests were not carried out. A study by Zigan, Macfarlane and Desombre (2008:57-71) highlighted the importance of intangible resources in health care. The reliability dimension was part of the service quality. Reliability was an intangible dimension.

**TABLE 4.9 SERVICE PERFORMED RIGHT THE FIRST TIME** (n=50)

| | n | % |
|---|---|---|
| Agree | 32 | 64% |
| Disagree | 16 | 32% |
| Strongly disagree | 2 | 4% |
| Total | 50 | 100% |

This had referred to services such as putting up intravenous lines, drawing up of blood for tests and other investigations that were to have been carried out on the respondents. As revealed in Table 4.9, 64% of respondents in the Medical wards in Prince Mshiyeni Memorial Hospital had felt that the service was performed right the first time. The table also revealed that 32% of the respondents disagreed and felt that the service was not performed right the first time, whilst 4% strongly disagreed and felt strongly that the service performance the first time was not right.

**PIE CHART 4.9 SERVICE PERFORMED RIGHT THE FIRST TIME** (n=50)



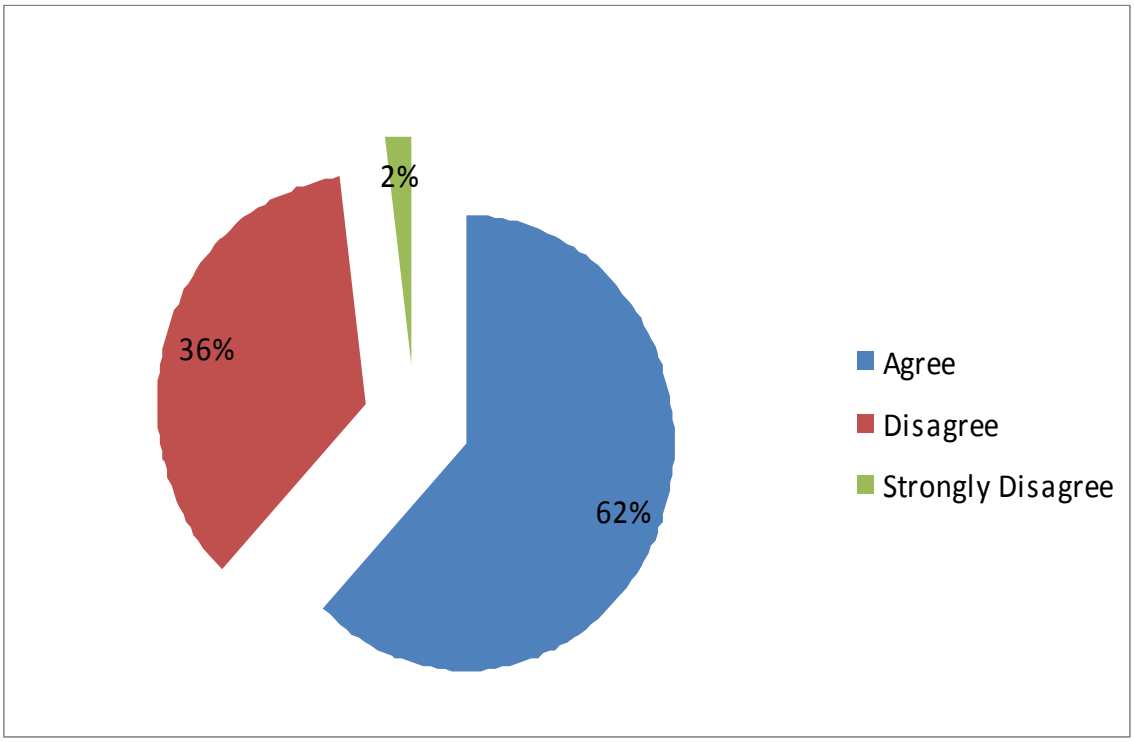

Pie chart 4.9 showed that 64% of the respondents agreed that the service was performed right the first time, whilst 36% felt that service was not performed right the first time. According to a study by Etgar and Fuchs (2009:474-485) in health care, the most significant service dimensions were that of assurance and reliability. The study showed that these were most significant as they were related to reduction in anxiety and in perceived risk.

**TABLE 4.10 CONSISTENCY OF THE SERVICE OFFERED** (n=50)

| | n | % |
|---|---|---|
| Agree | 31 | 62% |
| Disagree | 18 | 36% |
| Strongly disagree | 1 | 2% |
| Total | 50 | 100% |

As revealed in Table 4.10, 62% of respondents in the Medical wards in Prince Mshiyeni Memorial Hospital felt there was consistency of service at all times of the day and by all staff members. Thirty six percent of respondents disagreed and felt that the service was not consistent at all times of day and by all staff members. Two percent of respondents strongly disagreed and felt strongly that service was not consistent at all times of the day and by all staff members.

**PIE CHART 4.10 CONSISTENCY OF SERVICE** (n=50)



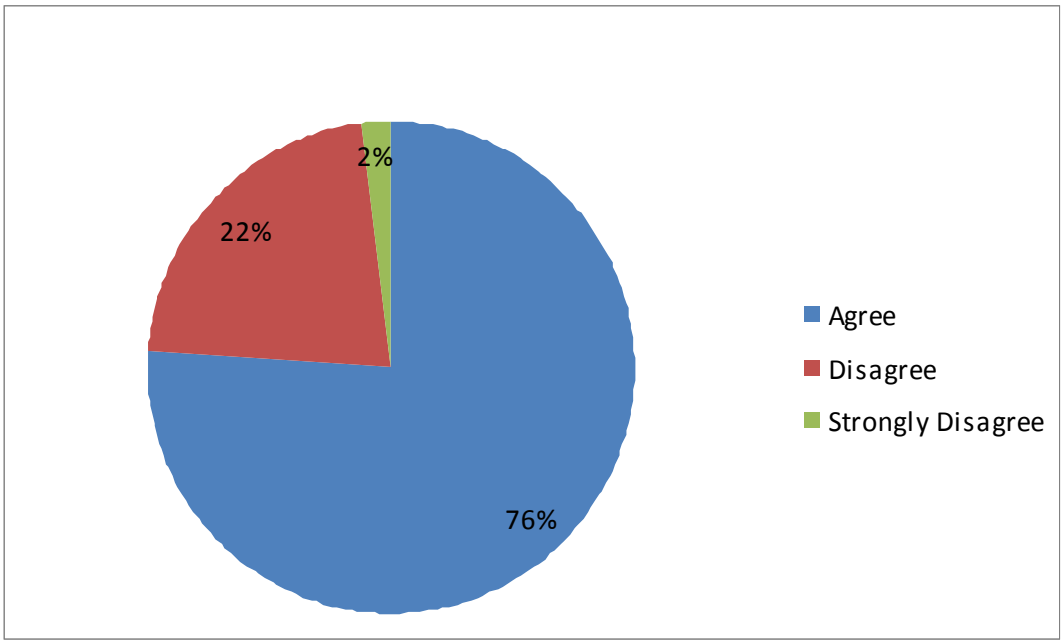

Pie chart 4.10 illustrates consistency of service within the Medical wards. The chart showed that 62% of respondents had found the service consistent, whilst 38% had found the service inconsistent. A study by Ramsaran-Fowdar (2008:104-124) explored service quality dimensions in the private health sector. This study showed that the service dimension that was most important to patients was that of reliability and fair and equitable treatment.

**TABLE 4.11 TIMELY RESPONSE OF THE STAFF** (n=50)

| | n | % |
|---|---|---|
| Agree | 38 | 76% |
| Disagree | 11 | 22% |
| Strongly disagree | 1 | 2% |
| Total | 50 | 100% |

Table 4.11 showed that 76% of the respondents admitted to the Medical wards in Prince Mshiyeni Memorial Hospital felt that the staff responded to them in a timely manner. Twenty two percent of the respondents disagreed and felt that the staff did not respond in a timely manner. Two percent strongly disagreed and felt that the staff did not respond in a timely manner at all.

**PIE CHART 4.11 TIMELY RESPONSE** (n=50)




Pie chart 4.11 illustrates that a significant majority (76%) of the respondents felt that the staff responded in a timely manner, whilst 24% had felt that the staff did not respond in a timely manner. A study conducted by Papanikolaou and Ntani (2008:548-561) showed that patients were dissatisfied with certain services related to shortage of staff. The results of the same study showed that patients were dissatisfied with the long hours they had to wait for responses.

