AN ANALYSIS OF PERCEPTIONS OF HEALTH PROFESIONALS ON SERVICE DELIVERY CHALLENGES AT NGWELEZANA HOSPITAL

BY

SINENHLANHLA PRECIOUS NKOSI

(200902961)

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Supervisor: Prof. C.A Isike

Co-supervisor: Miss N.N Jili

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Declaration

I, Sinenhlanhla Precious Nkosi, declare that this dissertation is my original work except where references have been made. It is being submitted for the fulfilment of degree of Masters of Public Administration at the University of Zululand. The dissertation has not been submitted for any degree in any university. I declare that necessary authorization has been obtained to carry out the research.

…….. ……

Sinenhlanhla Precious Nkosi Date

Dedication

This dissertation is dedicated to my parents, my mother Margaret Sibongile Nkosi and my late father Derrick “Ma-wee” Sangweni, to my sons, Nkosiyabonelela Vumase and Bandile Vumase, and also to my grandmother Bathabile Josephina Ngwane. I would like to thank them for their continuous love and support and for motivating me to achieve my dreams.

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Abstract

The study focused on the perceptions of health professionals on service delivery challenges at Ngwelezana hospital. The aim of the study was to determine the challenges faced by health professionals in the course of their work and how these challenges impact on service delivery at the hospital.

This study reviewed studies on challenges of public healthcare in South Africa and Kwazulu-Natal, the impact of employee satisfaction and reviewed government policies on public healthcare services. Therefore the researcher collected data using questionnaires. The questionnaires were administered to 66 health professionals including both nurses and doctors. The researcher used both qualitative and quantitative methods to analyse data.

The study revealed the nature of the challenges that health professionals face during the course of their work and how these challenges prevent them from delivering quality service to those that seek medical attention on a day to day basis. The findings of the study revealed that health professionals were unhappy about their working conditions and they are experiencing heavy workload. The findings further suggested that health professionals feel neglected by management and that there is a constant lack of resources as a necessity during the course of their work.

Furthermore, the study suggested that Ngwelezana hospital should review work environment and try to make it as conducive as possible, avoid burnout, absenteeism and unproductiveness of health professionals. The study also suggested that the hospital should reward and motivate employees of their performance in order to satisfy these employees for them to excel in their jobs. In conclusion government should review the Policies, Acts and Plans of public healthcare service delivery and try to make them effective and efficient in practice as they are on paper.

KEYWORDS: Health professionals, service delivery, challenges, perceptions and Ngwelezana hospital.

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Chapter one

1.Introduction

The Constitution of the Republic of South Africa (Act 108 of 1996) stipulated that citizens of South Africa have the right to basic healthcare. The government is under obligation to fulfil these promises as proposed in the White Paper on Transformation of Public Service Delivery in South Africa (Eygelaar & Stellenberg, 2012). The National Health Act (2003) stated that it is committed to deliver quality healthcare to all South African citizens in an efficient and caring environment.

According to the National Patient Rights Charter (1999) and the Batho Pele Principles (1997), nursing staff are expected to put patients first as their priority and deliver a quality healthcare service. The nurse practitioner is responsible and accountable for all acts and omissions in the delivery of quality patient care (Nursing Act, Act 33 of 2005 & Act 50 of 1978).

The Negotiated Service Delivery Agreement (2010) reported that the South African government spends 8.7% of its Gross Domestic Product (GDP) on health, which is more than any other African country, yet South Africa has shown poor health indicators and outcomes and there is a huge disparity that exists between the public and private health sectors with regard to the availability of financial and human resources, and the accessibility and delivery of human services.

There are many problems with the quality of care in the public health sector and many of these problems endanger the public health system and the lives of all patients. They also add costs to the public health sector and reduce productivity (National Department of Health, 2007).The Department of Health: Kwazulu-Natal Strategic Plan (2010-2014) emphasized that

the public health sector needs the right placement of staff and skills mix in order to ensure appropriate placement and utilisation of available resources. There is a constant demand for the utilisation of public health services which increases workload and clinical demands on healthcare providers.

According to Cullinan (2006) in 2005, 26 babies died at Mahatma Gandhi hospital in Durban because of bacteria called klebsiella, caused by poor hygiene. The bacteria got through intravenous formula fed to the babies from drips. However, nobody was held responsible for the deaths because there was no chain of negligence that could be traced from ward staff to the province, and the neonatal intensive care was overcrowded and understaffed, as reported by the hospital (Cullinan, 2006). This betrays a lack of accountability in hospital management.

The constitution of the Republic of South Africa compels the state to introduce legislation and other measures within available resources to achieve realisation of each of the rights that promote customer-patient satisfaction. Therefore if healthcare services are continuously getting worse, it is a problem, and this has been deemed unconstitutional (Solidarity Research Institute, 2009).

According to Groonroos (2001), public hospitals continually provide unsatisfactory elements of services to its patients and this affects patients' attitude toward public health institutions. The public health system in South Africa serves specific areas and needs as determined by the policy of the South African government. Although public hospitals do not aim to make any profit for services that they provide and do not operate within narrow internal financial goals, they are mandated to function optimally. Goals of public health systems are more diverse with various external stakeholders (Jager, du Plooy & Ayadi, 2010). However, there

are numerous challenges that constrain the delivery of public health services in South Africa, and in the context of this study, KwaZulu-Natal.

Based on the foregoing, this study aimed to investigate work-related challenges that health professionals in public hospitals tend to encounter when rendering services to their patients. The hospital that was used in this study was Ngwelezana hospital as it is a public hospital. The main aim was to investigate whether health professionals at Ngwelezana hospital experienced any challenges in the course of their work. If so, what were those challenges? Do these challenges serve as a barrier to patient satisfaction?

This chapter will cover the background to the study, problem statement and motivation for the study, aims and objectives, research questions, significance of the study, research design and methodology. This shall include the targeted population, sampling procedures and sample size, research instrument, data analysis and interpretation and organization of the study.

1.2 Background to the study

Coovadia, Jewkes, Barron, Sanders and McLntyre (2009) argued that the history of South Africa has had a pronounced effect on the health of its people and the health policy and services. Before 1994, political, economic and land restriction policies structured society according to race, gender and age-based hierarchies, which influenced the organisation of social life and access to basic resources for health and health services. Post-1994, South Africa is experiencing a legacy of inequalities in access to health care, increasing poor morbidity and mortality demographics and inadequate numbers of qualified nurses to provide quality of service to meet millennium development goals that government outlined in 2010 (Jooste & Jasper, 2012).

The public health system in South Africa is facing a challenge of inappropriate and inadequate production and deployment of human resources for health professionals, associated with poor human resource planning, management, performance monitoring and evaluation. This has resulted in inadequate outputs and unresponsiveness of nursing professionals to meet service delivery needs (Negotiated Service Delivery Agreement, 2010).

Harrison (2009) stated that in 2006, 6 526 professional medical doctors and 1 324 medical doctor interns were assigned to work in public hospitals. In 2007, 6 643 medical doctors and 1 224 interns worked in public hospitals. In 2008, 6 850 professional doctors were hired to be state doctors and there was a sudden drop in the number of interns to 295. In the province of Kwazulu-Natal, a total of 846 professional nurses, 105 advanced midwifes and 40 medical registrars graduated during 2010 and 2011. The department of health faces challenges in recruiting and retaining critical skills, especially in rural areas (Department of Health: Kwazulu-Natal Annual Report, 2010-2011).

According to the Department of Health: Kwazulu-Natal Annual Report (2010-2011) the public health sector remains the provider of healthcare to the vast majority of people within the province, but there is a huge burden of disease that continuously increases service needs and demands. During the years 2010 and 2011 more than 25.8 million patients visited 778 primary health care services, and 6 272 504 patients were admitted in public hospitals. Public hospitals in South Africa are often known for mismanagement, patient neglect and abuse, appalling standards of care, lack of hygiene, lack of infection control and lack of accountability to patients (Cullinan, 2006).

It has been observed that health professionals in South Africa are experiencing barriers in delivering quality healthcare, such as shortage of staff, equipment and continuous professional development.

1.3 Problem statement and motivation of the study

In general, South Africa's public health sector remains a problem to its patients as it is not able to deliver efficient services to them. Public health patients still have difficulty in accessing basic essential health services provided by public hospitals. The Negotiated Service Delivery Agreement (2010) reported that public health patients encounter long queues, insufficient medication and equipment, rude staff and shortage of nurses and doctors to assist them when visiting public hospitals. Public health facilities are expected to function in accordance with the Batho Pele principles yet patients are still dissatisfied by services rendered in public hospitals.

> According to Fajans, Simmons and Ghiron (2006) the challenges faced by public sector health systems in developing countries are often compounded by insufficient human resources and personnel policies that do not promote stability, which often results in rapidly changing program leadership and weakened technical capacity at all levels. This appears to be the case in South Africa. KwaZulu-Natal, which is the most populous province in South Africa, is not immune from this trend. Public hospitals in the province suffer similar challenges and a good example is the Ngwelezana hospital.

Ngwelezana hospital is situated in the north of Kwazulu-Natal, South Africa, and is one of the hospitals that provide public health services to its customers in the province (Kwazulu-Natal Department of Health, 2013). Ngwelezana hospital is surrounded by rural areas, whose population comprises citizens from disadvantaged backgrounds, low income earners, unemployed people, and state dependents. One of the challenges faced by public sector health systems in poor and marginalised populations in developing countries is the changes associated with health sector reform and structural adjustment which often leave already

strained institutions with fewer resources and insufficient capacity to relieve health burdens (Fajans et. al, 2006).

According to Kwazulu-Natal Department of Health (2013), Ngwelezana hospital serves as a regional and tertiary hospital for communities under uMkhanyakude, uThungulu and Zululand district municipalities. The hospital also serves as a day to other patients that visit the hospital on regular basis.

Figure: 1.3.1 Map of Empangeni showing Ngwelezana Township

Source: https://plus.google.com/113965694340976040346/about?gl=za&hl=en

Figure: 1.3.2 Ngwelezana showing Ngwelezana hospital

Source: https://plus.google.com/113965694340976040346/about?gl=za&hl=en

Given the role the hospital plays in dispensing health services, this study aimed to investigate the service delivery challenges faced by health professionals in South Africa and Ngwelezana hospital in particular. For example, assuming that these health professionals indeed dispense unprofessional services which result in client dissatisfaction, this research aimed to investigate, what triggers such unethical conduct exhibited by health professionals. Should these examples of unethical conduct be present, do they adversely or directly influence the performance of health professionals to perform their expected tasks? What measures should be taken to ensure quality service delivery in Ngwelezana hospital or any other public hospital? These are the broad questions this study intended to tackle.

1.4 Aims and objectives of the study

The aims and objectives of the study were:

1. To determine the challenges faced by health professionals in the course of their work in the Ngwelezana hospital.
2. To determine the impact of these challenges on service delivery at the hospital.
3. To make policy recommendations on how to maximize employee satisfaction and other resource management to enable more efficient health service delivery in Ngwelezana hospital.

1.5 Research Questions

The research questions which this study set out to address were:

1. What are the challenges faced by health professionals in the course of their work in Ngwelezana hospital?

2. How do these challenges impact on service delivery at the hospital?
3. Based on the findings, what policy recommendations are feasible to enable efficient health service delivery at Ngwelezana hospital?

1.6 Significance of the study

The South African public health system has transformed post 1994. Overall, little emphasis has been placed on challenges faced by health professionals in rendering service to patients. It is of great importance to know what challenges health professionals encounter when they perform their duties to patients. Therefore the perceptions of health professionals on workplace challenges are significant, as they are the ones who provide services directly to customers. This is the contribution this study brings to knowledge on the subject, especially with a focus on Ngwelezana hospital. Also, this study would be of policy relevance to the KwaZulu-Natal provincial government in its drive to expand health infrastructure in rural areas. The expected policy implications will also highlight budgetary issues as well as underscore the need for capacity building for health professionals in public health institutions not only in Ngwelezana hospital, but across the province and the country at large.

1.7 Conceptual Clarifications

Challenges: obstacles or problems that serve as a barrier to accomplish something (Batty, 2004).

Health professional: an individual accredited by a professional body upon completing a course of study and usually licensed by a government agency to practice a health related profession in the field of medicine or nursing (World Health Report, 2006).

Hospital: an institution where inpatients and outpatients receive medical and surgical care (Medical dictionary, 2012).

Perception: the way you think about something or someone, or the ability to understand or notice something (Merriam-Webster dictionary, 2012).

Service delivery: comprises those processes, organisations and individuals that are associated with carrying out laws and other policy measures adopted by the legislature that translate into service delivered to the public (Du Toit and Van Der Waldt (2006:27).

1.8 Research design and methodology

According to Brynard and Hanekom (1997) research methodology involve methods, techniques and procedures that are employed in the process of implementing the research design or research plan. There are two methods of collecting data, either by qualitative or quantitative methods. Babbie (2007) describes research design as a plan or protocol for a particular study. This study was a qualitative study and adopted an approach which employed the open-ended questionnaire instrument to collect data from respondents; respondents then expressed their feelings, views and opinions by filling in the questionnaires. These were then analysed using content analysis and simple percentage.