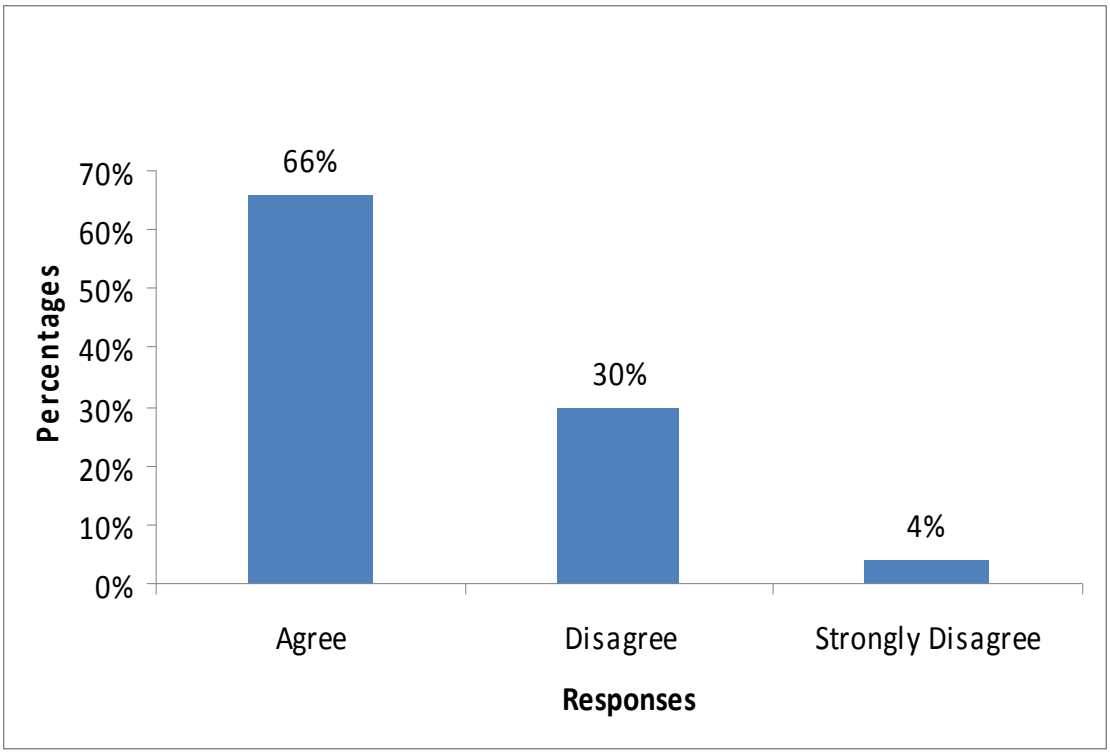
**PART D - ASSESSMENT OF THE RESPONSIVENESS OF THE STAFF**

**TABLE 4.12 RESPONSE TO PATIENTS COMPLAINTS** (n=50)

| | n | % |
|---|---|---|
| Agree | 33 | 66% |
| Disagree | 15 | 30% |
| Strongly disagree | 2 | 4% |
| Total | 50 | 100% |

Table 4.12 revealed that 66% of the respondents in the Medical wards in Prince Mshiyeni Memorial Hospital felt that the staff responded quickly to complaints. Thirty percent of the respondents disagreed and felt that the staff did not respond quickly to complaints. Four percent of the respondents strongly disagreed and strongly felt that the staff did not respond quickly to complaints at all.

**GRAPH 4.12 QUICK RESPONSE TO COMPLAINTS** (n=50)



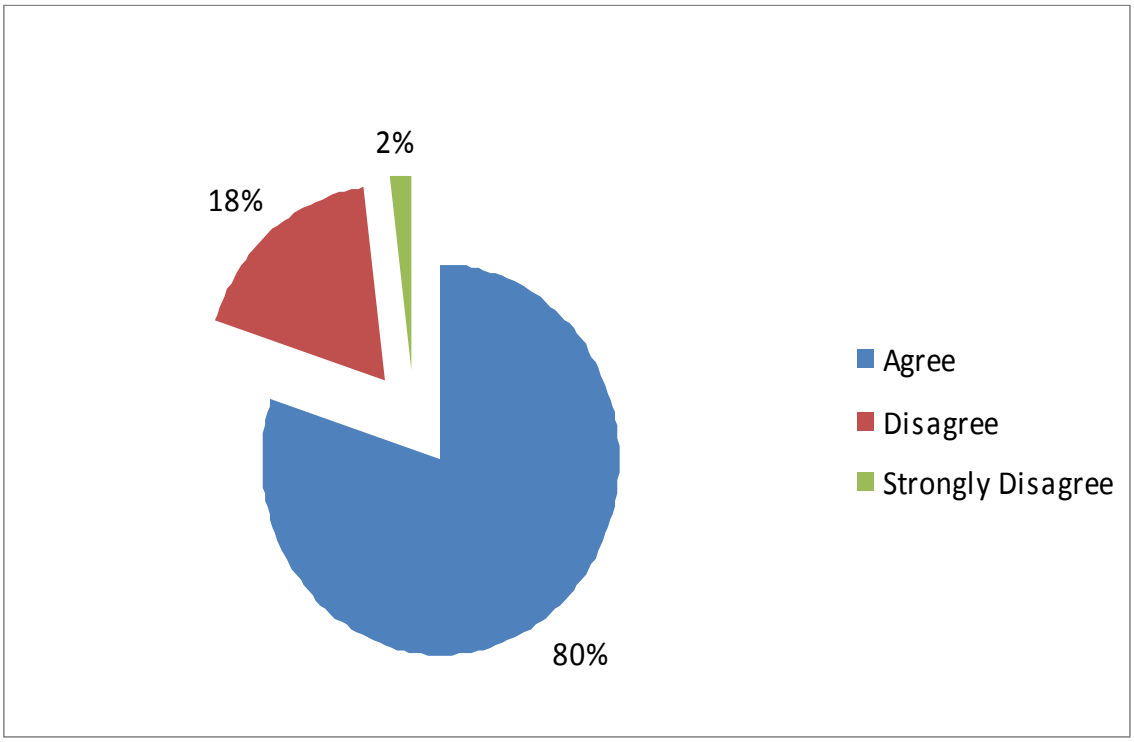

Graph 4.12 illustrates that the majority of the respondents (66%) had felt that the staff responded quickly to complaints, whilst 34% had felt that the staff did not respond quickly to complaints. Responsiveness is a dimension of service quality. A study by Hsieh, Thomas and Rotem (2005:308-320) explored how patients complaints were handled. The study showed that problems in handling patient complaints existed. The problems were that the staff that handled the complaints were not properly trained. Moreover, information sharing and communication in the hospital was limited and improvements could not be sustained.

**TABLE 4.13 WILLINGNESS TO ANSWER QUESTIONS** (n=50)

| | n | % |
|---|---|---|
| Agree | 40 | 80% |
| Disagree | 9 | 18% |
| Strongly disagree | 1 | 2% |
| Total | 50 | 100% |

Table 4.13 showed that 80% of the respondents felt that the staff in the Medical wards in Prince Mshiyeni Memorial Hospital were willing to answer questions. Eighteen percent of the respondents in the wards disagreed and felt that the staff were not willing to answer questions. Two percent of the respondents strongly disagreed and strongly felt that the staff were not willing to answer questions.

**PIE CHART 4.13 WILLINGNESS TO ANSWER QUESTIONS** (n=50)




Pie chart 4.13 revealed that a significant majority of respondents (80%) had felt that the staff were willing to answer questions, whilst 20% felt that the staff were not willing to answer questions. A study by Chaniotakis and Lymperpoulos (2009:229-242) showed the relationship between the different service dimensions and patient satisfaction and positive word of mouth behaviour. The results of the study highlighted that empathy dimension directly affects word of mouth behaviour. The results of the same study also highlighted that the dimension of empathy affects the dimension of responsiveness which therefore has an indirect effect on positive word of mouth behaviour.