1.8.1Targeted population

This study targeted nurses and doctors at Ngwelezana hospital, a hospital situated in the north of Kwazulu-Natal, South Africa. The hospital employs 800 nursing staff and 120 medical doctors making a total of 920 health professionals.

1.8.2 Sampling procedures and sample size

Sampling refers to the process of selecting units from the selected population. The researcher used stratified random sampling; the targeted population was divided into homogeneous

subgroups, with a simple random sample then being taken from each group. There were two categories. The 1st category comprised nurses and the 2nd doctors.

$$S = \frac{N \times n}{100}$$

S= Sample size

N= number of units in the population from 1 to N

n= decide on the n (sample size) that you want or need

100= given percentage

Number of nurses=800	Number of doctors=120

$$S = \frac{800 \times 10}{100} = 80$$

$$S = \frac{120 \times 20}{100} = 24$$

Total sample size= 104

1.8.3 Research instrument

The researcher administered questionnaires to the participants. There were questionnaires in both English and isiZulu, so the participants could choose which language they preferred to use. The questionnaires had two sections, section A and section B. Section A consisted of demographical information, such as gender, age, race, profession. Section B consisted of open ended questions giving the respondent the opportunity to express their opinions, attitudes and suggestions pertaining to service delivery in Ngwelezana hospital.

1.8.4 Data Analysis and interpretation

The significance of the data analysis is that it helps the researcher to arrange and give meaning to a large amount of data (Babbie & Mouton, 2006). The researcher employed both qualitative and quantitative analysis. In the qualitative form, primary and secondary data collected was textually analysed. Therefore, data was carefully and scientifically presented in percentages. The graphs, and tables were used for clarity when presenting or analysing the data.

1.9 Organization of the study

This study is organized as follows:

Chapter one: comprises the introduction, background of the study, theoretical framework, preliminary literature review, problem statement and motivation of the study, significance of the study, aims and objectives of the study, research design and methodology, targeted population, sampling procedures and sample size, research instrument, data analyses and interpretation.

Chapter two: This chapter contains an in depth and intensive literature review on service delivery in public hospitals in South Africa and KwaZulu-Natal.

Chapter three: Theoretical Framework.

Chapter four: Contains data analysis and data interpretation procedures through the questionnaire.

Chapter five: Recommendations and conclusion, including a summary of important points that might be useful to the study.

1.10. Summary

According to von Holdt and Murphy (2006) public health institutions in South Africa are stressed and failing to deliver quality services to the public. The government of South Africa endowed patients with the right to accessing free and quality health care services in public hospitals. Health professionals are responsible for providing quality health care to patients in the public health sector and also ensure that patients-customers are satisfied with the services rendered to them. However, this is not the case as there is a litany of documented complaints of poor service delivery also characterized by inadequate health facilities and personnel as well as poor management. Therefore, the issue of service delivery in public hospitals requires attention and this paper aimed to contribute to the growing discourse on the topic.

The next chapter is a review of literature on challenges associated with the public health care service delivery in South Africa and Kwazulu-Natal.

Chapter two

Literature Review: Service delivery in public healthcare

2.1 Introduction

Literature review is a collection of research publications, books and other documents related to the defined problem. It is essential to know whether the defined problem has already been solved, if not, what the current status of the problem is, techniques that are useful to investigate the problem and other related details. One can review the journals which publish abstracts of papers published in various journals, review articles related to the chosen topic, and/or read journals which publish research articles, advanced level books on the chosen topic, proceedings of conferences, and workshops, and access the Internet (Rajasekar, Philominathan & Chinnathambi; 2006).

This chapter presents studies that have been conducted on health related subjects. The chapter looks into the arguments presented by various researchers on the perceptions of public servants regarding the rendering of public services. Therefore, it reviewed literature on service delivery in the public healthcare, literature on the challenges of public healthcare service delivery in South Africa, challenges of public healthcare service delivery in Kwazulu-Natal, the impact of employee satisfaction on public healthcare service delivery in South Africa and Kwazulu-Natal, and reviewed government policies on public healthcare services.

2.2 Challenges of public healthcare service delivery in South Africa

According to Coovadia, Jewkes, Barron, Sanders and McLntyre (2009) the public health system in South Africa has been transformed into an integrated, comprehensive national service post 1994, but failures in leadership and stewardship and weak management have led

to inadequate implementation of what are generally regarded as good policies. Pivotal facets of primary health care are not in place and there is a substantial human resources crisis facing the public health sector. The HIV epidemic has contributed to the acceleration of these challenges the perennial shortage of health professionals in the country is exacerbated by depletion of the few through death from HIV-related illness. For example, Steinbrook (2007) have observed that in the National health Report released in 2007, 5.7 million people in South Africa were living with HIV/AIDS, in 2011. Of those, nearly three-quarters (73%) were co-infected with tuberculosis, by far the largest figure in the world in unit numbers. The sudden increase in disease has caused constraints on the public health sector and these constraints involve both human and medical resources (Motsoaledi, 2011). Yet the majority of South Africa's population continue to rely heavily on services rendered by the public health sector since most of them cannot afford the private sector.

Rowe and Moodley (2013) stated that the public health sector in South Africa is funded by general tax. Although there are people who can afford to pay for primary health care in the private sector, they rely on the state for secondary and tertiary care. 68% of the population depend entirely on the public health sector. This puts a burden on health professionals, even a burn-out, in rendering services and performing medical tasks, as there is a mass shortage of nurses and doctors in the public health sector.

Rispel and Moorman (2010) argued that challenges in public healthcare service delivery arise from fragmentation and a lack of co-ordination of the initiatives of health care stakeholders, and the developing infrastructure of healthcare provision, initial nurse education, continuing professional development for qualified nurses and the transformation agenda aimed at combating the effects of the years of the apartheid regime. An imbalance exists between the

supply and demand of health professionals in South Africa, meaning that there are not enough health professionals to cater for the growing population of South Africa that seeks medical attention in public hospitals on a day to day basis.

A study by Econex (2010) found that in South Africa there is a shortage of healthcare personnel in the public health sector, where the country has ratios of 20 medical doctors and 120 nurses respectively per 100 000 people. Calculations for 2010 of the number of general practitioners (GPs) and specialists working in South Africa show that there were 17 801 GPs and 9630 specialists. These figures imply a doctor to patient ratio of 62:100 000 people, showing that there are many people seeking public healthcare services but not enough doctors to assist them.

Skuatu (2003) argued that the shortage of nurses means that doctors have to assist each other handling patients or doing basic tasks; the shortage of nursing auxiliaries means that professional nurses have to do more routine tasks; the shortage of ward attendants mean nurses have to make tea; the shortage of porters means nurses have to collect medicines from the pharmacy; clerical shortages mean that professionals have excessive administrative loads; and managers are unable to focus on strategic tasks; for example, pharmacy managers find themselves packing shelves instead of managing. Therefore everyone is doing the work of categories below them, which is a wasteful use of scarce skills.

Hamilton and Yau (2004) reported that 46% of the population lived in rural areas in the early 2000's; they were served by only 12% of the country's doctors and 19% of nurses. Four years later, Day and Gray (2008) reported that 30% of the country's medical practitioners and 15.5% of pharmacists were employed in the public health sector but they served an estimated

85% of the population. This indicates that as South Africa's population is growing, the demand for public health services is expectedly also increasing, but there is still a shortage of nurses and doctors to assist those that rely on public health services as there is no corresponding increase of health professionals. However, the provinces with the country's major cities (Gauteng, Western Cape, Free State and KwaZulu-Natal) have a higher proportion of medical practitioners serving the population than the rural-like provinces (Eastern Cape, Limpopo, Mpumalanga, North West and the Northern Cape). The records indicate a worsening ratio of medical practitioners to people in the majority of the provinces across South Africa (Day & Gray, 2008). For example, according to Cullinan (2006), patient load at the Cecilia Makiwane Hospital in East London has been increasing since 1994, partly because of primary healthcare not taking responsibility to deliver quality service. The whole of the Eastern Cape is referring patients to this hospital, rather than the local clinic nurse or clinic doctor, who are working at the primary level taking responsibility to assist them. Mthata Hospital is a referral hospital for over 20 district hospitals, many of which are severely understaffed and dysfunctional. Alongside Mthata lies the R500-million Nelson Mandela Tertiary Hospital, built to relieve Mthata and to provide specialist back-up. However, it is unable to function properly as it is severely understaffed. Closely related is the fact that it cannot attract the necessary specialists to the town as it lacks decent housing and schools.

Day et.al (2008) pointed out that the ratios of professional and staff nurses to people in the public health sector had worsened over time. The ratio with regard to professional nurses was 251:100 000 in 1994 but 116.6:100 000 in 2008. With regard to staff nurses, the ratio was 59.7:100,000 in 2001 but 55.4:100 000 in 2008. The study highlighted that the shortage of health professionals is getting worse and this is affecting the quality of service rendered in the

public health sector. This has resulted in having patients complain about slow service, rude staff, not getting medication or getting assistance on time when visiting public hospitals.

Zubane (2011) argued that public hospitals in South Africa are often criticized for being bureaucratic, slow to respond, ineffective, inefficient and unimaginative. This has led to many patients losing patience when visiting public health institutions. Patients often feel neglected and rejected, and feel that it is the duty of health professionals to provide quality customer care.

A study by Lehmann (2008) found that some public health patients in the Western Cape spend hours waiting for a file, sometimes have to bring their own linen to sleep on when admitted to hospital, stay in wards infested with vermin and reeking of human waste, and sometimes have to share a hospital bed with another patient. Hospital buildings are infested with grime and rubbish and there are instances where one nurse is expected to manage an overcrowded ward single-handedly.

Wildschut and Mgqolozana (2009) noted that there is a continuous shortage of nurses in the public health sector. For example, they estimated, using South African Nursing Council (SANC) 2009 data, that 17.6% of the registered nurses were inactive at the time and most likely retired from the profession or working overseas and also that 65% of professional nurses trained between 1997 and 2005 did not appear on the SANC register. South Africa has an ageing workforce, with 45 646 nurses retiring within the next 10 years, escalating the risk of a great loss in experience and expertise. This will result in a major collapse not only in the skills area but in service delivery as whole. It is predicted that the public health sector in South Africa may encounter not only great loss in professional expertise but a huge failure in

service delivery (Van Niekerk, 2008). For example, according to (Downey-Ennis and Harrington, 2002:316), “Increasing financial aid alone will not improve healthcare systems, but drastic restructuring with sound government and management principles need to be implemented. The organizational structures of public healthcare providers must facilitate the delivery of a responsive and flexible healthcare system that is people centred with the interest of the public, patients and clients guiding the decision making at all levels” A study by Mayosi, Flischer, Lalloo, Sitas, Tollman and Bradshaw (2009) reported that there are still significant inefficiencies in the health system stemming from poor quality of care. These weaknesses are endemic, and require a multi-faceted approach including facility-based accreditation and monitoring, programme based monitoring and quality improvement. Following are some of the critical weaknesses with respect to three national health priorities, namely tuberculosis, management of sexual transmitted infections and maternal and prenatal health.

According to Dookie and Singh (2012) changing management techniques including decentralization, and ensuring effective community participation and intersectoral collaboration may improve quality healthcare in public hospitals. The historical imbalances in health care service delivery in South Africa, coupled with the changing patterns of disease and the complex burden of communicable and non-communicable disease places a huge strain on the public health service. However with sufficient and qualified professional personnel, quality customer care can be achieved.

McKenna (2010) argued that one of the key constraints to achieving optimal health outcomes in South Africa and indeed in most of the developing world has been the lack of health management capacity in public health institutions. In a dynamic environment such as in

South Africa's public hospitals, health managers need to combine leadership, entrepreneurial, and administrative skills to meet the challenges that the changing socio-political, economic and technological landscape presents, as well as the expectations of patients, health professionals, politicians and the public. Without good management, South Africa will be unable to improve efficiency, effectiveness and responsiveness in the delivery of health services or upscale interventions to achieve health goals.

Bradshaw, Nannan and Laubscher (2006) highlighted that the hospital managers in the public health sector fail to manage major challenges associated with effective and efficient management of human resources. There have been reports of ill-discipline, moonlighting and absenteeism of healthcare personnel in the public health sector, while elsewhere in the sector there is serious shortage of training, support and supervision of personnel. There has also been insufficient political will and leadership to manage under performance in the public health sector, and a stubborn tendency to retain incompetent senior staff and leaders.

McKenna (2010) further elaborated that defining a competency model for health management development will help to establish core competencies for health managers, which will not only strengthen their practice and provide further learning and development opportunities, but will also provide the basis on which to focus training and development opportunities. Since public health personnel are failing to satisfy their customers-patients, the competency model may assist.

A draft human resources working document produced by Department of Health (2011) it indicated that around 3000 new students enter the nursing profession yearly. This report suggests that the total intake of students should increase to 13 272 from 2012, to address the

healthcare needs of the 48 787million people in South Africa, representing a 4.5 fold increase on an annual basis. For nurse educators, this presents a challenge in recruiting students with sufficient educational requirements to enter training programmes, as well as the increase in demand for suitably qualified nurse educators and the infrastructure in colleges and universities to meet the demand for places.