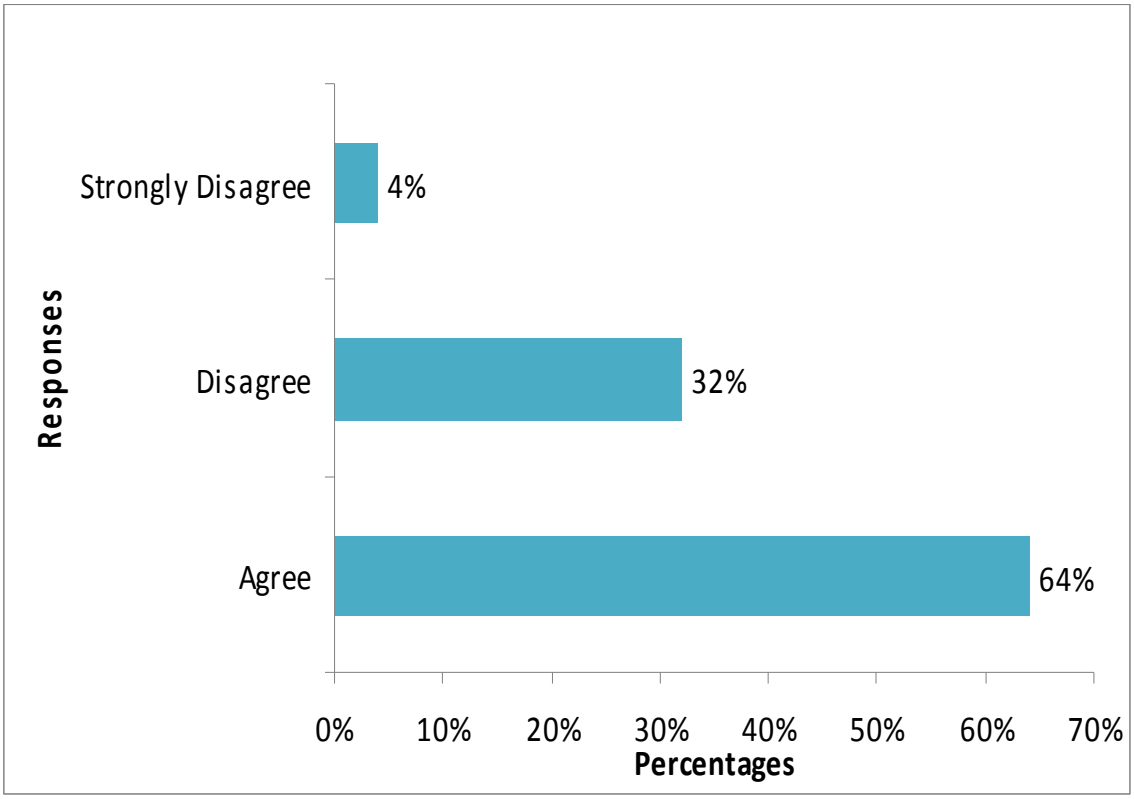
## PART E - THE COURTESTY OF THE STAFF AND ITS EFFECT ON SERVICE DELIVERY

**TABLE 4.14 THE DEMEANOR OF THE STAFF** (n=50)

| | n | % |
|---|---|---|
| Agree | 32 | 64% |
| Disagree | 16 | 32% |
| Strongly disagree | 2 | 4% |
| Total | 50 | 100% |

The results in Table 4.14 revealed that 64% of the respondents admitted in the Medical wards in Prince Mshiyeni Memorial Hospital had felt that the demeanor of the staff was pleasant. Thirty two percent of the respondents disagreed and had felt that the demeanor of the staff was not pleasant. Four percent of the respondents strongly disagreed and had felt that the staff demeanor was not pleasant at all.

**GRAPH 4.14 DEMEANOR OF STAFF** (n=50)



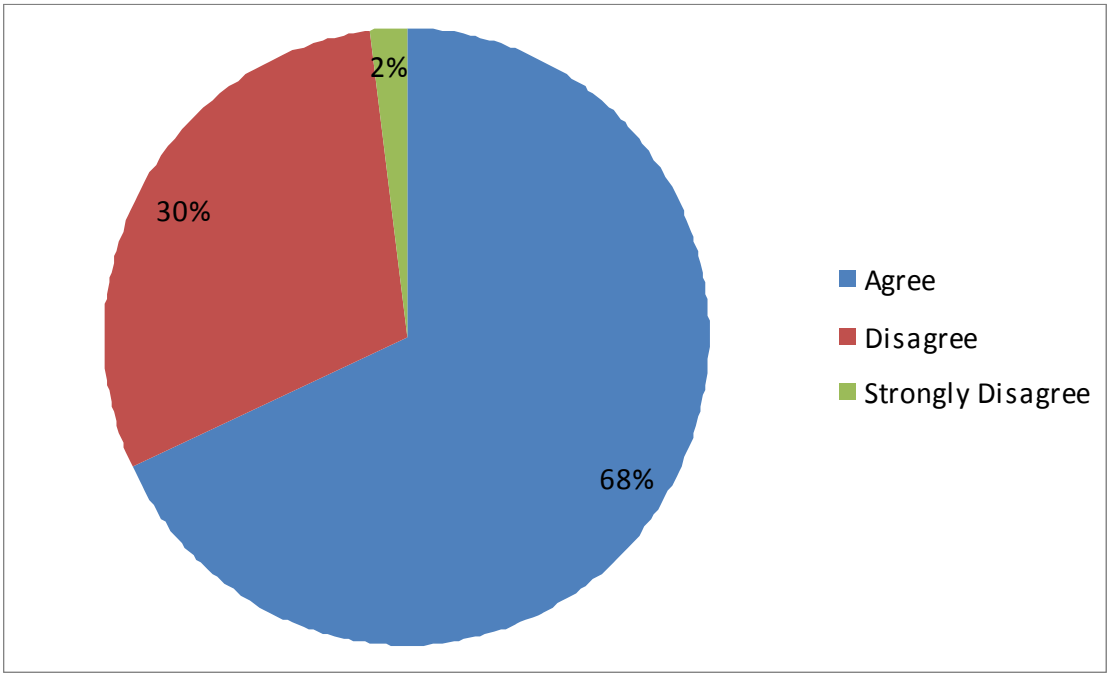

Graph 4.14 revealed that majority of the respondents at 64% had felt that the staff were pleasant, whilst 36% had felt that the staff were not pleasant. A study by Chen, Shi and Dong (2008:11-25) looked at health care delivery. The study had showed that expertise, empathy, likeability and communication influenced patients' perceptions of the health care delivery.

**TABLE 4.15 POLITENESS OF STAFF** (n=50)

| | n | % |
|---|---|---|
| Agree | 34 | 68% |
| Disagree | 15 | 30% |
| Strongly disagree | 1 | 2% |
| Total | 50 | 100% |

According to Table 4.15, 68% of the respondents in the Medical wards in Prince Mshiyeni Memorial Hospital had felt that the staff were polite. Thirty percent of the respondents had disagreed and had felt that the staff were not polite. Two percent of the respondents had strongly disagreed and had felt that the staff were not polite at all.

**PIE CHART 4.15 POLITENESS TO PATIENTS** (n=50)



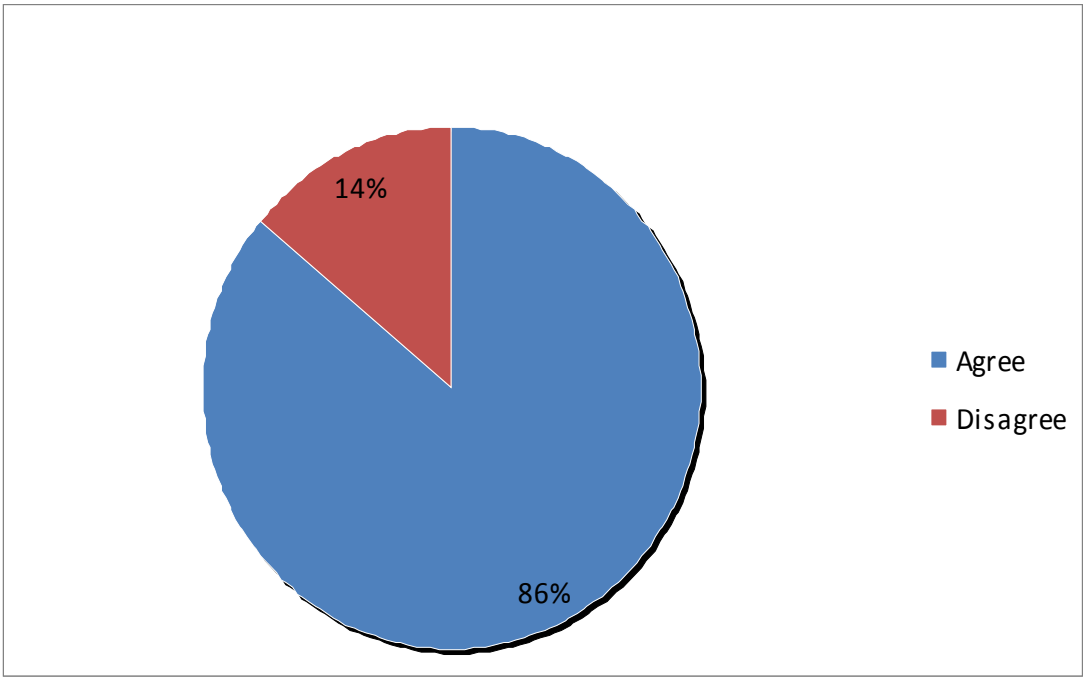

Pie chart 4.15 showed what the respondents had felt about the politeness of the staff. This affects the courtesy dimension. The results in Pie chart 4.15 revealed that 68% of the respondents had felt that the staff were polite, whilst 32% of the respondents had felt that the staff were not polite. A study by Kara, Lonial, Tarim and Zaim (2005:5-20) compared the importance of the intangibles service dimension to the tangibles. The study had revealed that the intangibles were more important to determine the quality of health care services.

**TABLE 4.16 CONSIDERATION TO VISITORS** (n=50)

| | n | % |
|---|---|---|
| Agree | 43 | 86% |
| Disagree | 7 | 14% |
| Total | 50 | 100% |

Table 4.16 showed that 86% of the respondents in the Medical wards in Prince Mshiyeni Memorial Hospital felt the staff showed consideration to visitors of respondents. Fourteen percent of the respondents disagreed and felt that the staff did not show consideration to visitors.