According to a study done by George (2012) the role played by public healthcare professionals in South Africa is critical. Healthcare personnel are the ones that deliver services directly to customers. These professionals encounter many challenges in the course of their work, with one of the constraints being the burden of disease. In the public health sector there is a lack of adequate planning and there is a shortage of health professionals to meet the needs of the growing population. There is also poor distribution of resources between the private and public health sectors. South Africa's workforce is identified as having a weak knowledge base, as acknowledged in the national report "Human resource for health South Africa: Strategy for the health sector 2012- 2013 to 2016-2017" noting large inconsistencies between databases on the number of public health sector employees, with the margin of error being as high as 30 percent (Department of Health, 2011).

Coovadia et.al (2009) stated that one of the key major challenges faced by the South African government is failing to reduce health inequities and interprovincial and urban-rural differences in accessing public health services. There are marked differences in rates of disease and mortality between races which reflect racial differences in the access to basic household living conditions and other determinants of health. For example, national prevalence estimates for HIV show that white and Indian men and women have a very low prevalence of the disease (0·6% and 1·9%, respectively), whereas the highest prevalence is

found in the black population (13·3%). In 2002, infant mortality rates varied between 7 per 1000 in the white population to 67 per 1000 in the black population, and life expectancy for white adult women was 50% longer than it was for black women. There are substantial inequities in health between provinces and also within provinces. For example, in 2000, mortality rates for the previous 5 years ranged from 46 per 1000 live births in Western Cape Province to 116 per 1000 live births in KwaZulu-Natal province. Even within the Cape Town metropolitan area there is an almost three-fold difference in infant mortality between middle-class and the lower class (Coovadia et.al, 2009).

This section has so far reviewed related studies that were conducted by different researchers based on the challenges of public healthcare service delivery in South Africa. Day and Gray (2008) stated that one of the challenges faced by public hospitals in South Africa is the rapidly growing number of people who rely on the services offered by the public health sector. Yet the public health sector in South Africa is having difficulty in rendering quality customer care to those that seek consultation. Furthermore, this section reveals that the major challenge that is faced by public hospitals is the shortage of key medical personnel, particularly, nurses and doctors (Rispel & Moorman, 2010; Skautu, 2003; Day and Gray, 2008). However, with the continuous increase in the number of South Africans being infected with diseases such as HIV/AIDS and tuberculosis, the same population that is relying on public hospitals, cause a burden to the available health care personnel. Added to this is the fact that the few professional practitioners in the country are not immune from the scourge thus further depleting what is available. Having reviewed the literature on this topic, there appears to be no study that focuses specifically on the perceptions of health professionals on service delivery challenges. Health professionals are the key personnel in rendering essential health services to customers in the public health sector. Health professionals are seen as flag-

bearers of quality customer-care in public health institutions by customers-patients. Therefore, this gap prompts further research that will consider the views of health professionals on service delivery challenges in public hospitals.

2.3 Challenges of public healthcare service delivery in Kwazulu-Natal

In Kwazulu-Natal, health professionals in rural areas fulfil an extremely comprehensive and multi-skilled role, but are often inadequately prepared for it. In the rural areas professional health practices are often carried out in the absence of other health professionals, particularly doctors and nurses. Amalgamated services, downsizing and shortened hospital stays have all resulted in nurses in rural and remote communities having to care for patients with more complex problems (Booyens, 2001).

Courtney, Yacopetti, James, Walsh and Finlayson (2002) found that the majority of rural and remote health professionals identified distance, cost, lack of time and problems with access, support and relieving staff as barriers to their professional development in Kwazulu-Natal. Some of these reasons have led health professionals to enter the private sector where there are fewer burdens and less serious problems.

According to the Kwazulu-Natal Department of Health Annual Report (2010-2011) the quadruple burden of disease (partly due to the demographic transition including but not exclusive to heart disease, strokes, diabetes, hypertension, traditional diseases of poverty malnutrition and diarrhoeal diseases in children), injuries caused by road traffic accidents and violence, and the explosive rise of infectious diseases with the advent of the HIV epidemic and TB, have a significant impact on health outcomes in the Province of Kwazulu-Natal. The infant, child, and maternal mortality rates are high, with the AIDS epidemic exacerbating the disease burden and increasing morbidity and mortality. For instance, Maharaj (2009) stated

that the Province of KwaZulu-Natal consistently recorded the highest HIV prevalence for pregnant women since 1990. The Provincial HIV prevalence increased from 38.7% in 2008 to 39.5% in 2009. Five districts, uThukela (46.4%); eThekwini (41.5%); Umgungundlovu (40.9%); Ilembe (40.6%); and Ugu (40.2%) exceeded 40% prevalence (Kwazulu-Natal DOH Annual Report, 2010-2011).

A study conducted by Young and Cosgrove (2012) revealed that the Kwazulu-Natal hospitals of Christ the King and Appolinaris in 2011 and 2012 both maintained an average waiting time of three hours at each out-patient points. In 2011 and 2012 there were reports of the verbal abuse of patients by hospital staff being persistently high in three hospitals, CJ Crookes hospital (45%), Port Shepstone hospital (29%) and Northdale hospital (19%). The study further revealed that the Kwazulu-Natal Province has been experiencing a number of challenges in public hospitals that prevent quality customer-care. The study engaged citizens to monitor and track service delivery standards in 22 public hospitals. The findings of the study revealed that there has been marginal improvement in some categories of service delivery problems, including an improvement in average waiting time and a decrease in the percentage of patients who complain of hospitals losing their files.

Similarly, a Report of the Integrated Support Team revealed that public hospitals in Kwazulu-Natal province have been considered as having to have a burden of disease and insufficient resources. The Kwazulu-Natal Department of Health noted for 2007/2008 and 2008/2009, coupled with the allegations of fraud and corruption against both political and administrative authorities, resulted in a perceived sense of despair and despondency within the Kwazulu-Natal Department of Health. Public hospitals in Kwazulu-Natal usually encounter challenges of staff shortages, inadequate medical supplies, and lack of critical training and reduced

budget as a result of a cost containment strategy that was allegedly imposed on managers by the finance department without consultation (Department of Health, 2009).

According to Liptak (2013), in the Alternative 2013/2014 Budget Framework for Kwazulu-Natal, the state of medical facilities and the overall performance of staff within the province need to improve. There has been an impact of reduced state funding due to recent changes in the demographics and equitable share that the province of Kwazulu-Natal receives from the National Treasury to fund public healthcare. It also notes that there has been a continuous shortage of healthcare personnel, and unhygienic and poorly managed public healthcare facilities, which translates directly to poor service delivery.Meanwhile, Cullinan (2006) stated that in 2005, 26 babies died at Mahatma Gandhi hospital in Durban of a bacteria called kliebsiella. This bacteria was suspected to have been transmitted via intravenous formula that was fed to babies from drips in the hospital. Nobody was held accountable for the deaths of these babies since there was no indication of negligence that could be traced from the ward staff to the province and the neo-natal intensive care since the hospital was overcrowded and understaffed, as reported by the hospital.

This section revealed that remote and rural areas in Kwazulu-Natal are the ones that have the worst-performing public hospitals, as compared to the ones in the urban areas. According to Booysens (2001) the more rural-based a public hospital the shorter staffed it becomes. The population in the rural areas is said to have a high prevalence of disease and this results in more demand for public health services, which in turn has caused the available medical personnel to exist the public health sector and enter the private health sector (Booysens, 2001; Courtney, Yacopetti, James, Walsh and Finalyson, 2002). This section also revealed that customers in the public health sector feel marginalised by poor service delivery and that

they often feel neglected and compromised when visiting public hospitals, and there are instances where customers feel verbally abused by nurses. However, these scholars (Booysens, 2001; Courtney et.al, 2002) stop short of stating the solution to the problem or pin-pointing the origin of the problem clearly. Should these health professionals prefer the private sector than the public sector, what are the challenges that health professionals encounter in the public health sector when rendering services? Should these challenges be present? What measures can be taken to ensure quality service delivery in public hospitals in Kwazulu-Natal or any other public hospital in South Africa? These are some of the broad questions this study intended to tackle.

2.4 Impact of employee satisfaction on public healthcare service delivery in South Africa and Kwazulu-Natal

Health professionals in South Africa experience significant challenges with increased adverse events affecting both their patients and themselves. These factors contribute to high staff turnover as more and more health professionals seek other employment. These also make the profession less attractive to new recruits (Van Niekerk, 2008). For instance, Smith, Solanki and Kimmie (1999) reported that in 1999, while 86% of people using public primary healthcare facilities reported that there was no health care fee (although half still incurred travel costs), however, health workers felt that the free health care policy imposed an additional burden on them, and it exacerbated the discontent among nurses that had culminated in a crippling countrywide strike in 1995. To buttress this further, Hall (2004) emphasized that nurse managers in clinics have experienced increased workload and stress levels related to the high proportions of patients with AIDS-related diseases and the time-

consuming care required. This is seriously threatening the quality of health care in South Africa.

A study by von Holdt and Murphy (2006) indicated that hospital stress is concentrated in its most acute form in the nursing function. Nursing is the foundation of clinical and patient care, and it bears the brunt of increased patient-loads, staff shortages and management failures. High levels of stress in nursing undoubtedly impact on clinical outcomes and patient care as well as on staff morale, recruitment and personal health.

Provincial officials have the tendency to adopt an authoritarian attitude towards senior managers in the hospital and treat them as junior employees. The lack of any insulation between hospital and head office means that hospital management are dependent on provincial officials for the development of their careers. Hospital managers therefore fear to innovate and take risks, or contradict provincial officials. The consequence is that provincial officials and political heads get to hear what hospital managers believe they want to hear, rather than a frank account of what is happening in the institution and on the ground. This contributes to the failure to understand and solve delivery breakdowns. However this seems not only to affect hospital managers but also line function employees, that is, nurses and doctors that render services to patients in order to ensure effective and efficient service delivery (von Holdt and Murphy, 2006).

Pillay (2008) argued that hospital managers in South Africa felt that people management and self-management skills were the most valuable for the efficient and effective management of hospitals, followed by hard management skills and skills related to the ability to think strategically. Specific skills or knowledge related to healthcare delivery were perceived to be

the least important. As line function employees who are liable to act in their best interest in order to render quality service, health professionals that work for public health institutions do feel let down by the environment they work in. Constantly there is a shortage of both material and human resource which lead to ineffective and inefficient service delivery within the public health sector domain (Zubane, 2011).

Pillay (2009) outlined that in the public health sector, nurses appear to be significantly more dissatisfied with their work context and their managers than their private sector colleagues, raising questions about a potential lack of nursing management capacity in the public sector. This leads to nurses not achieving their optimum standards in terms of service delivery. Nursing managers in the public sector need to improve the work environment by taking into consideration the aspirations and values systems of nurses that are more likely to increase the satisfaction of nurses and consequently impact positively on individual, organizational, and broader health and social outcomes.

Rispel and Moorman (2010) emphasized that public health personnel are forced to work in unpleasant working conditions that are stressful and de-motivating and at the same time have to satisfy their customers. They have to work without major material resources, work overtime and very long shifts which result in them being exhausted and feeling overburden since there is a shortage of key health professionals. Other health professionals tend to absent themselves because they cannot cope with stressing and depressing work environments. This dissatisfaction of employees compromises the quality healthcare of service in public hospitals.

According to Robbins (2003) the subject of job satisfaction is particularly relevant and of interest to public health practitioners due to the fact that organizational and employees' health and well-being rest a great deal on job satisfaction. This is particularly important because employees in a healthcare delivery system are expected to provide quality patient care while working in a highly stressful environment. Every individual has unique needs and desires that need to be satisfied and which is related to the behaviour they exhibit, and these play a significant role in their preferences in different areas such as their workplace. Social, cultural and job factors all influence employees' behaviour.

Mathena (2002) stated that the ability to balance work and home life and other self-management skills are also important for both nurses and doctors as they all have personal lives to live and should at least try to balance it in order to cater for their customer's-patients. These health professionals indeed dispense a critical role in rendering services that are critical and require high concentration. It should therefore be a prerequisite that their primary needs are satisfied in order for them to work efficiently and effectively.

A study done by Mrara (2010) entitled " An investigation of turnover and retention factors of health professional staff within the Eastern Cape Department of Health" recommended that organizations should find ways to help employees successfully manage their commitments at home and at work to avoid retention problems. Health professionals should be provided with flexible work schedules that can lead to greater work life balance and can offset work stress. Therefore, public health organizations should be in a position to provide their employees with the opportunity to work flexible hours. The most well documented pressures family members experience in balancing work and family are overload and conflict due to multiple roles.

Tzeng (2002) highlighted the fact that satisfied employees tend to be more productive and committed to their jobs. In a healthcare setting, employee satisfaction has been found to be positively related to quality of service and patient satisfaction. Employees can directly influence patient satisfaction in that their involvement and interaction with patients plays a significant role in perceptions of quality. A number of studies have looked into job satisfaction in the healthcare setting and the focus was on the need to understand job satisfaction of healthcare providers.