**PIE CHART 4.16 POLITENESS TO VISITORS** (n=50)



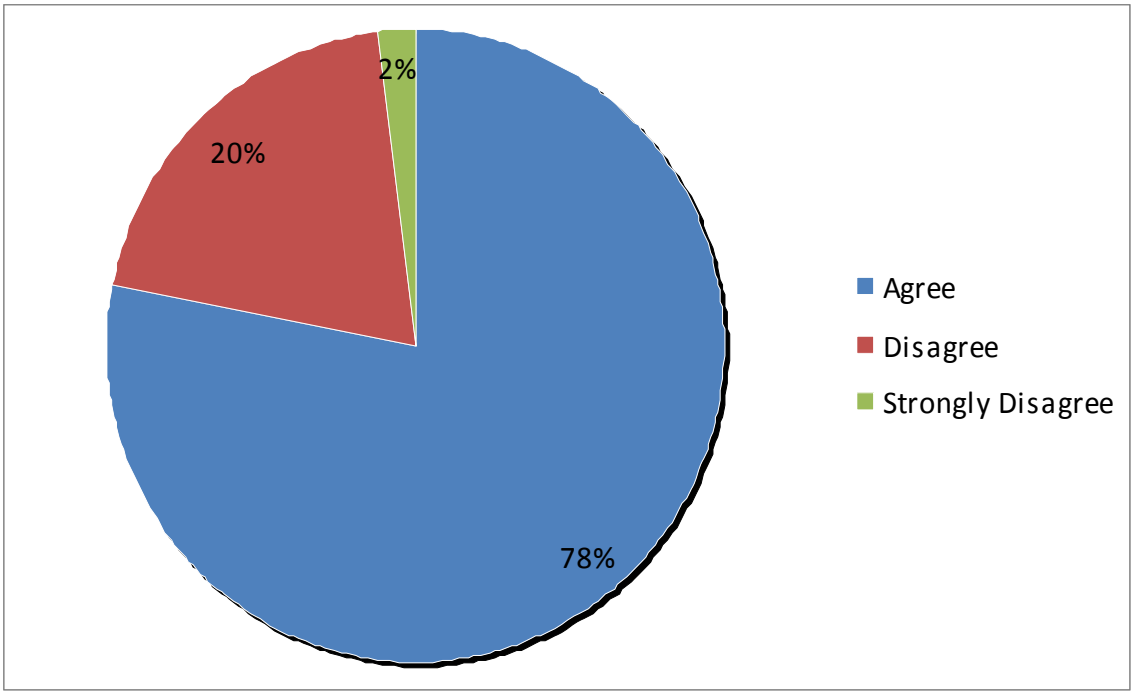

Pie chart 4.16 illustrates that a significant majority of the respondents (86%) had felt that the staff were considerate to visitors, whilst only 14% had felt that the staff were inconsiderate to visitors.

**TABLE 4.17 CONSIDERATION OF VALUES AND PROPERTY** (n=50)

| | n | % |
|---|---|---|
| Agree | 38 | 78% |
| Disagree | 10 | 20% |
| Strongly disagree | 1 | 2% |
| Total | 50 | 100% |

Table 4.17 showed that 78% of the respondents felt that the staff were considerate as regards property and values. Twenty percent of the respondents felt that the staff were not considerate with regards to property and values. Two percent of the respondents strongly felt that the staff were inconsiderate with regards to property and values.

**PIE CHART 4.17 OVERALL CONSIDERATION**




Pie chart 4.17 showed that a significant majority of the respondents (78%) had felt that the staff were considerate, whilst 22% of the respondents felt that the staff were inconsiderate with regards to the property and values of the respondents. A study by Karassavidou, Glaveli and Papadopoulos (2009:34-46) looked at quality dimensions in health care settings. The study revealed that the human factor was the most critical dimension and this was mainly influenced by relationships between the patient and the staff.

## 4.3 CONCLUSION

The results of the study showed that the majority of respondents admitted to the Medical wards in Prince Mshiyeni Memorial Hospital had been females in the age category of between 31 and 50 years. A significant majority of respondents had found the service delivery in the wards mediocre. Some aspects of the tangible dimension of service

delivery did not meet the respondents' standards. The respondents had generally found the reliability of the staff adequate. The majority of the respondents had found the staff in the hospital to be responsive and courteous.

# CHAPTER 5

# CONCLUSION AND RECOMMENDATIONS

## 5.1 INTRODUCTION

Service delivery in a health care organization needs to be maintained at a certain standard of excellence. The aim of the research study undertaken was to evaluate the service delivery in the Department of Internal Medicine in Prince Mshiyeni Memorial Hospital and thereby make recommendations so as to improve the service delivery. The literature review was conducted using previous media articles and previous studies which were similar in nature to get more information on the subject. Various other related issues such as the private health sector and information technology in health care were also researched so as to highlight certain needs in Prince Mshiyeni Memorial Hospital, as a state hospital.

## 5.2 CONCLUSION

The study was undertaken by the researcher with the aim of improving service delivery within the Department of Internal Medicine where the researcher is currently working. An improved service delivery would improve the hospitals standing in the community and result in an increase in patient satisfaction. The study was based on four aspects of service delivery. This aspects or dimensions were tangibles, reliability, responsiveness and courtesy.

The study undertaken was a descriptive study using a quantitative method. The research strategy used was action research. The target population was limited to 200 patients from the Internal Medicine wards in Prince Mshiyeni Memorial Hospital. A sample of 50 was chosen. The sample was chosen using a systematic probability technique. The research instrument chosen was a structured questionnaire. The questionnaire consisted closed

questions in the form of yes/no questions and rating questions. Some of the questions were demographic in nature. The questions were based on the four service dimensions. The results revealed that the majority of the respondents admitted in the Medical wards were female and the most frequent ages were between 31 to 40 years and 41 to 50 years. In the tangibles dimension the majority of the respondents had found the wards unattractive and slightly below half of the respondents found the wards unclean and technology not modern. The respondents had found the staff appropriately dressed. In the dimension of reliability, 62% to 70% of respondents had found the staff to be reliable. They had felt that their specifications were carried out, service was done right the first time, responses occurred as needed and there was consistency of service. Sixty six percent to 80% of the respondents found the dimension of responsiveness in the hospital adequate. They had felt that complaints were responded to and staff were willing to answer questions. In the courtesy dimension 68% to 86% of the respondents had found that the staff were courteous to respondents and families.

## 5.3 RECOMMENDATIONS

There are many tentative recommendations that the researcher had made to enhance the service delivery at Prince Mshiyeni Memorial Hospital in the Department of Internal Medicine. These recommendations can be extended to other departments within the hospital if they operate under the similar circumstances as the Department of Internal Medicine. The recommendations were divided into two main categories based the level on where the recommendations need to be implemented or initiated. These two categories are at a Governmental level and at Prince Mshiyeni Memorial Hospital.

### 5.3.1 RECOMMENDATIONS AT A GOVERNMENTAL/DEPARTMENT OF HEALTH LEVEL

- Government should emphasise on the importance of maintaining a high standard of service delivery in public hospitals. Government should have a statement about its aims on service delivery. The statement should include what the

Government can give in terms of service delivery and standard of service the people should expect. This statement should be made known to all the people who attend public hospitals.

- Government should have a process whereby service delivery by health care organizations can be monitored. Government should implement specific protocols and standards for all public hospitals. This would enable the hospitals to monitor service delivery that the patients receive and make sure that the service delivery is of a certain standard.

- Government should give more thought to training staff members in the art of continuously giving a high standard of service. They should be informed of the importance of service delivery to the hospital. They should be adequately motivated. Government should try to determine what motivates staff and what would increase their job satisfaction. A well motivated and satisfied staff would help ensure a high standard of service quality is achieved. This is especially important for workers who are in constant contact with patients such as nurses and doctors.

- Government should consider implementing information systems in all public hospitals. Currently, some public hospitals do have information systems that run in the hospital. The hospital that the study was based in did not have an information system. Information systems will allow for files to be found faster, old notes to be traced and faster access to results. This would enhance and improve service delivery in hospitals.

- Government should consider having a public private partnership in the health sector. This can be considered in South Africa as both sectors exist and are large. Another reason why this should be considered in South Africa is because the majority of people in South Africa cannot afford to go to private hospitals and

therefore go to public hospitals. There is therefore a demand for more facilities and more staff in the public hospitals. Constant lack of beds and lack of staff are detrimental to the health of the people and impact negatively on service delivery. A public private partnership could hopefully change this. A partnership would ensure improved services to the public and would improve the service delivery that the public are receiving.

### 5.3.2 RECOMMENDATIONS AT PRINCE MSHIYENI MEMORIAL HOSPITAL

- Management in Prince Mshiyeni Memorial Hospital should implement monitoring of service delivery in each department of the hospital. Each department should have processes in place which best suits the needs of the department. These processes should be constantly monitored so as to evaluate the level of service delivery. The hospital should employ people who are specially trained and will be able to monitor the service delivery and take action when needed. This would help keep the service delivery at a constant high level.