The World Health Organization (2006) estimated that approximately 37% of South African doctors and 7% of nurses had moved out of South Africa. Wildschut and Mgqolozana (2009) estimated a 1–2% annual emigration rate amongst nurses, which would amount to between 2128 and 4256 nurses. Mgqolozana suggested that health professionals are leaving South Africa because of heavy work load, unpleasant working environment and feeling a need for higher pay and more employee satisfaction.

A study done by Pillay (2008) entitled “Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors” showed overall job dissatisfaction among participants. However, participants were satisfied with patient care and staff relations. Public sector nurses were highly dissatisfied with salaries, workload and resources, while private sector nurses were moderately dissatisfied with pay, workload and opportunities to develop. In 2009, Pillay argued that work satisfaction is also an essential part of ensuring high-quality care. Dissatisfied providers not only give poor quality, less efficient care, there is also evidence of a positive correlation between professional satisfaction and patient satisfaction and outcomes. Nurses who were not satisfied at work were also found to distance themselves from their patients and their nursing chores, resulting in suboptimal

quality of care. He further highlighted the strong influence of nurse job satisfaction on the quality of care they provided as well as on the nurse-patient relationship.

Pendelton and Crush (2007) suggested that migration of health workers is a major challenge for the South African health system. There is a lack of posts in the public sector, and HIV/AIDS has become a burden. Additionally, working conditions, workload in the public sector, workplace security, relationship with management, morale in the workplace, risk of contracting TB, and personal safety, are all factors affecting the attrition of South African health workers. Staff turnover rates are as high as 80 per cent per year in some provinces.

Rust and de Jager (2010) argued that in June 2007 South Africa experienced a public health sector strike. Doctors and nurses in the South African public health sector have opted for the private sector where conditions and pay are better, thus staff shortages and management failures compromise patient care in the public health sector.

The Public Service Commission (2000) reported that government has failed to ensure that health professionals and other public servants are compensated and given service benefits, but this does not have a major bearing on the ability of departments to recruit and retain these employees. Government often fails to ensure good employee relations. Employee relations is about the promotion of effective labour relations in the workplace and when government does not fulfil these obligations public servants therefore embark on strikes, which indicate that employees are not satisfied with either their working conditions and/or their pay.

Ramasodi (2010) conducted a study a entitled “Factors influencing job satisfaction among healthcare professionals at South Rand hospital” which revealed relationships between job

satisfaction, productivity, absenteeism and turn- over among healthcare employees, and which affect employees' organizational commitment and the quality of healthcare services. The results showed a low level of job satisfaction. Almost 80% (79.6%) of participants were not satisfied with their jobs, and there was no association between job satisfaction and socio-demographic characteristics. Variables such as opportunity to develop, responsibility, patient care and staff relations were found to be significantly influencing job satisfaction and there was a significant positive medium association between job satisfaction and opportunity to develop, responsibility, patient care and staff relations for both clinical and clinical support staff.

Ramasodi (2010) further elaborated that satisfaction with one's job can affect not only motivation at work but also career decisions, relationship with others and personal health. Those who are working in a profession that is extremely demanding and sometimes unpredictable can be susceptible to feelings of uncertainty and reduced job satisfaction. Job satisfaction is also an essential part of ensuring high quality care. Dissatisfied healthcare providers give poor quality and less efficient care. Interventions need to be implemented in order to improve the level of job satisfaction among healthcare professionals at South Rand Hospital.

Coomber and Barriball (2006) stated that an increased workload for health professionals resulting from severe shortage of healthcare professionals as well as an increase in demand for care was associated with burnout and the intenion of health professionals to leave public hospitals. Excessive workload has been shown to significantly contribute to public healthcare professionals being dissatisfied in the course of their work; their dissatisfaction involves pay, safety, work schedule, management, autonomy and resources available to them.

The study by Tharenou (1993) showed that the leadership style of hospital managers can reduce absenteeism of health professionals. If an employee receives support from the supervisor this can provide an environment in which the employee is more likely to attend work. Receiving support from a supervisor can be linked to both transactional and transformational leadership styles, depending on the nature of the support. It would fit in the transactional leadership style because these managers control the employees more and will tell them more specifically what to do. It would fit better in the transformational leadership style, however, since these types of managers stimulate the employees to find things out themselves, by still supporting them and guiding them towards the right track. The study suggested that giving employees responsibilities reduces absenteeism.

According to Shen, Cox and McBride (2004) positive changes in the workplace can result in better teamwork, increased continuity of patient care and ultimately improvement in patient outcomes. Maintaining a level of autonomy over their work allows staff to feel that they are respected and valued members in their places of employment. Effective teamwork is essential to the work in health care organisations. It improves the quality of work life as well as patient care.

This section highlights the fact that the subject of job satisfaction is particularly relevant and of interest to public health employees. Employees need to be satisfied in the work context in order to function and cope with their work demands. Satisfied employees tend to be more productive and committed to their job and employee's health and well-being rest a great deal on job satisfaction (Robbins, 2003; Tzeng (2002). However, health professionals in the public healthcare sector are forced to work in unpleasant conditions that are stressful and de-

motivating. The sudden increase in population growth in South Africa indicates that more people will demand services in the public health sector, since services are free. This causes a burden for healthcare professionals to achieve optimum quality in the course of their work since the public health sector has a shortage of health professionals. The health professionals encounter significant challenges, with increased adverse events affecting both their patients and themselves. Health workers felt that the free health care policy imposes an additional burden on them, including increased work load and stress levels due to patients with AIDS-related diseases, having to work very long shifts and do overtime (van Niekerk, 2008; Smith et.al, 1999; Hall 2004; van der Walt, 2005; Rispel et al, 2010).

At the same time, health professionals are expected to satisfy their customers, balance work and their home life and other self-management skills (Mathena, 2002). Therefore health workers in South Africa have opted to enter the private sector, leave their professions for better jobs or migrate, since they are dissatisfied in the public health sector. The Public Service Commission (2000) has suggested that government has failed to ensure that health professionals are compensated and given incentives to reinforce their work behaviour and has led public health professionals to embark on strikes. Ramasodi (2010) revealed factors that lead to employee dissatisfaction include absenteeism and turnover among healthcare employees and this affects organizational commitment and the quality of healthcare services.

The literature above has also reflected on some of the causes and nature of employee dissatisfaction and how these have a negative effect on performance in the workplace. Moreover, this study argues that they do not elaborate on the methods that can be introduced to employees in order to capture their emotions as individuals before they appear as employees, as they carry the burden of having to work with sick and dying people daily.

What type of counselling procedures should be given to them for these employees to be strong enough to deliver quality service delivery? If health professionals are working in the kind of unpleasant environment described, how are they supposed to perform optimally? It is in the light of these questions that this study also aimed to explore solutions to improve work satisfaction in the public health sector setting. Worthy of note in this regard, Tharenou (1993) suggested that hospital managers can reduce absenteeism among health professionals by introducing different leadership styles. This can be achieved through the supervisor giving support to subordinate employees. Also, Shen et. al (2004) stipulated that the organisation can introduce positive changes that can lead to better teamwork. While this study acknowledges the contributions of Tharenou and Shen et al, further research can be done to close the existing gap especially when the perceptions of health professionals on how to increase job satisfaction in the course of their work are taken into consideration. For instance, should this involve a reward system, compensation, incentives and other measures that will enhance productivity in the workplace? Do these health professionals require more training and team building workshops in order for them to excel in their job? Or is performance appraisal and reward for those employees that achieve maximum standards a motivating factor? This is what this study aimed to reveal.

2.5 Government policies on public healthcare

The Constitution of the Republic of South Africa (Act 108 of 1996) section 1b, stipulates that the efficient, economic and effective use of resources must be promoted in order to deliver quality care in the public health sector. Section 1d of the Constitution states that public healthcare services must be provided with impartiality, fairly, equitably and without bias. The Constitution also stipulates that citizens of South Africa have the right to basic healthcare. The State must, in compliance with section 7(2) of the Constitution, respect, protect, promote

and fulfil the rights enshrined in the Bill of Rights, which is a cornerstone of democracy in South Africa. In terms of section 27(2) of the Constitution, the State must take reasonable legislative and other measures within its available resources to achieve the progressive realisation of the right of the people of South Africa to have access to health care services, including reproductive health care; section 27(3) of the Constitution provides that no one may be refused emergency medical treatment; in terms of section 28(1)(c) of the Constitution every child has the right to basic health care services; in terms of section 24(a) of the Constitution everyone has the right to an environment that is not harmful to their health or well-being.

South Africa is renowned for having a progressive Constitution with strong protection of human rights, including protection for persons using the public health system. While significant recent discourse and jurisprudence have focused on the rights of patients, the situation and rights of providers of health care services have not been adequately ventilated (Yawda & Variawa, 2012).

According to the National Patient Rights Charter (1999) and the Batho Pele Principles (1997) nursing staff are expected to put patients first as their priority and deliver a quality healthcare service. The nurse practitioner is responsible and accountable for all acts and omissions in the delivery of quality patient care (Nursing Act, Act 33 of 2005 & Act 50 of 1978).

The Department of Public Service and Administration (1997) published the White Paper on transforming Public Service Delivery and in it outlined the eight principles known as Batho Pele. Batho Pele literally means (*People First*). The principles that underpin the Batho Pele are as follows: regularly consult with customers, set service standards, increase access to services, ensure higher levels of courtesy, provide more and better information about services, increase openness and transparency about services, remedy failures and mistakes,

and give the best possible value for money. The eight Batho Pele principles were developed to serve as an acceptable policy and legislative framework regarding service delivery in the public service. These principles are aligned with the Constitutional ideals of:

- Promoting and maintaining high standards of professional ethics;
- Providing service impartially, fairly, equitably and without bias;
- Utilising resources efficiently and effectively;
- Responding to people's needs; the citizens are encouraged to participate in policy-making; and
- Rendering an accountable, transparent, and development-oriented public administration.

Relatedly, the objectives of the National Health Act (Act no 61of 2003) are:

- To regulate national health and to provide uniformity in respect of health services across the nation
- Establish a national health system which encompasses public and private providers of health services and provides in an equitable manner the population of the Republic of South Africa with the best possible health services that available resources can afford.
- Setting out the rights and duties of health care providers, health workers, health establishments and users; and protecting, respecting, promoting and fulfilling the rights of, the people of South Africa to the progressive realisation of the constitutional right of access to health care services, including reproductive health care; the people of South Africa to an environment that is not harmful to their health or well-being; children to basic nutrition and basic health care services contemplated

in section 28(1)(c) of the Constitution; and vulnerable groups such as women, children, older persons and persons with disabilities.

- The National Health Act recognises the socio-economic injustices, imbalances and inequities of health services of the past, the need to heal the divisions of the past to establish a society and fundamental human rights, and the need to improve the quality of life of all citizens and to free the potential of each person.

The National Health Insurance Policy (2011) stipulated that quality will be ensured through three mechanisms. Firstly there needs to be a radical improvement in the quality of services in the public health facilities. This means massive investment in improvement of health infrastructure, both buildings and equipment. Then, in every single health institution, certain basic core standards must be complied with. To ensure adherence to standards, an independent "watchdog" body called the office of Health Standards Compliance will be established by an Act of Parliament. Thirdly, there needs to be a radical change to healthcare management within the public healthcare system in line with the 10 Point Programme of the Department of Health, "Overhauling the health care system and improve its management". Regulations will include measures to standardise hospital care across the country and to ensure that managers of different categories of hospitals have specific skills, competencies and appropriate qualifications. National Health policy exists to ensure that all South Africans and those who reside in South Africa legally, regardless of their socio-economic status, can have access to good quality and affordable health services. The purpose of the policy is to eradicate barriers limiting access to healthcare regardless of their employment status.

The National Department of Health Strategic Plan (2012-2013 to 2016-2017) the plan emphasizes the balancing of short and long term goals, including the re-engineering of

primary health care. Aspects of the plan include the provision of effective, evidence-based care; a supportive regulatory environment, equitable staffing; health workforce development; recruitment and retention of human resources and, fostering an environment for clinical research. The part of the plan that addresses the re-engineering of primary health care (PHC) calls for attention to maternal, child and women's health, maintaining the HIV and AIDS focus, and an emphasis on community-based and preventative health care (Department of Health, 2011).

The Negotiated Service Delivery Agreement (2010) stated that the priority of government is to improve the health status of the entire population and to contribute to government's vision of "A Long and Healthy Life for All South Africans". This will only be possible by broadening and deepening the extent and scope of community involvement and social mobilisation in all aspects of health provision at local level.

To tangibly contribute towards the realisation of this vision, the National Department of Health's Strategic plan for the period 2009 – 2014 lists 10 priorities as part of the 10 Point Plan for the overall improvement of the performance of the national health system. The 10 Point Plan focuses on a core set of strategically selected areas namely: the enhanced overall stewardship and governance of the health system; the implementation of the National Health Insurance as a mechanism to finance the health services provision and delivery platforms; significantly improving the quality of health services that provide citizens through the establishment of an independent National Quality Accreditation Body; overhauling key components of the management systems and structures in the public health sector; better planning and management of our human resources for health; the strategic implementation of infrastructure development and maintenance initiatives, including the use of public private partnerships; the comprehensive and aggressive combating of HIV, AIDS, TB and other

communicable diseases; mass mobilisation of communities and key stakeholders to promote better health outcomes for all; the review and strengthening of drug policy and procurement systems; and not least of all strengthening the manner in which will generate information and use it to support our planning, decision making, research and development processes to better the overall performance of health system.