- In terms of tangibles, management should try to make the wards appear more attractive to patients. Management should consider painting the walls a different colour, changing the curtains and putting in more colourful posters. The dress code of the staff is very good and management should try to promote the current dress code. Management should try to have more modern technology in the wards as only 52% of patients felt that the technology was modern. The wards should have modern equipment to take blood pressure and temperature and should have television sets. Management should ensure that the wards are clean at all times.

- In terms of reliability around 62% to 70% of patients felt that the staff were reliable. They felt that their exact specifications were carried out, service was

performed right the first time, responses happened as promised and the service was consistent by staff members. Management should promote and encourage this behaviour as it has a positive effect on service delivery.

- Sixty eight percent to 86% of the patients had felt that the staff were courteous towards them. The staff were polite to the patients and visitors and were considerate of the property and values of the patients. Management should reward such behaviour as it promotes good service delivery and improves the reputation of the hospital and its standing in the community.

### 5.3.3 DIRECTIONS FOR FUTURE RESEARCH

- Further research to evaluate service delivery needs to be conducted from a Governmental level in different areas and settings. Research should look at patients' perceptions and expectations of service delivery. All the dimensions of service delivery should be researched. This research should be wide spread and involve various other aspects that affect service delivery such as education, social conditions and burden of disease. Interviews should be conducted whereby patients should be able to give their input and suggestions. The research should also involve the hospital staff and people of the community who maybe potential patients. This would help improve service delivery.

- Management at Prince Mshiyeni Memorial hospital should engage in a quality audit regarding service delivery in all departments of the hospital. This would give the managers a better insight into the level of service delivery actually offered by the hospital. Management should also explore the perceptions of the hospital in the community they serve. An in depth research should be considered to determine what the people from the community expect of the hospital which they go to in terms of all dimensions of service delivery and standards of service. The findings from this should then be taken into considerations when planning occurs.

## BIBLIOGRAPHY

Adams, J. Young, A. and Zhihong, W. (2006). Public private partnerships in China: System, constraints and future prospects. *International Journal of Public Sector Management*. 19 (4): 384-396. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jseeionid=9B832540FBB5570B20667638B6F0D803?contentType=Article&contentId=1558956 [Accessed 9 March 2009].

Akdag, H.C. and Zineldin, M. (2009). The Quality of Health Care and Patient Satisfaction. *International Journal of Health Care Quality Assurance.* 22 (7):1. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1805949. [Accessed on 30 August 2009].

Alaloola, N.A. and Albedaiwi, W.A. (2008). Patient satisfaction in a Riyadh Tertiary Care Centre. *International Journal of Health Care Quality Assurance.* 21 (7): 630-637. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=9C928CA347AA019D63FE4A626375C304?contentType=Article&contentId=1751606. [Accessed on 31 August 2009].

Anonymous. (2002). *Oxford Concise Colour Medical Dictionary.* 3rd Edition. Oxford: The Oxford University Press.

Arasli, H. and Ahmadeva, L. (2004). “No more tears!” A local TQM formula for health promotion. *International Journal of Health Care Quality Assurance.* 17 (3): 135-154. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=3974A94EC0FF33D5F193C211A1101DFC?contentType=Article&contentId=841206. [Accessed on 10 August 2009].

Arasli, H. Ekiz, E.H. and Katircioglu, S.T. (2008). Gearing service quality into public and private hospitals in small islands: Empirical evidence from Cyprus. *International Journal of Health Care Quality Assurance.* 21 (1): 8-23. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=1E09827BD6D99DE00416C734F4FE0E72?contentType=Article&contentId=1669227 [Accessed 15 March 2009].

Attwood, V. (2008). Hospital time bomb is ticking. *Daily News*, Durban, Thursday, 23 October, page 6. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20081023115833478C393103. [Accessed on 12 August 2009].

Baalbaki, I. Ahmed, Z.U. Pashtenko, V.H. and Makarem, S. (2008). Patient satisfaction with healthcare delivery systems. *International Journal of Pharmaceutical and Healthcare Marketing.* 2 (1):47-62. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=9C928CA347AA019D63FE4A626375C304?contentType=Article&contentId=1718607. [Accessed on 31 August 2009].

Babakus, E. and Mangold, W.G. (1992). Adapting the SERVQUAL scale to hospital services: an empirical investigation. *Health Service Res.* 26 (6): 767-786. [Online]. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgl?artid=1069855 [Accessed on 22 February 2009].

Badri, M.A. Attia, S.T. and Ustadi, A.M. (2009). Healthcare quality and moderators of patient satisfaction: testing for causality. *International Journal of Health Care Quality Assurance.* 22 (4): 382-410. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=81E35D39F99F5CA15486F1AB32F3B458?contentType=Article&contentId=1798718. [Accessed on 11 August 2009].

Badri, M.A. Attia, S.T. and Ustadi, A.M. (2008). Testing not-so-obvious models of healthcare quality. *International Journal of Health Care Quality Assurance*. 21 (2): 159-174. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1714505. [Accessed on 30 August 2009].

Bailey, K.D. (1994). *Methods of Social Research.* 4th Edition. New York: The Free Press.

Bakar, C. Akgun, H.S. and Al Assaf, A.F. (2008). The role of expectations in patient assessments of hospital care: An example from a university hospital network, Turkey. *International Journal of Health Care Quality Assurance.* 21 (4): 343-355. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=779CB1E5257F933A12AC9905F69D5F2A?contentType=Article&contentId=1732940 [Accessed 13 March 2009].

Bellou, V. (2008). Identifying organizational culture and subcultures within Greek public hospitals. *Journal of Health Organisation and Management.* 22 (5): 496-509. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1744906. [Accessed on 30 August 2009].

Bertezene, S. and Martin, J. (2009). Mastering performance through quality and networking. *The TQM Journal*. 21 (4): 413-428. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=B5CDEF5E395C7338BBD9C6574E4465CF?contentType=Article&contentId=1798793. [Accessed 11 August 2009].

Bless, C. Higson-Smith, C. and Kagee, A. (2006). *Fundamentals of Social Research Methods. An African Perspective.* 4th Edition. Cape Town: Juta and Co. Ltd.

Booyens, S.W. (2000). *Introduction to Health Services Management.* Cape Town: Juta and Co. Ltd.

Bryman, A. and Bell, E. (2007). *Bussiness Research Methods*. 2nd Edition. Oxford: Oxford University Press.

Casarreal, K.M. Mills, J.I. and Plant, M.A. (1986). Improving service through patient surveys in a mulithospital organization. *Hospital Health Service Administration.* 31 (2): 41-52. [Online]. Available from: http://www.ncbi.nlm.nih.gov/pubmed/10275564 [Accessed on 22 February 2009].

Chaniotakis, I.E. and Lymperopopulos, C. (2009). Service quality effect on satisfaction and word of mouth in the health care industry. *Managing Service Quality*. 19 (2): 229-242. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1779126. [Accessed on 30 August 2009].

Chen, Z.X. Shi, Y. and Dong, D.H. (2008). An empirical study of relationship quality in a service setting: a Chinese case. *Marketing Intelligence & Planning.* 26 (1): 11-25. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=9C928CA347AA019D63FE4A626375C304?contentType=Article&contentId=1669174. [Accessed on 31 August 2009].

Cheung, E. Chan, A.P.C. and Kajewski, S. (2009). Reasons for implementing public private partnership projects: Perspectives from Hong Kong, Australian and British practioners. *Journal of Property Investment & Finance.* 27 (1): 81-95. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=71A5FB17FEA0351AB6DDAD076D3E7179?contentType=Article&contentId=1770999. [Accessed on 31 August 2009].

Choi, K.S. Lee, H. Kim, C. and Lee, S. (2005). The service quality dimensions and patient satisfaction relationships in South Korea: comparisons across gender, age and types of service. *Journal of Services Marketing.* 19 (3): 140-149. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=B5CDEF5E395C7338BBD9C6574E4465CF?contentType=Article&contentId=1502351. [Accessed 11 August 2009].

Cole, B. (2008). Anger at waiting room death. *Daily News*, Durban, Friday, 10 October, page 5. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20081010110401498C485584. [Accessed on 12 August 2009].

Cooper, D.R. and Schindler, P.S. (2001). *Business Research Methods.* 7th Edition. New York: McGraw-Hill Irwin.

Dey, P.K. Hariharan, S. and Brookes, N. (2006). Managing healthcare quality using logical framework analysis. *Managing Service Delivery*. 16 (2): 203-222. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;Jsessionid=9B832540FBB5570B20667638B6F0D803?contentType=Article&contentId=1546165 [Accessed on 9 March 2009].

Dlugacz, D.Y. Restifo, A. and Greenwood, A. (2004). *The Quality Handbook For Health Care Organisations. A Manager's Guide To Tools and Programs.* San Francisco: Jossey-Bass.

Duggirala, M. Rajendran, C. and Anantharaman, R.N. (2008). Patient-perceived dimensions of total quality service in healthcare. *Benchmaking: An International Journal*. 15 (5): 560-583. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=453F902FFF20592E0D668010ED64B3C4?contentType=Article&contentId=1742534 [Accessed on 15 March 2009].

Duggirala, M. Rajendran, C. and Anantharaman, R.N. (2008). Provider-perceived dimensions of total quality management in healthcare. *Benchmarking: An International Journal*. 15 (6): 693-722. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1752164. [Accessed on 30 August 2009].

Duncan, A.K. and Breslin, M.A. (2009). Innovating health care delivery: the design of health services. *Journal of Business Strategy*. 30 (2/3): 13-20. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=DA521E982EC77279AE32F69D652B6768?contentType=Article&contentId=1789431. [Accessed on 10 August 2009].

Elleuch, A. (2008). Patient satisfaction in Japan. *International Journal of Health Care Quality Assurance.* 21 (7): 692-705. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=453F902FFF20592E0D668010ED64B3C4?contentType=Article&contentId=1751611 [Accessed on 15 March 2009].

Etgar, M. and Fuchs, G. (2009). Why and how service quality perceptions impact consumer responses. *Managing Service Quality*. 19 (4): 474-485. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=DA521E982EC77279AE32F69D652B6768?contentType=Article&contentId=1801262. [Accessed on 10 August 2009].

Feng, Q.M. and Manuel, C.M. (2008). Under the knife: a national survey of six sigma programs in US healthcare organization. *International Journal of Health Care Quality Assurance*. 21 (6): 535-547. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=9C928CA347AA019D63FE4A626375C304?contentType=Article&contentId=1746776. [Accessed on 31 August 2009].

Fox, W. and Bayat, M.S. (2007). *A Guide to Managing Research*. Cape Town: Juta and Co. Ltd.

Gill, L. and White, L. (2009). A critical review of patient satisfaction. *Leadership in Health Services*. 22 (1):8-19. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=9C928CA347AA019D63FE4A626375C304?contentType=Article&contentId=1770717. [Accessed on 31 August 2009].

Gosling, M. (2009). 'We want a salary we can survive on'. *Cape Times*, Cape Town, Wednesday, 1 July, page 3. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20090701052602294C501499. [Accessed on 27 May 2009].

Harrison, J.P. and McDowell, G.M. (2008). The role of laboratory information systems in healthcare quality improvement. *International Journal of Health Care Quality Assurance.* 21 (7): 679-691. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1751610. [Accessed on 30 August 2009].

Hartley, A. (2009). Cape puts faith in Motsoaledi and strike. *Cape Times*, Cape Town, Tuesday, 30 June, page 1. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20090630053054606C9. [Accessed on 3 September 2009].

Heizer, J. and Render, B. (2006). *Operations Management.* 8th Edition. New Jersey: Prentice Hall.

Henson, P. Schiller, M. Metze, D. and Luger, T. (2008). Evaluating hospital service quality from a physician viewpoint. *International Journal of Health Care Quality Assurance*. 21 (1): 75-86. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1669232. [Accessed on 30 August 2009].

Hosken, G. (2009). 'Nurses drink tea while mom gives birth'. *Pretoria News*, Pretoria, Monday, 1 June, page 1. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20090601062318209C601248. [Accessed on 12 August 2009].

Hsieh, S.Y. (2009). Taking patients' voices into account within quality systems: a comparative study. *International Journal of Health Care Quality Assurance*. 22 (3): 289-299. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=058BB86E1C02D189C9912E1DE84EFF05?contentType=Article&contentId=1789277. [Accessed 5 August 2009].

Hsieh, S.Y. Thomas, D. and Rotem, A. (2005). The organizational response to patient complaints: a case study in Taiwan. *International Journal of Health Care Quality Assurance*. 18 (4): 308-320. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=DA521E982EC77279AE32F69D652B6768?contentType=Article&contentId=1509342. [Accessed on 10 August 2009].

Hung, S.Y. Chen, C.C. and Lee, W.J. (2009). Moving hospitals toward e-learning adoption: an empirical investigation. *Journal of Organisational Change Management*. 22 (3): 239-256. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=058BB86E1C02D189C9912E1DE84EFF05?contentType=Article&contentId=1793456. [Accessed 5 August 2009].

Johns, L. (2009). Baby dies after five hour wait for help. *Sunday Argus*, Cape Town, Sunday, 5 April, page 3. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20090405072002838C134190. [Accessed on 12 August 2009].

Juwaheer, T.D. and Kassean, H. (2006). Exploring quality perceptions of health care operations: a study of public hospitals of Mauritius. *J Hosp Mark Public Relations.* 16 (1-2): 89-111. [Online]. Available from: http://www.ncbi.nlm.nih.gov/pubmed/17194688?ordinalpos=1&itool=EntrezSysten2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_Discovery_RA&linkpos=2&log$=relatedarticles&logdbfrom=pubmed. [Accessed on 24 February 2009].

Kang, G. and James, J. (2004). Service quality dimensions: an examination of Gronroos's service quality model. *Managing Service Quality.* 14 (4): 266-277. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&hdAction=Inkhtml&contentId=842860&dType=SUB&history=false [Accessed on 26 February 2009].

Kara, A. Lonial, S. Tarim, M. and Zaim, S. (2005). A paradox of service quality in Turkey: The seemingly contradictory relative importance of tangible and intangible determinants of service quality. *European Business Review.* 17 (1): 5-20. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=453F902FFF20592E0D668010ED64B3C4?contentType=Article&contentId=868900 [Accessed 15 March 2009].

Karassavidou, E. Glaveli, N. and Papadopoulos, C.T. (2009). Quality in NHS hospitals: no one knows better than patients. *Measuring Business Excellence.* 13 (1): 34-46. [Online].
Available from:
http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1776309. [Accessed on 30 August 2009].

Kirigia, M.J. Emrouznejad, A. Vaz, R.G. Bastiene, H. and Padayachy, J. (2008). A comparative assessment of performance and productivity of health centres in Seychelles. *International Journal of Productivity and Performance Management.* 57 (1): 72-92. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;Jsessionid=9B832540FBB5570B20667638B6F0D803?contentType=Article&contentId=1641823 [Accessed on 9 March 2009].

Kirpal, S. (2004). Work identities of nurse: Between caring and efficiency demands. *Career Development International.* 9 (3): 274-304. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=81E35D39F99F5CA15486F1AB32F3B458?contentType=Article&contentId=883371. [Accessed on 10 August 2009].

Komashie, A. Mousavi, A. and Gore, J. (2007). Quality management in healthcare and industry: A comparative review and emerging themes. *Journal of Management History.* 13 (4): 359-370. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=B5CDEF5E395C7338BBD9C6574E4465CF?contentType=Article&contentId=1628231. [Accessed 11 August 2009].

Ladhari, R. (2008). Alternative measures of service quality: a review. *Managing Service Quality.* 18 (1): 65-86. [Online]. Avaiable from: http://www.emeraldinsight.com/Insight/viewContentItem.do;Jsessionid=9B832540FBB5570B20667638B6F0D803?contentType=Article&contentId=1662920 [Accessed on 9 March 2009].

Lam, S.S.K. (1997). SERVQUAL: A tool for measuring patients' opinions of hospital service quality in Hong Kong. *Total Quality Management*. 8 (4): 145-152. [Online]. Available from: http://www.ingentaconnect.com/content/routledg/ctqm/1997/00000008/00000004/art00003 [Accessed on 24 February 2009].

Lanjananda, P. and Patterson, P.G. (2009). Determinants of customer-orientated behavior in a health care context. *Journal of Service Management.* 20 (1): 5-32. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=81E35D39F99F5CA15486F1AB32F3B458?contentType=Article&contentId=1775054. [Accessed on 11 August 2009].

Lee, P. Khong, P. and Ghista, D.N. (2006). Impact of deficient healthcare service quality. *The TQM Magazine.* 18 (6): 563-571. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=453F902FFF20592E0D668010ED64B3C4?contentType=Article&contentId=1576242 [Accessed 15 March 2009].

Leedy, P.D. and Ellis, J. (2005). *Practical Research, Planning and Design.* 8th Edition. New Jersey: Pearson Education Inc.

Lim, P.C. and Tang, N.K.H. (2000). A study of patients' expectations and satisfaction in Singapore hospitals. *International Journal of Health Care Quality Assurance.* 13 (7): 290-299. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=453F902FFF20592E0D668010ED64B3C4?contentType=Article&contentId=841087 [Accessed 15 March 2009].

Luthans, K.W. Lebsack, S.A. and Lebsack, R.R. (2008). Positivity in healthcare: relation of optimism to performance. *Journal of Health Organisation and Management*. 22 (2): 178-188. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=B5CDEF5E395C7338BBD9C6574E4465CF?contentType=Article&contentId=1728224 [Accessed 11 August 2009].