Kwazulu-Natal Strategic Plan (2010-2014) emphasizes that the department of health represents the opportunity to give tangible effect to responding to the prevailing disease profile in the province of KwaZulu-Natal. The value of a comprehensive plan that integrates key elements of service delivery, human resources, infrastructure and finance cannot be underestimated as it provides the long-term framework that guides the annual planning and budget cycle. The plan suggests to exhibit foresight and decisive action in achieving the aforementioned priorities through a comprehensive paradigm shift which prioritises prevention. The Department of Health plans to implement robust prevention and treatment programmes to give credence to commitment to improve quality of life and increase life expectancy of all citizens (Kwazulu-Natal Strategic Plan, 2010-2014).

To cap all of the lofty policies and plans, the Constitution of the Republic of South Africa (Act 108 of 1996) from which these policies flow enshrines the rights of citizens to access basic essential health services. However, the main question is are these policies, plans and programmes effective in delivering health care services to the increasing number of South Africans who need these services? From the analysis so far, this is clearly not the case. Problems abound with the formulation and implementation of a number of these policies which affect their effectiveness. For example, while the constitution protects the rights of patients visa-vas customers, it is silent on the rights of those who render these services

(nurses and doctors). Similarly, the Batho Pele principles and the Nursing Rights Charter emphasize that customers should have priority in receiving service excellence and that public servants will be held accountable for failure to do so. However, it is also silent on the rights of health professionals in enabling them deliver on their mandates.

This study argued that it has been 19 years since South Africa has transformed from the apartheid regime and its polices and become a democratic country, in which new policies like the ones mentioned above are in place. Yet, the South African public health system is still failing; there are still significant inefficiencies in public health care stemming from poor quality (Mayosi et. al, 2009). There have been reports of ill-discipline, moonlighting in the private sector and absenteeism of public healthcare personnel, as mentioned by Bradshaw et.al (2006) and that patients feel neglected and rejected by healthcare professionals, patients complain about slow service, rude staff and not getting medication or attention when visiting public hospitals (Day et.al, 2008).

If these issues mentioned above are affecting the performance of public health institutions, what is the purpose of all these existing Acts, Policies and Plans, if quality service will not be rendered? If these Acts, Policies and Plans guide the performance of health professionals in order to ensure maximum customer satisfaction, then why is there still crisis in the public health sector? This study intended to investigate what causes these policies to be inactive in practice good as they are on paper and what are the key underlying factors preventing health professionals from adhering to policies to ensure quality in service delivery?

2.6 Summary

This chapter has reviewed literature on the challenges experienced in public healthcare service delivery in South Africa, the challenges of public healthcare service delivery in Kwazulu-Natal, the impact of employee satisfaction on public healthcare service delivery in South Africa and Kwazulu-Natal, and government policies on public healthcare. In this section, it has been revealed that the key challenge that the public health care sector in South Africa is facing is a rapidly growing population that relies heavily on state aided services that offer access to free healthcare services. However government is faced with the challenge that it works within a limited budget, to render services to the public that comprises a dense population infected with diseases such as HIV/AIDS and tuberculosis, and in public hospitals that are short staffed and have inadequate material resources to work with. Therefore, having read and reviewed literature on the selected sections relating to this study, there is no study that focuses specifically on the perceptions of health professionals on service delivery challenges. This study aimed to bridge this gap.

The next chapter will look at theoretical framework.

Chapter three

Theoretical Framework

3.1 Introduction

The theoretical framework of a research project relates to the philosophical basis on which the research takes place and forms the link between the theoretical aspects and practical components of the investigation undertaken. Theories are bodies of ideas, principles and doctrines that have been proved or are yet to be proved with evidence, but which form the basis of analyzing social problems (Mertens, 1998). Therefore, this chapter will look at scientific management theory, human relations theory, bureaucracy theory and resource-dependency theory and will explain how these theories help to explain the focus of this study. This section shall also elaborate further how these theories encapsulate the best explanations this study intended to provide.

3.2 Scientific Management theory

The theory of scientific management was pioneered by Fredrick Winslow Taylor towards the end of the nineteenth century. The theory emphasizes how the application of scientific method to the management of workers could greatly improve productivity. The theory further stipulated that scientific management methods can improve the way tasks are performed and simplify jobs sufficiently for workers to perform to their full potential (Olum, 2004). There are four key principles of scientific management theory. The first principle is the gathering of the traditional knowledge of the work persons, and to record and codify the knowledge. The second principle is the scientific selection of the workman and his progressive development. The third principle emphasizes bringing together the trained workman and the scientific

approach. The fourth principle is that scientific management theory ensures teamwork between management and work person and sharing of a division. (Carlson, 1996). According to Pfeffer in Schafritz and Ott (1996), in the theory of scientific management, control is exercised over goals so as to be consistent with rules of logic, and decisions in the workplace are made to increase efficiency. Olum (2004) further elaborated that workload would be evenly shared between the worker and management, with management performing the science and instruction and workers performing the labour, each group doing the work for which it is best suited.

This theory relates to the study in that in public hospitals, healthcare professionals (nurses and doctors) that have been trained are responsible to ensure that patients are treated and attended with care. Nurses and doctors have separate scopes of practice, which means that work load is shared amongst the employees. When work load is shared amongst these employees it means that each can individually perform at their level best. Both nurses and doctors report to senior management in their departments regarding their work tasks. In order for these health professionals to be effective in their course of their work there should be a good working relationship amongst themselves and also with management. It is within the responsibility of hospital managers to ensure that workers are working productively and meeting the goals of the organisation.

Lagaard (2006) criticised scientific management theory for being too scientific, in that it disregarded their own common sense and judgement. Scientific management theory is no longer relevant as managerial ideology, however, it still serves as a guideline for technical procedures in both industrial and service sectors. Nikolas (2005) also criticised the theory, stating that the scientific management theory was designed to eradicate the informal side of

the organization and that the theory is a failure in terms of organisational control when compared to the human relations theory. Scientific management theory led to a dramatic increase in productivity and higher pay in a number of instances. Workers and unions began to oppose this approach because they feared that working harder or faster would exhaust whatever work was available, causing layoffs. Shafritz, Stevenson and Jang (2005) criticised the scientific management theory for turning workers into automations and dehumanising the workplace, by specifying exactly what work needs to be done and the exact time allowed for doing it.

However, Olum (2004) argued that from an economic standpoint Taylor's scientific management theory was useful, as the application of his methods yielded significant improvements in productivity. Selection and training of workers according to the scientific management approach links the workers with the codified knowledge about work and some form of teamwork between the manager and the worker. When workers are set as a priority within the organisation by viewing what they contribute to the success of the organisations, and ensuring that workers are recognised and given respect, this increases productivity and at the same time, when managers work together with subordinate workers, a pleasant work environment is achieved. (Carlson,1996). According to Bolman and Deal (2003) scientific management has been a success for modern organisations since there has been an improvement with personnel when an employer has adopted scientific management techniques within a working environment. The employer sets standards for a worker by acknowledging that the workers' efforts contribute to the productivity of the whole organisation. These notwithstanding, some of the weaknesses of the theory as espoused above especially in the light of mechanizing relations between people thus leaving little room for

ingenuity, it is important to explore the human relations theory and its relevance to the scheme of things here.

3.3 Human Relations Theory

According to Chase (1941), human relations refer to how organizations manage and interact with their employees in their efforts to improve employee and organizational effectiveness. In addition, it involves such fundamental issues as individual, group, and organizational needs, motivation, and attempts to improve the quality of work life. Patterson (1958) believed that the human relations approach is based on the understanding of the individual as a distinct, unique, self-autonomous human. The theory seeks to understand the feelings, needs, desires, motives and attitude of the individual. The emphasis of the theory rests upon respecting the individual rather than attempting to influence or to control them. Drucker (1994) stated that the theory, which emerged around the 1930's, was established as the result of the Hawthorne experiment which Elton Mayo conducted at the Western Electrical Company.

This theory relates to the study in that employees (whether nurses or doctors) before they appear as representatives of health institutions, are individuals. They have needs, feelings, motives and defined attitudes. Their individuality needs to be recognised before they can appear as employees as this has an impact on their productivity in the work place. In order for the employee to give of his or her best effort, the self of the employee should be fulfilled. Professional employees within public hospitals should be treated well and have their individual self satisfied to ensure that as both as individual and employee they deliver quality service to those that seek their assistance.

Landsberger (1958) and Braverman (1974) criticised the human relations theory as another methodology to increase worker productivity, not to actually improve worker relations. In this light, Human relations theory is seen as a response to the failure, or at least the limitations of, scientific management theory as a means of organizational control, (Nikolas, 2005). Drucker (1994) criticised the human relations theory for the lack of awareness of the economic dimension and the fact that human relations theorists devote much attention in informal relations among workers and between workers and supervisors.

Drucker (1994) further criticised human relations theory by stating that the theory neglects to elaborate on the priorities of the organisations and how the organisation intends to meet its organisational goals and puts it emphasis on workers rather than explaining how the workers can contribute to organisational development.

Shafritz, Stevenson and Jang (2005) stated that workers are motivated not by money and material benefits but by opportunities, prestige and power. The theory of human relations emphasizes that a worker should be exposed to desirable working conditions, satisfaction of personal ideals, opportunities for participation within the organisational environment and provision of support and camaraderie.

According to Charles (2009), Maslow supported the human relations theory by emphasizing that satisfaction of employees' basic needs is important so as to increase workers' productivity. The human relations theory recognises the importance of the informal organisation, for which a need will always exist in the formal structure. Employees are motivated by the formal organisation for which they work through the values and attitudes of their colleagues. Human relations theory emphasizes the importance of the wider social needs

of individuals and gives recognition to work organisation as a social organisation (Hamel, 2007).

Drucker (1994) argued that although human relations theory neglects to elaborate on how workers contribute to organisational development, it does not state that workers, as individuals need to be compensated and given incentives in order for them to take their work seriously and somehow with such motivation, workers can contribute to the productivity of the organisation. Aldrich (1979) posited that the human relations theory emphasizes organizational climate because it holds that structural elements of the organization's climate can be altered to change a worker's habit.

3.4 Bureaucracy theory

Blau and Meyer (1971) stated that Max Weber's theory of bureaucracy stated that the regular activities required for the purpose of the organisation are distributed in a fixed way as official duties. The organisation of offices follows the principle of hierarchy that is, each lower office is under the control and supervision of a higher one. The emphasis of bureaucracy is in the division of labour, with highly skilled employees in each position. Work procedures are clearly defined with consistent organisational rules.

This theory is relevant to this study, since the study is based on the operation of a public hospital and its health professionals. Issues of specialisation and jurisdiction which are consistent with bureaucratization do emerge. The job description of a staff nurse is entirely different from the scope of practice of a sister nurse. Nurses and doctors have separate work related tasks and doctors are superior to nurses yet both these professionals report to their respective managerial departments and those managerial departments have senior

management to report to, therefore the hierarchy of work jurisdiction and task specialisation is specific.

Merton (2009) criticised the bureaucracy theory for its tendencies to impose excessive control over employees, putting them into what is termed an “iron cage”. He also lamented that bureaucracies could become more powerful than society and become an end to themselves, instead of being instrument vehicles for serving society. Merton saw bureaucracy as a failure because of its tendency to foster displacement. Excessive adherence and conformity to rules and regulations resulted in rules becoming ends in themselves, and sometimes prevented organizations from achieving their real goals. According to Gajduschek (2003) the open system theory opposed bureaucracy theory, stating that it was found that organizational success greatly depends on the interaction between organizational environment and internal organisational features. The open system concluded that there is no one best way and argued that organizational efficiency depends on the demands and conditions generated by the organizational environment.

Blau and Meyer (1971), Crozier (1964), and Elzioni (1964) raised doubts about the bureaucracy theory in terms of the general efficiency of the organisation and highlighted that there is a contradiction between hierarchy and the rule of rules and expertise.

3.5 Resource-dependency theory

According to Sheppard (1995) resource dependency theory suggests a variety of ways in which an organisation can ensure the supply of resources critical to its survival. Pfeffer and Salanicik (1978) held the view that the resource dependency theory argues that the key to organizational survival is the ability to acquire and maintain resources. The theory details

why organizations must enter into exchanges with others and how the organization can affect its survival through the management of demands, particularly the demands of the interest groups on which the organisations depend for resources and support. This theory was pioneered by Pfeffer and Salancik around the late 1970s.

This theory is relevant to the study in that resource management in a public health organisation such as Ngwelezana hospital is critical to its survival, bearing in mind resource dependency management relations is a challenge that employees can face in such an organisation. For instance, in Ngwelezana hospital patients come to the hospital to seek medical attention so that they can be treated. The hospital's main function is to provide patients with essential services by providing medication, professional personnel to assist patients and using relevant equipment to perform medical tasks. The aim of this study was to find out whether the hospital has enough resources for it to perform its function. In the event that these resources are not enough, does this contribute to service delivery challenges that the professional personnel may be experiencing?