Maposa, S. (2009). Department overshoots budget by R120m. *Cape Argus*, Cape Town, Thursday, 14 May, page 1. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20090514125736398C563288. [Accessed on 27 May 2009].

Maposa, S. (2009). Trauma staff 'running on empty'. *Cape Argus*, Cape Town, Tuesday, 12 May, page 8. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20090512105327967C468365. [Accessed on 27 May 2009].

Maposa, S. (2009). Nurses drink on duty, say terrified patients. *Cape Argus*, Cape Town, Monday, 2 March, page 6. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20090302123421 24C902568. [Accessed on 12 August 2009]

Maposa, S. (2008). Khayelitsha hospital accused of abuse. *Cape Argus*, Cape Town, Friday, 7 November, page 10. [Online]. Available from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20081107120813947C604200. [Accessed on 12 August 2009].

Mehra, S. and Ranganathan, S. (2008). Implementing total quality management with a focus on enhancing customer satisfaction. *International Journal of Quality & Reliability Management*. 25 (9): 913-927. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=9C928CA347AA019D63FE4A626375C304?contentType=Article&contentId=1747869. [Accessed on 31 August 2009].

Mehrabi, F. Nasiripour, A. and Delgoshaei, B. (2008). Customer focus level following implementation of quality improvement model in Tehran social security hospitals. *International Journal of Health Care Quality Assurance*. 21 (6): 562:568. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1746778. [Accessed on 30 August 2009].

Meyer, B.C. and Bishop, D.S. (2007). Florence Nightingale: nineteenth century apostle of quality. *Journal of Management History*. 13 (3): 240-254. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=B5CDEF5E395C7338BBD9C6574E4465CF?contentType=Article&contentId=1611262. [Accessed 11 August 2009].

Naidu, A. (2009). Factors affecting patient satisfaction and healthcare quality. *International Journal of Health Care Quality Assurance*. 22 (4): 366-381. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=81E35D39F99F5CA15486F1AB32F3B458?contentType=Article&contentId=1798717. [Accessed on 11 August 2009].

Nakhai, B. and Neves, J.S. (2009). The challenges of six sigma in improving service quality. *International Journal of Quality & Reliability Managemnt*. 26 (7): 663-684. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=81E35D39F99F5CA15486F1AB32F3B458?contentType=Article&contentId=1805776. [Accessed on 11 August 2009].

Padma, P. Rajendran, C. and Sai, L.P. (2009). A conceptual framework of service quality in healthcare: Perspectives of Indian patients and their attendants. *Benchmarkin: An International Journal*. 16 (2): 157-191. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1782683. [Accessed on 30 August 2009].

Papanikolaou, V. and Ntani, S. (2008). Addressing the paradoxes of satisfaction with hospital care. *International Journal of Health Care Quality Assurance*. 21 (6): 548-561. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=9C928CA347AA019D63FE4A626375C304?contentType=Article&contentId=1746777. [Accessed on 31 August 2009].

Park, J.S. and Kim, T.H. (2009). Do types of organizational culture matter in nurse job satisfaction and turnover intention?. *Leadership in Health Services*. 22 (1): 20-38. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=9C928CA347AA019D63FE4A626375C304?contentType=Article&contentId=1770718. [Accessed on 31 August 2009].

Powers, T.L. and Jack, E.P. (2008). Using volume flexible strategies to improve customer satisfaction and performance in health care services. *Journal of Services Marketing*. 22 (3): 188-197. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=058BB86E1C02D189C9912E1DE84EFF05?contentType=Article&contentId=1724312. [Accessed 5 August 2009].

Preker, A.S. and Harding, A. (2009). *Innovations in Health Service Delivery*. [Online]. Available from: http://books.google.co.za/books?id=twMtKfTHVqUc [Accessed on 26 February 2009].

Qverteit, J. and Serouri, A.A. (2006). Hospital quality management system in a low income Arabic country: an evaluation. *International Journal of Health Care Quality Assurance.* 19 (6): 516-532. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=779CB1E5257F933A12AC9905F69D5F2A?contentType=Article&contentId=1569901 [Accessed 9 March 2009].

Rabanni, F. Jafri, W.S.M. Abbas, F. Jahan, F. Syed, N.A. Pappas, G. Azam, S.I. Brommels, M. and Tomson, G. (2009). Culture and quality care perceptions in a Pakistani hospital. *International Journal of Health Care Quality Assurance.* 22 (5): 498-513. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=B5CDEF5E395C7338BBD9C6574E4465CF?contentType=Article&contentId=1805784. [Accessed 11 August 2009].

Rad, A.M.M. (2005). A survey of total quality management in Iran: Barriers to successful implementation in health care organizations. *Leadership in Health Services*. 18 (3): 12-34. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=F0C5C04BB1632D8FB86CDF022C99547B?contentType=Article&contentId=1514975.[ Accessed on 12 August 2009].

Ramani, K.V. (2004). A management information system to plan and monitor the delivery of health-care services in government hospitals in India. *Journal of Health Organisation and Management.* 18 (3): 207-220. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=9B832540FBB5570B20667638B6F0D803?contentType=Article&contentld=1411661. [Accessed 9 March 2009].

Ramani, K.V. Mavalankar, D. Patel, A. and Mehandiratta, S. (2007). A GIS approach to plan and deliver healthcare services to urban poor: A public private partnership model for Ahmedabad City, India. *International Journal of Pharmaceutical and Healthcare Marketing*. 1 (2): 159-173. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=DA521E982EC77279AE32F69D652B6768?contentType=Article&contentId=1612618. [Accessed on 10 August 2009].

Ramsaran-Fowdar, R.R. (2008). The relative importance of service dimensions in a healthcare setting. *International Journal of Health Care Quality Assurance*. 21 (1): 104-124. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=453F902FFF20592E0D668010ED64B3C4?contentType=Article&contentId=1669234. [Accessed 15 March 2009].

Rashid, W.E.W. and Jusoff, H.K. (2009). Service Quality in health care setting. *International Journal of Health Care Quality Assurance*. 22 (5): 471-482. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=058BB86E1C02D189C9912E1DE84EFF05?contentType=Article&contentId=1805782. [Accessed 5 August 2009].

Reimer, A. and Kuehn, R. (2005). The impact of servicescape on quality perception. *European Journal of Marketing.* 39 (7/8): 785-808. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=453F902FFF20592E0D668010ED64B3C4?contentType=Article&contentId=1508890 [Accessed 15 March 2009].

Republic of South Africa. (2009). *Batho Pele: People First.* Department of Health [Online]. Available from: http://www.kznhealth.gov.za/bathopelp.htm. [Accessed 2 March 2009].

Republic of South Africa. (2009). *Health Authorities.* Department of Health. [Online]. Available from: http://www.info.gov.za/aboutsa/health.htm. [Accessed 27 February 2009].

Republic of South Africa. (2009). *Mission Statement.* Department of Health. [Online]. Available from: http://www.kznhealth.gov.za/vision.htm. [Accessed 2 March 2009].

Rice, M.F. (2007). A post-modern cultural competency framework for public administration and public service delivery. *International Journal of Public Sector Management*. 20 (7): 622-637. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=DA521E982EC77279AE32F69D652B6768?contentType=Article&contentId=1634404. [Accessed on 10 August 2009].

Rivers, P.A. and Glover, S.H. (2008). Health care competition, strategic mission, and patient satisfaction: research model and propositions. *Journal of Health Organisation and Management*. 22 (6): 627-641. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=DA521E982EC77279AE32F69D652B6768?contentType=Article&contentId=1751563. [Accessed on 10 August 2009].

Rose, R.C. Uli, J. Abdul, M. and Ng, K.L. (2004). Hospital service quality: a managerial challenge. *International Journal of Health Care Quality Assurance*. 17 (3): 146-159. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=453F902FFF20592E0D668010ED64B3C4?contentType=Article&contentId=841207. [Accessed 15 March 2009].

Sajid, M.S. and Baig, M.K. (2007). Quality of health care: an absolute necessity for public satisfaction. *International Journal of Health Care Quality Assurance*. 20 (6): 545-548. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=058BB86E1C02D189C9912E1DE84EFF05?contentType=Article&contentId=1626580. [Accessed 5 August 2009].

Saunders, M. Lewis, P. and Thornhill, A. (2007). *Research Methods for Business Students.* 4th Edition. England: Pearson Education Limited.

Sciulli, N. (2008). Public private partnerships: an exploratory study in health care. *Asian Review of Accounting*. 16 (1): 21-38. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=71A5FB17FEA0351AB6DDAD076D3E7179?contentType=Article&contentId=1724252. [Accessed on 31 August 2009].

Sekaran, U. (2003). *Research Methods For Business A Skill Building Approach*. 4th Edition. New Jersey: John Wiley and Sons, Inc.

Severt, D. Aiello, T. Elswick, S. and Cyr, C. (2008). Hospitality in hospitals?. *International Journal of Contemporary Hospitality Management.* 20 (6): 664-678. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentltem.do;jsessionid=9B832540FBB5570B20667638B6F0D803?contentType=Article&contentld=1742460. [Accessed 9 March 2009].