Davis and Powell (1992) highlighted that the resource dependency theory falls short of confirming whether the theory is concerned with ensuring profitability and efficiency or managing uncertainty. On one hand, the theory does not elaborate on the cost of a certain organizational resource that has direct implication on net profit. On the other hand, when it comes to managing uncertainty, Pfeffer and Salancik (1978) themselves drew attention to 'situational contingencies' that constrain organizational behaviour. Davis and Powell (1992) considered that although such constraints are discouraging, they at times facilitate organizational decision processes by limiting the effect of the organization. Gulati, Dialdin, and Wang (2005) point out one drawback of resource dependence theory being that it

assumes an atomistic environment in which information about other organizations is widely available and freely accessible to all.

Katila, Rosenberger and Eisenhardt (2008) criticised the resource dependency theory for focusing too much on the cooperative side of relationship formation and neglecting the potential for the other party to be manipulated. The resource dependency theory does not sufficiently justify why the organizations should be viewed mainly as political systems and less as a technical and economic systems (Donald, 1995). Clegg and Rura-Polley (1998) criticised the resource dependency theory as being wrongly based on the concept of power over controlling interests, and more so are socially constructed.

According to David and Cobb (2009) resource dependency theory is the most comprehensive approach to organisational structure and fuctioning, as well as in combining the power within organizations with a theory of how organisations manage their environments. Thompson (1967) argued that the resource dependency theory contributed to organizational responses to interdependence that inform empirical work. He further stated that the resource dependency theory maintains that organizations are resource-insufficient; they strive to acquire and sustain resources from their external environment. Resources are controlled by external actors who exert demands on the organization and these actors perceive certain advantages in their relationship with the organization and exercise power through control over resources.

3.6 Summary of the theories

The above theories (Scientific management theory, bureaucracy theory, human relations theory and resource-dependency theory) are the theories that seem best to explain the focus of this study. Having read the criticism of each theory, the weaknesses of the theories are taken

care of by the use of other theories. Other theories read, such as Administrative theory, Classical theory and Behavioural theory, are part and parcel of organisational administration, but they do not encapsulate the best explanations this study intends to produce. The theories used here are essentially to explain operational aspects of health service delivery in hospitals in South Africa and KwaZulu-Natal and in the specific case of Ngwelezane hospital. Given their weaknesses, it may be best to combine positive aspects of these theories to make for a more efficient and effective delivery of health services in South Africa as a whole.

The next chapter will focus on data presentation, interpretation and discussion

Chapter Four: Data presentation, Interpretation and discussion

4.1. Introduction

The previous chapters have discussed extensively the issues that prevail in the health system of South Africa. This chapter presents the findings from the data collected in detail in terms using frequencies and themes relative to the objectives of the study. It also discusses these findings in relation to the broad research objectives and questions.

4.2. Section A: Respondents' demographics

The first phase of the results is the respondents' demographics followed by the qualitative results.

4.2.1. Gender of the respondents

Of the 104 questionnaires that were distributed, 66 were returned, representing a 66% return rate. All the questionnaires received were filled in completely. Of the 66 questionnaires returned 41 (62%) respondents were female while 25 (38%) were males (*see table and figure 4.1. below*). This suggests that most of the health professionals at the studied areas are females.

Table: 4.1. Gender

	Frequency	Percent
Male	25	37.9
Female	41	62.1
Total	66	100.0

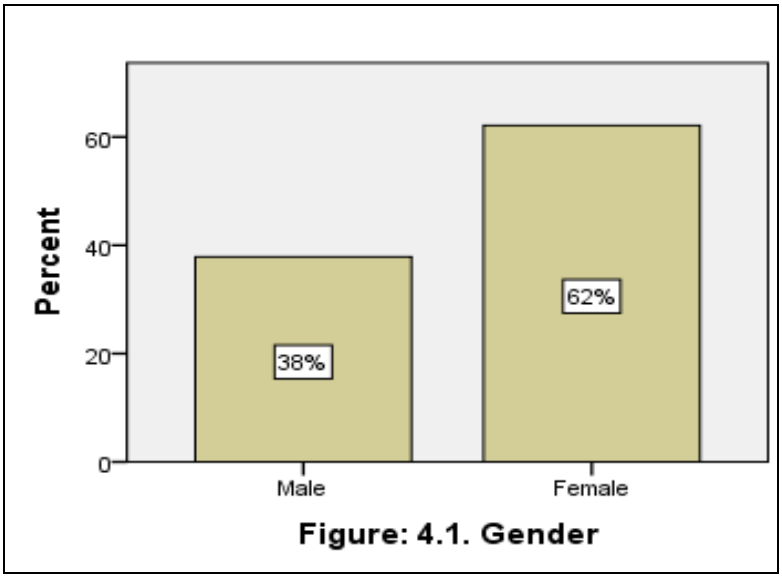

Figure: 4.1. Gender

4.2.2. Age of the respondents

According to the figure 4.2 below, average age distribution of the respondents was 33.65. This is indicative that most of the respondents who participated in this study ranged around the age of 33 and above. The age factor also indicated that most of the young health professionals are in the private sector, but this could be uniquely relevant to Ngwelezana hospital.

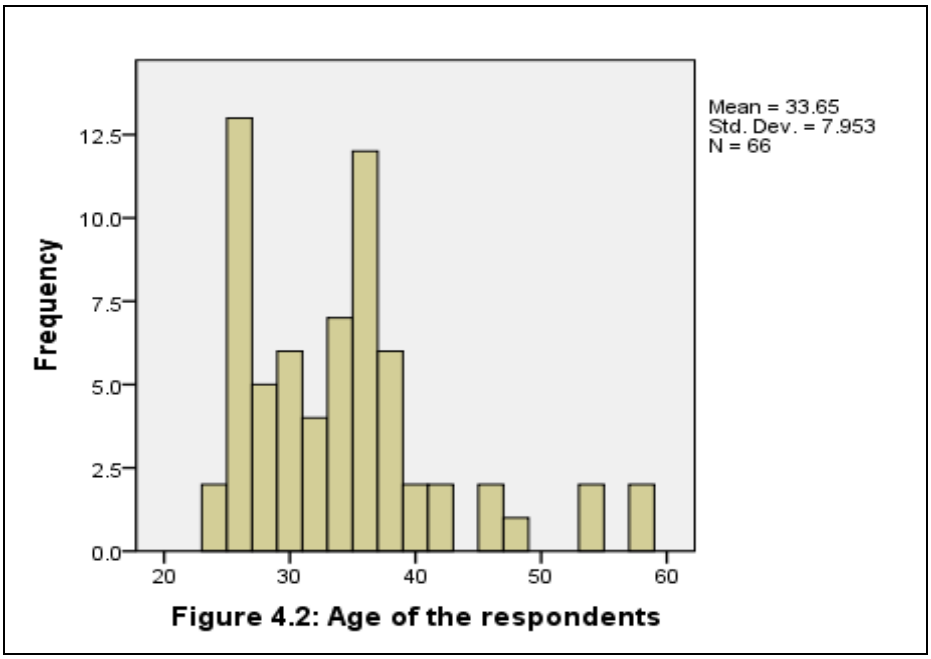

Figure 4.2: Age of the respondents

4.2.3. Profession of the respondents

Figure 4.3 below suggests that most 25 (38%) of the respondents who participated in the study were Enrolled staff nurses, while 21(32%) were Registered professional nurses. A minority of the respondents were Assistants 17 (26%) and medical Doctors 3 (5%). At the time the questionnaires were distributed most of the medical Doctors indicated that they were busy and short staffed. This provides the reason for the small number of doctors who participated in the study.

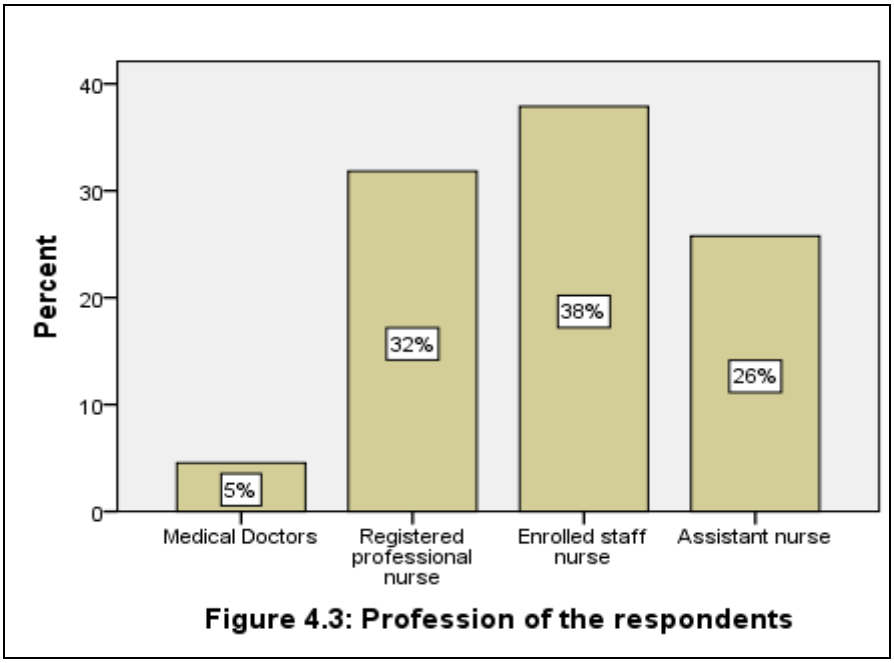

Figure 4.3: Profession of the respondents

4.2.4. Length of service among respondents

Figure 4.3 below depicts the years of service that different respondents have committed to the hospital. About 33 (50%) of the health professionals have worked in Ngwelezane for 5 years and longer.

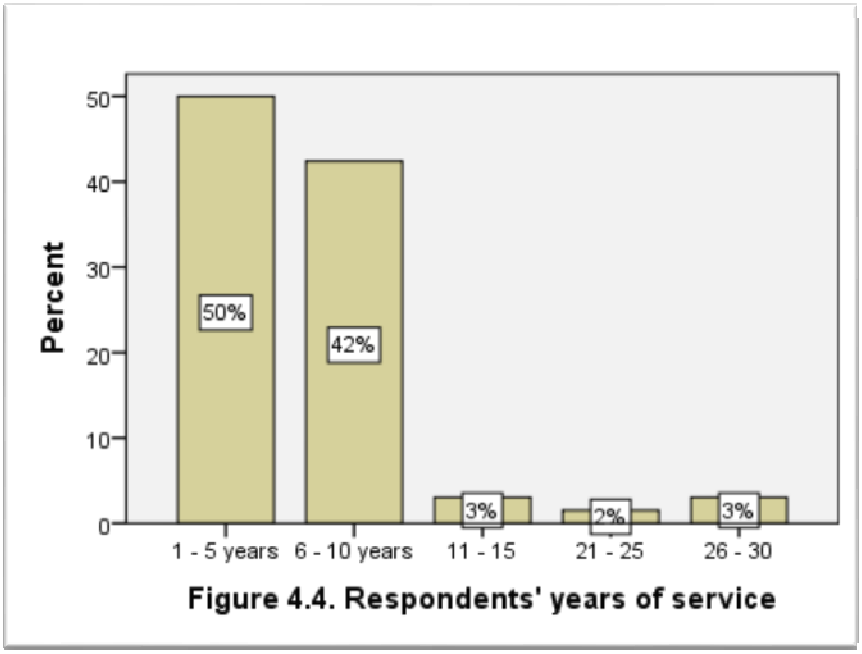

Figure 4.4. Respondents' years of service

4.3. Section B: Themes relative to the objectives of the study

Since the study used a semi-structured questionnaire, the qualitative responses were analysed by means of extracting themes from the responses of the respondents. The results presented and discussed below are arranged in terms of main themes extrapolated from the objectives of the study and sub-themes identified from the responses of the respondents.

4.3.1. Perceived challenges faced by health professionals at Ngwelezana hospital

Among the many challenges that could have been encountered by health professionals in the Ngwelezana hospital, respondents perceived the following as the most persistent factors that pose a challenge to them:

- Working conditions
- workload
- Insufficient resources
- Overcrowded wards
- Employees feeling neglected

According to the respondents, working conditions are not conducive in their workplace, and this also affects them when performing their duties. The working environment does not support execution of their duties in many ways.

Most of the respondents highlighted that as a medical practitioners as well as professional and registered nurses they should work with a proportional number of patients. However, from time to time they are confronted with large portion of patients whom cannot even be treated fairly due to insufficient material. These findings concur with that by Hall (2004) who also discovered that nurse managers in clinics are experiencing an increase workload and stress levels relating to the high proportion of patients.

As a consequence to these findings, it is obvious that numerous health professionals could be experiencing job burnout and occupational stress. In the event that this situation persists in the hospital or the clinic, more health professionals would leave for a much more conducive work environment. The study by Van Niekerk (2008) also support this, in that factors such as these contribute to high turnover, and furthermore, renders the profession less attractive to new recruits. The results by Coomber and Barriball (2006) suggest that excessive workload among health professionals has been shown to contribute to dissatisfaction in the course of their work. Having realised this fact from the respondents, it is simple to answer the central question regarding the shortage of health professionals such as doctors and nurses.

The respondents further indicated that workload poses a challenge to them and it comes as a result of the hospital being short staffed. Respondents cited the fact that "*the shortage of staff increases the load when one person finds himself doing things for more than one person*".

The workplace setting within Ngwelezana hospital is contradictory with the bureaucracy theory that stresses that organisations should be well controlled and supervised. The bureaucracy theory emphasizes issues of specialisation, jurisdiction and job description of workers in order to ensure worker satisfaction and productivity. Usually hospitals with low health professional staffing levels tend to have higher rates of poor patient outcomes. Due to this factor and others, Rust and de Jager (2010) pointed out that many health professionals are opting for the private sector which offers a working environment that surpasses the public sector in terms of conditions and salaries. Unfortunately, this situation does not look promising for the benefit of the South African society who cannot afford private hospitals.

Additionally, lack of resources such as insufficient beds in the wards affects health professionals when doing medical check-ups and treatment on patients. Many health professionals experience difficulties in recommending that patients be admitted given this challenge. This suggests that the problems that are encountered by health professionals extend to the patients who are the recipients of the health services. Resources and equipment shortage appears to be the largest obstacles that Ngwelezana hospital faces in providing patient care. These findings are contrary to the resource-dependency theory, since this theory indicates that for survival of the organisation depends on its ability to acquire and maintain the resources. In essence, every organisation needs resources for surviving. Although this theory has its critics who are of the view that it focuses mainly on the corporate side and less on public sector. However, no matter how much resource-dependency theory can be criticised, the fact remains that the success and sustainability of any organisation lies in its resources. Hospitals all over the world depend on resources such as movable assets,

immovable assets and human resources. Apart from the shortage of beds and other key resources at Ngwelezana hospital, it is also unable to keep its human resources. The shortage of any resources from the hospital will affect its primary role to provide basic healthcare services to the people of the republic. The hospital may not even be able to respond to public health emergencies.

Health professionals also perceive the neglect by the management of the hospital to be a challenge to their functioning. Respondents suggested that after several attempts to get the attention of the management few things have happened as a result. This is indicative of intentional ignorance from the management of the hospital. However, the management should be cognisant of the fact that individuals who feel neglected tend to think the worst in difficult situations, especially when performing their duties. Lack of communication can lead employees to assume their jobs are at risk. In addition to low morale and lack of motivation, neglecting to communicate with employees could push them to search for new employers. While many organisations depend on their employees to generate profit, public organisations like hospitals need employees for services purposes.

Moreover, this is in contradictory with the scientific management theory that states that management must improve the way tasks are performed and simplify jobs in order for workers to perform in their full potential by involving workers in decision-making processes, with management performing the science and instruction. The theory continues to stress that in order for workers to be effective in the course of their work, a good working relationship amongst workers themselves and also with management should be obtained.

4.4. The nature of the perceived problems

When respondents were asked about the nature of the problems which they encounter on daily basis as they discharge their duties, the following sub-themes emerged from their responses:

- Shortage of working equipment for long periods
- Mixture of infectious with non-infectious patients
- Slow operation of labs
- Poor management systems
- Poor coordination
- Poor referring system
- Demotivated employees
- Lack of coordination between management and systems
- Incompetent superiors

When probed further, some respondents shed more light on the factors that threaten their operation thus "*we sometimes fall short of simple equipment as surgical items such as gloves and masks, and this exposes us to infectious diseases engulfing our patients*". These findings indicate that while the problems of equipment shortage affect the main objective of the health institutions, the lives of the health professionals are at risk. This could further jeopardise the quality of services which are supposed to be rendered by the public health institutions such as hospitals.

The respondents also indicated that the decision by the management to mix patients affects their work. According to the respondents, wards should not be mixed, especially with TB wards. Respondents further opine that TB wards should be separated from the main wards, given the contagious nature of the disease tuberculosis. To have this ward mixed with others

constrains the medical practitioners' strides to reduce the spread of the disease. These findings indicated that the hospital management do not have the expertise of managing the allocation of wards, hence the mixed wards.

It is also evident that health professionals may have not been consulted regarding this issue. One could then ask whether the health professionals have engaged the management about this concern. However, the obvious response to that question was seen earlier where respondents cited the concern of being neglected. The hospital management need to be made aware of the fact that health professionals have a critical role in the existence and operation of the hospitals. In the event that they are ignored during strategic planning of the hospital's operation, a dysfunctional hospital is inevitable.

Another most critical concern raised by the respondents was that of slow operation of the labs. One respondent indicated

> "*it is difficult to work here because we send blood samples and other specimen for tests in the laboratories and the availability of results take much longer than expected. In turn this affects our diagnosis results for our patients. Sometimes we send samples early enough in order to make an instant diagnosis, and get inhibited by the manner in which laboratories work*".

Respondents went further and indicated that sometimes "*when we sent samples in the laboratories, we are told that those samples have been sent to Durban*". Clearly, the Ngwelezana hospital lacks the capacity to provide sufficient healthcare services to the public. Having less well-resourced laboratories could be another factor that may drive the health professionals away. The management in the hospital has to understand that the world of technology has evolved rapidly, and they must also embrace technology and prioritise the procurement of advanced laboratory material. Furthermore, qualified people should be

harnessed to operate the hospital's laboratories. Unfortunately the findings suggest that the hospital is suffering from a poor management system.

Another important factor that was cited by the respondents in this study was poor referral systems, which also affects them as they do their work. Respondents further indicated that whenever they are faced with a critical case with a patient, it is not a simple matter to refer the person to another hospital. This has resulted from the vague system that the hospital continues to apply. The poor referral system may further be the central cause of patient overloads at public hospitals. Respondents further highlighted that the problems in the poor referral system are due to improper documentation of referral letters, poor feedback, and insufficient supply of simple things such as referral slips, as well as lack of effective communication within the hospital. These findings indicate that although a referral system may have been adopted to ensure access to basic healthcare for the general public, its implementation is even more problematic for hospital management, especially that of Ngwelezana hospital. Sometimes the poor referral system could result in an overload of inappropriate referrals.

Respondents also highlighted that the working conditions in the hospital have resulted in many employees become demotivated to do their jobs optimally. Rispel and Moorman (2010) insist that if public health personnel are persistently exposed to unpleasant working conditions that are stressful, they might be demotivated and become unable to satisfy their clients. The results by Tzeng (2002) suggest that satisfied employees tend to be more productive and committed to their jobs. These findings imply that it is the satisfaction of the employees that should be ensured by hospitals management, as this will in turn enhance job satisfaction among health professionals. A study by Pillay (2008) suggested that health professional may have different desires regarding their work environment, for example salaries, workload and lack of resources.

Another most important concern that was raised by the respondents is incompetent superiors, who they claim are unable to respond effectively to the needs of the healthcare professionals. One of the respondents further insisted that "*management of some health care facilities in this country, including this hospital, is such that people who do not have any health related background are allowed to manage health care facilities"*. Usually mismanagement of any institution may be attributed to an individual or individuals managing an institution. Such a reputation not only affects these individuals but also the entire institution. Likewise in mismanaged hospitals, where the consequential bad image that they tend to be associated with not only affects hospital managers but also professionals working in these hospitals. The study by Mckenna (2010) concurs with these findings in that one of the key constraints to achieving optimal health outcomes in South Africa has been the lack of health management capacity.

Mckenna further reiterates that the problem with management is likely to affect the ability of the country to improve efficiency, effectiveness and responsiveness in the delivery of health services. More studies have also reported on the inefficiency of hospital management. For example Bradshaw et al. (2006) points out that often hospital managers fail to manage major challenges associated with the effective and efficient management of human resources. Given the state of the growing population, hospitals are overwhelmed by the number of patients who require healthcare assistance. In a study by Pillay (2008), respondents regarded hospital managers' skills as the most valuable with regard to achieving efficiency and the effective management of hospitals. Respondents further emphasised that such managers should have healthcare related experience. Therefore it is essential that managers should lead by example in order to positively influence staff members who work under their guidance and supervision.

Looking after organisational resources could be difficult under the management which is deemed to be incompetent. The Human Relations theory suggests that workers need to be motivated not only by means of money and material, but sometimes by managers listening and engaging them about their work environment and wellbeing at work. Charles (2009) further indicated that the human relations theory was also supported by Maslow, by emphasising that satisfaction of employee's basic needs is central to increasing their productivity. Hospital management has to understand the role of health professionals.

4.5. Perceived sources and causes of problems encountered by health professionals

The respondents indicated various sources that lead to the problems they encounter in the workplace, for example

- Poor planning and budgeting
- Lack of skilled workforce
- Unadvertised vacancies
- Unmaintained equipment
- Procurement problems
- Lack of strategy to retain professionals.

When respondents were asked about the sources of these factors which have emerged, they indicated numerous things, including poor planning. This duty often rests with the management of the organisation. In this case, hospital management are perceived by the respondents to be failing to do proper planning, including budgeting. Generally, the consequences of poor resource planning can be seen in the form of workplace stress, staff conflicts, poor productivity, increased absenteeism, and ultimately poor retention of trained workforce. Healthcare professionals could find it difficult to manage work when they are

confronted with unplanned schedule changes at short notice, especially those with responsibilities. Poor resource management, leading to poor retention of employees, influences employee relationships in a negative way and can also result in poor public relations. Reduction in the quality of products leaves a negative impact on the brand name and, in this case, governments and the hospital's names are discredited.

The respondents also highlighted that the source their work related problems stems from the fact that the hospital faces challenges presented by under skilled of workforce. Much-needed specialist and technical skills have become harder to find over the past year, with sought-after staff staying put in their current roles for job security reasons, especially those in the private sector. Respondents further suggested that "*more healthcare professional are leaving this hospital for the much better environment in the private hospitals*". The findings earlier illustrated that the main reason the hospital struggles to retain its key resources is due to poor working conditions. Obviously, every human being has desires and especially the desire to have a work environment that would enable them to have a balance between work and family.

The respondents also highlighted that lack of strategy to retain and attract health professional to the hospital is another source of various work related problems which are encountered by employees. Respondents further indicated "*more professional leave this hospital and as they leave workload become duplicated for us*". Other studies have also reported on the shortage and its effect on the work of healthcare professionals. For example, Skuatu (2003) notes that the shortage of nurses means that doctors have to assist each other with the handling of patients.

It is also evident that not only this hospital suffers from this problem. The whole country regards this area as a scarce skill. The hospital management should not be complacent about

this and wait for a response from national government. It is clear from the respondents in this study that their migration is mainly due to the working environment but also other problems such as management. Therefore, if hospital management could change the way in which it conducts its business, healthcare professionals could also consider staying. The respondents also pointed out that the hospital has no incentive to attract them to work in the hospital even if the conditions are not conducive.

It was also noted from the respondents that the shortage of healthcare professionals is also due to the fact that some positions are not advertised. Respondents further indicated that sometimes if vacant positions are advertised it takes longer for them to be closed and filled. The length of time it takes to hire healthcare professional staff is having a negative effect on healthcare organizations, particularly employees who would be overworked and consequently suffer from low morale, and on patients who do not get attention when they need. These findings are an indication that the national government needs to change the manner in which recruitment of healthcare professionals is handled. New strategies are also required to strengthen the ability of the health sector to recruit and retain healthcare professional.

According to the respondents, Ngwelezana hospital experiences a lack of equipment maintenance especially that which healthcare professionals depend on for their work. These findings are contrary to the norm about medical equipment, which is meant to be properly and periodically maintained. Respondents further indicated

> "*In these devices, there are a number of products with inherent risks that are not maintained. This causes a reduction in productivity as emergency repair becomes necessary when a problem occurs, but more importantly this results in higher failure rates for unmaintained equipment and compromises safety for patients and hospital staff*".

Other respondents further indicated that "*The poor regular maintenance of surgical power tools, endoscopy cameras and video integration systems can lead to systemic failure in operating rooms during surgery*".

This can have serious patient safety implications, with increased patient and caregiver risk where surgery could be halted or, in severe cases, procedures would be continued as open surgery. Issues like this have unintended consequences around an increase in negative clinical outcomes, not to mention the incremental costs for healthcare delivery. The respondents further indicated that the problems with unmaintained equipment could also be attributed to lack of timeous action from superiors. Respondents cited that "*the superiors do not take our work concern seriously, as consequence most of the instruments we depend on to do our work are not always functioning optimally"*.

The respondents highlighted that "*we sometimes place an order of urgently drugs to be purchased, such as those for tuberculosis patients, only to find that it takes long to be processed. Eventually our patients suffer from the malfunctioning of the procurement system*". It also emerged from the respondents that sometimes patients are given insufficient prescription medicines due to lack of medicines in the pharmacy.

Proper procurement, on the other hand, can make a vital contribution to the delivery of better patient care through the negotiation of the best commercial supply arrangements, in collaboration with clinical colleagues and innovative suppliers, but responses to the questionnaire indicate that staff at Ngwelezana hospital is not consulted about these processes. This suggests that Ngwelezana hospital management has to consider introducing some changes in the ways in which it handles the business.

4.6. Discussion of the findings

The findings of the study revealed that there were numerous factors that are affecting the functioning of the health professionals in the studied hospital. According to the respondents, these factors are central to poor service delivery in the Ngwelezana hospital. The respondents indicated that the existence of an effective and efficient healthcare depends on the quality of work life lived by the healthcare professionals. The literature also concurs with the fact that employees' wellbeing is important to ensure that they function to their full potential. Among other factors that were perceived by the respondents to cause challenges to their work, were working conditions and workload. This suggests that public hospitals suffer from poor work conditions and insufficient personnel, especially health professionals. The identified problems are arguably the direct source of other unintended work related problems which are experienced by healthcare professionals, such as overcrowded wards.

The findings further suggested that healthcare professionals feel neglected by the way in which hospital management handle its operations. It is surprising that this fact was revealed to have occurred in the Ngwelezana hospital despite the fact that health professionals are the core element to the existence of the hospital. Neglecting health professionals in the mainstream operation of the hospital could result in a dysfunctional institution because health professional may lack resources that serve as a necessity during the course of their work. This impasse could further affect the morale of health professionals, as the literature suggests that most employees, including health professionals, are motivated by knowing that they are appreciated in their organisation. The voice of health professionals remains critical for any management aspect of the hospital and they should be involved in the management of the hospital. However, this confirms the human relations theory that workers need to be understood as individuals or groups and to be motivated by management not only by money

or material compensation but through engaging workers in decisions in order to improve their quality of work life.

The findings of the study also indicated that most of the people who are part of the management at Ngwelezana hospital have little healthcare experience. Probably this explains the lack of consultation of health professionals by management in decision making at the hospital. Another reason that influences the managers to behave the manner in which respondents have suggested could be attributed to the insecurities that incompetent personnel could develop to shield their incompetencies.

The findings also suggest that the nature of the challenges affecting health professionals is serious indeed and could even further affect the patients. Among the numerous challenges highlighted, the mixing of infectious with non-infectious patients was noted as the most critical blunder the hospital management has made in the hospital. The respondents also noted that mixing patients, especially with TB patients, constrains them from eliminating the spread of the disease. Due to this problem the hospital could easily encounter disease outbreaks, and fighting them would be difficult given that the hospital also has insufficient supporting equipment.

It is even worse that the laboratory functioning was also found to be operating slowly. This is an indication that health professionals in Ngwelezana are not able to make timely and proper diagnosis on their patients, due to the delays in the laboratory. Moreover, service delivery is grossly compromised by occurrences of that nature, and as a result the general public suffer. It is obvious from these findings that the Ngwelezana hospital has to improve on its relations with the health professionals and also improve the functioning of the laboratory and separate

the patients accordingly. By doing this, the hospital would increase its ability to render an effective and efficient healthcare service to the public.

The findings revealed that most of work related problems experienced by health professionals are as a result of poor coordination and poor management. Based on these problems Ngwelezana has a poor referral system and it hampers the manner in which the hospital renders its services to the public. A poor referral system hampers the manner in which health professionals operate, especially if they realise that there is a critical case that has to be referred to an appropriate institution.

The findings of this study also included the sources of the identified problems. The health professionals think that most of the problems are as a result of poor planning and poor budgeting. The lack of a skilled workforce was also perceived by the health professional as a source of the work related problems which affect them as they render their services. Some of these employees who do not possess sufficient skills to perform their duties are within the higher echelons of the hospital management. As such people are part of the management, it would be impossible for the health professionals to challenge and question their authority. Moreover, an unskilled workforce can be a liability in an organisation, particularly if they occupy central positions such as managerial positions. These people could also be making decisions; in the case of Ngwelezana hospital it was evident from the findings that there is poor planning which is also exacerbated by poor budgeting.

Respondents further cited workload as another problem they have experienced at Ngwelezana. This is not surprising given that there are numerous unadvertised vacancies for health professionals. It emerged from the respondents that even when these vacancies are

advertised they hardly get filled. However, the researcher is mindful that the South African government regards this area of health professionals as a scarce skill, since there is high competition to attract and retain them, especially between the public and private sector.

The findings also indicated that procurement problems are also hampering the services that are supposed to be rendered by the health professionals. Health professionals at Ngwelezana highlighted that there are considerable delays in getting required medicines and equipment. Furthermore, the hospital does not maintain the equipment that is usually used by the health professionals. Consequently health professionals are unable to use the appropriate equipment to perform their daily functions. It is evident from the findings that health professionals in Ngwelezana are experiencing numerous problems and those problems further contribute to inferior healthcare services. This confirms the resource dependency theory that every organisation, big or small requires resources whether material or human in order for it to function, without the necessary resources, the goals of the organisation will not be met.

4.6 Summary

The above chapter has dwelled on the problems that are perceived and experienced by health professionals during the course of their work, challenges that health professionals encounter include, shortage of working equipment, mixture of wards, slow operation of labs, poor referral system, demotivation of employees, lack of skilled workers, poor planning and budgeting and many others. These problems are indicators that prevent them in delivering quality service. However, health professionals did indicate that if these problems were to be addressed it could improve the quality of service within the Ngwelezana hospital.

The next chapter will consist of the summary, conclusion and recommendations

Chapter Five

Summary, Conclusion & Recommendations

5.1. Introduction

This chapter presents the discussions of the findings, and makes recommendations that can assist Ngwelezana hospital to ameliorate the working environment of health professionals. It is the hope of the researcher that health professionals' working conditions will be improved in order to advance the interest of the general public.

5.2. Conclusion

The study demonstrates some of the most important factors which are considered by the healthcare professionals as that which affect them in functioning optimally. This study examined the perceptions of health professionals on service delivery challenges, with specific reference to service delivery challenges at Ngwelezana hospital in KwaZulu-Natal Province, South Africa. This study has revealed the nature of the challenges that health professionals face during the course of their work and how these challenges prevent them from delivering quality service to those that seek medical attention on a day-to-day basis.

The health of a nation is its wealth. While the state has very good policies on paper towards ensuring effective health service delivery, the implementation on the ground is very poor. A radical approach that takes organizational efficiency and the human needs of health professionals into consideration is urgently needed to revamp the health sector in KwaZulu-Natal in the context of this study. Accordingly, a number of possible solutions have been identified and suggested to reduce or eliminate these challenges. This study suggests that government and Ngwelezana hospital reviews and implement the aforementioned recommendations.

5.3 Recommendations

- The findings of the study suggest that Ngwelezana hospital should urgently review the work environment that it provides its employees with and provide a more conducive work environment, one that has well planned infrastructure that will create a good work atmosphere and will enable its employees to perform their duties effectively and efficiently.
- In order for the hospital to decrease the work load of health professionals, it should consider having a strict intake of in-patients from the admissions department.
- Furthermore, the hospital needs to avoid burnout, absenteeism and unproductiveness of health professionals due to increase of work load.
- The hospital should consider submitting correct statistics on the shortage of healthcare professionals to the Provincial Department of Health so that the department can be aware of the vacancies that need to be filled and according to which profession and which category needs to be filled most urgently. Following this, the hospital should advertise and fill a vacant post as soon as a nurse or doctor has resigned or retired, in order to avoid staff shortages.

- Ngwelezana hospital could adopt a strategy to retain health professionals. The hospital should review salary structure, compensation methods such as reward systems, performance appraisals and giving incentives to health professionals as a strategy that will reinforce behaviour and increase productivity. Health professionals should not feel neglected or not respected during the course of their

work. The government and Ngwelezana hospital should by all means adhere to strategies that will motivate employees at all times.

- The hospital management should consider the use of a bottom-up approach in terms of open policies and include sub-ordinates in decision making processes to encourage consensus among health professionals. This will help build a relationship between management and sub-ordinates.

- One of the critical challenges health professionals are facing in Ngwelezana hospital is having insufficient resources to work with everyday. Since insufficient resources interfere with the rendering of quality of service to patients, the hospital should try to ensure that resources are made available to patients. However, the Stores Department within the hospital should devise a functioning strategy for managing the ordering of required resources. The committee within the hospital that is responsible for choosing resources before ordering must consider choosing resources that are of quality.

- Poor planning and budgeting was also one of the concerns health professionals expressed. The system of selecting people for top managerial positions should be conducted by people with experience and leadership skills. Those people recruited for top managerial positions must be provided with frequent workshops in order for them to be productive in their line of work, and there should be a clear line of communication amongst managers in all departments and those employees in sub-ordinate positions.

- The hospital should urgently look at the practice of mixing of infectious with non-infectious patients, as this not only increases the spread of disease but also costs. Clinics should serve their purpose and role at their primary level by dealing with patients by treating diseases at their early stages rather than when disease has developed. This could then improve the poor referral system. Before wards become overcrowded and lead to patients to be referred to the next ward that is not of the description of their illness or condition, the hospital must develop a strategy to keep up with the bed-state of the hospital and should have a strict admission policy and when the hospital is full for an in-patient of a certain criteria, the hospital should consider referring patients to other hospitals.

- Health professionals were also concerned with the slow operation of the laboratory and unmaintained equipment in Ngwelezana hospital. This study suggests that the hospital should review that its laboratory improves its services, get advanced equipment so to reduce the specimens to be transported to other laboratories as far as Durban, and also devise a strategy that will help speed up analyzing of specimens. Government should also consider opening its own labs and end the use of private company labs.

- With the matter of unmaintained equipment, staff should be trained by the service provider of that particular product on how to use new equipment to avoid the damaging of equipment or equipment not being used at all. Staff should also follow the guidelines provided in the manual and proper usage of the particular

equipment. Proper service dates of equipment should be adhered to in order to avoid equipment being unmaintained.

5.4 Limitations of the study

The study is limited by the following:

- Only the perceptions of health professionals (nurses and doctors) were used to formulate solutions to the problem.
- The research was conducted only in Ngwelezana hospital, in Kwazulu-Natal Province, South Africa.
- There were also too few doctors to make the findings balanced between doctors and nurses.

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APPENDICES

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APPENDIX A: Ethical clearance certificate

UNIVERSITY RESEARCH ETHIC COMMITTEE
(Reg No: UZREC 171110-30)

UNIVERSITY OF ZULULAND
Website: http://www.unizulu.ac.za

Private Bag X1001
KwaDlangezwa 3886

Tel: 035 902 6887
Fax: 035 902 6222
Email: MangeleS@unizulu.ac.za

ETHICAL CLEARANCE CERTIFICATE

Certificate Number	**UZREC 171110-030 PGM 2013/52**							
Project Title	**An analysis of perceptions of health professionals on service delivery challenges at Ngwelezane hospital in KwaZulu-Natal**							
Principal Researcher/ Investigator	SP Nkosi							
Supervisor and Co-supervisor	Dr. C. Isike				Ms. N Jili			
Department	Public Administration and Political Science							
Nature of Project	Honours/4th Year		Master's	x	Doctoral		Departmental	

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project proposal and the documents listed on page 2 of this Certificate. Special conditions, if any, are also listed on page 2.

The Researcher may therefore commence with the research as from the date of this Certificate, using the reference number indicated above, but may not conduct any data collection using research instruments that are yet to be approved.

Please note that the UZREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the documents that were presented to the UZREC
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UZREC in the prescribe format, where applicable, annually and at the end of the project, in respect of ethical compliance.

The table below indicates which documents the UZREC considered in granting this Certificate and which documents, if any, still require ethical clearance. (Please note that this is not a closed list and should new instruments be developed, these may also require approval.)

Documents	Considered	To be submitted	Not required
Faculty Research Ethics Committee recommendation	X		
Animal Research Ethics Committee recommendation			X
Health Research Ethics Committee recommendation			X
Ethical clearance application form	X		
Project registration proposal	X		
Informed consent from participants	X		
Informed consent from parent/guardian			X
Permission for access to sites/information/participants	X		
Permission to use documents/copyright clearance			X
Data collection/survey instrument/questionnaire	X		
Data collection instrument in appropriate language		Only if necessary	
Other data collection instruments		Only if used	

Special conditions: Documents marked "To be submitted" must be presented for ethical clearance before any data collection can commence.

The UZREC retains the right to

- Withdraw or amend this Certificate if
    - Any unethical principles or practices are revealed or suspected
    - Relevant information has been withheld or misrepresented
    - Regulatory changes of whatsoever nature so require
    - The conditions contained in this Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project

The UZREC wishes the researcher well in conducting the research.

Professor Rob Midgley
Deputy Vice-Chancellor, Research and Innovation
Chairperson: University Research Ethics Committee
06 September 2013

CHAIRPERSON
UNIVERSITY OF ZULULAND RESEARCH
ETHICS COMMITTEE (UZREC)
REG NO: UZREC 171110-30

09 -09- 2013

RESEARCH & INNOVATION OFFICE

APPENDIX B: Confirmation letter from CEO of Ngwelezana hospital

health

Department:
Health
PROVINCE OF KWAZULU-NATAL

NGWELEZANA HOSPITAL