Sharma, D.D. (1995). *Marketing Research Principles, Applications and Cases*. 1st Edition. New Delhi: Sultan Chand and Sons.

Sivabrovornvatana, N. Siengthai, S. and Krairit, D. (2005). Technology usage, quality management system, and service quality in Thailand. *International Journal of Health Care Quality Assurance*. 18 (6): 413-423. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=3974A94EC0FF33D5F193C211A1101DFC?contentType=Article&contentId=1520085. [Accessed on 10 August 2009].

Sohail, S.M. (2003). Service quality in hospitals: more favourable than you might think. *Managing Service Quality*. 13 (3): 197-206. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=1E09827BD6D99DE00416C734F4FE9E72?contentType=Article&contentId=842811. [Accessed on 15 March 2009].

Steinke, C. (2008). Examining the role of service climate in health care: An empirical study of emergency departments. *International Journal of Service Industry Management.* 19 (2): 188-209. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1723985. [Accessed on 30 August 2009].

Taner, T. and Antony, J. (2006). Comparing public and private hospital care service quality in Turkey. *Leadership in Health Services.* 19 (2): 1-10. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=1E09827BD6D99DE00416C734F4FE9E72?contentType=Article&contentId=1554522. [Accessed 15 March 2009].

Vinagre, M.H. and Neves, J. (2008). The influence of service quality and patients' emotions on satisfaction. *International Journal of Health Care Quality Assurance.* 21 (1): 87-103. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=B5CDEF5E395C7338BBD9C6574E4465CF?contentType=Article&contentId=1669233. [Accessed 11 August 2009].

Walker, J. and Baker, J. (2000). An exploratory study of a mulit-expectation framework for services. *Journal of Services Marketing.* 14 (5): 411-431. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=453F902FFF20592E0D668010ED64B3C4?contentType=Article&contentId=855883. [Accessed 15 March 2009].

Walshe, K. and Smith, J. (2006). *Healthcare Management.* England: Open University Press.

Welman, J.C. and Kruger, S.J. (2001). *Research Methodology*. 2nd Edition. Oxford: Oxford University Press.

Whitehead, H. May, D. and Agahi, H. (2007). An exploratory study into the factors that influence patients' perceptions of cleanliness in an acute NHS trust hospital. *Journal of Facilities Management.* 5 (4): 275-289. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=81E35D39F99F5CA15486F1AB32F3B458?contentType=Article&contentId=1626499. [Accessed on 11 August 2009].

Wild, R. (2003). *Operations Management*. London: Thompson Learning.

Winsted, K.F. (2000). Service behaviors that lead to satisfied customers. *European Journal of Marketing.* 34 (3/4): 399-417. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&hdAction=Inkhtml&contentId=853661&dType=SUB&history=false. [Accessed on 26 February 2009].

Zeithaml, V.A. Parasuraman, A. and Berry, L.L. (1990). *Delivering Quality Service; Balancing Customer Perceptions and Expectations.* [Online]. Available from: http://www.ils.unc.edu/Daniel/131/servicequality.html. [Accessed on 22 February 2009].

Zigan, K. Macfarlane, F. and Desombre, T. (2008). Intangible resources as performance drivers in European hospitals. *International Journal of Productivity and Performance Management.* 57 (1): 57-71. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=ECCC8FF6286F63657BE2E1D344B646ED?contentType=Article&contentId=1641822. [Accessed on 30 August 2009].

Zineldin, M. (2006). The quality of health care and patient satisfaction: An exploratory investigation of the 5Qs model at some Egyptian and Jordanian medical clinics. *International Journal of Health Care Quality Assurance*. 19 (1): 60-92. [Online]. Available from: http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=058BB86E1C02D189C9912E1DE84EFF05?contentType=Article&contentId=1541776. [Accessed 5 August 2009].

**APPENDIX B**

**QUESTIONNAIRE**

**Instructions to respondents**:

1. Please tick only one numbered answer block per question.

2. Please answer all questions.

| | | | |
|---|---|---|---|
| 1. | Please state your gender. | Male | 1 |
| | | Female | 2 |

| | | | |
|---|---|---|---|
| 2. | Please indicate your age category. | 12-20 years | 1 |
| | | 21-30 years | 2 |
| | | 31-40 years | 3 |
| | | 41-50 years | 4 |
| | | 51-60 years | 5 |
| | | >61 years | 6 |

| | | | |
|---|---|---|---|
| 3. | How do you perceive the service delivery offered? | Excellent | 1 |
| | | Mediocre | 2 |
| | | Poor | 3 |

| | | Strongly agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 4.1 | The facilities in the medical wards are attractive. | 1 | 2 | 3 | 4 |
| 4.2 | The staff in the medical wards dressed appropriately. | 1 | 2 | 3 | 4 |
| 4.3 | The technology in the medical wards Look modern. | 1 | 2 | 3 | 4 |
| 4.4 | The medical wards are clean and not malodorous. | 1 | 2 | 3 | 4 |
| 4.5 | The exact specifications of the patients are carried out. | 1 | 2 | 3 | 4 |
| 4.6 | Service is performed right the first Time. | 1 | 2 | 3 | 4 |
| 4.7 | If a response is promised in a certain Time it happens as promised. | 1 | 2 | 3 | 4 |

| | | | | | |
|---|---|---|---|---|---|
| 4.8 | The level of service is the same at all times of the day and by all staff members. | 1 | 2 | 3 | 4 |
| 4.9 | If there is a complaint the organisation responds to it quickly. | 1 | 2 | 3 | 4 |
| 4.10 | The staff are willing to answer the patients questions. | 1 | 2 | 3 | 4 |
| 4.11 | The staff members have a pleasant demeanor. | 1 | 2 | 3 | 4 |
| 4.12 | The staff members are polite when asked questions by the patients. | 1 | 2 | 3 | 4 |
| 4.13 | The staff members are considerate and polite to visitors of the patients. | 1 | 2 | 3 | 4 |
| 4.14 | The staff members observe consideration of the property and values of the patients. | 1 | 2 | 3 | 4 |

**APPENDIX C**

**DEAR RESPONDENT**

**INFORMATION SHEET**

The title of the study is "An evaluation of the service delivery provided by Prince Mshiyeni Memorial Hospital in the Department of Internal Medicine"

Nature of the research:

- The purpose is to evaluate the service delivery in Prince Mshiyeni Memorial Hospital in the Department of Internal Medicine and based on the results make recommendations for future service delivery.
- The study will be undertaken by Dr L. Baldeo and is part of her Masters in Business Administration degree focused on Health Care.
- The study is being funded by Dr L. Baldeo.
- The in-patients in the medical wards in Prince Mshiyeni Memorial Hospital will be asked to participate. The total population is approximately 200 patients excluding the acute admissions. The sample size will be 50 patients. The sample patients will be chosen randomly from a random number table.
- The researcher has done a full literature review and once the questionnaires are completed will then analyse the data and make recommendations.

The requirements of taking part:

- Quantitative data will be collected.
- The data will be collected via a questionnaire.
- The questionnaire should take each patient approximately 5 to 10 minutes to complete and will only be filled in once by each patient.

- The target date to have the questionnaires completed is by the end of July 2009 and the target date to have the research project completed is by the end of September 2009.

The implications of taking part and the participants' rights:

- Participation is voluntary.
- The patient has the right to decline to answer a question or a set of questions.
- The patient may withdraw at any time.
- There are no risks to the patient taking part. The benefit is that they will be able to contribute to the evaluation of the service delivery they received and thereby help with recommendations to be made.
- The patients participating will be anonymous and their individual responses confidential. The responses of patients as a whole will be analyzed and not individual responses.

Use of data collected and the way it will be reported:

- The researcher will be the only person who will have access to the data collected.
- The data will be summarized by the researcher and given to a statistician to analyse and interpret.
- The individual patients will be anonymous and their individual responses confidential. The responses will be analysed as a whole.

Whom to contact if there are any questions about the research:

Dr L. Baldeo

Work Address: Prince Mshiyeni Memorial Hospital
Kwa-Zulu Natal
Umlazi
e-mail: leoshabaldeo@yahoo.com
Contact number: 0829390126

**APPENDIX D**

**CONSENT FORM**

**Title of research project:**

An evaluation of the service delivery provided by Prince Mshiyeni Memorial Hospital in the Department of Internal Medicine

**Name and position of researcher:**

Dr L.Baldeo, Final year student, Master of Business Administration, Regent Business School.

| | Please initial box |
|---|---|
| I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions. | ☐ |
| I understand that my participation is voluntary and that I am free to withdraw at any time without giving reason. | ☐ |
| I am aware that whilst every effort will be made to maintain confidentiality of the information I provide, this can only be offered within the limitations of the law. | ☐ |
| I agree to take part in the above study. | ☐ |

Name of participant: Date: Signature:

Dr L.Baldeo Date: Signature: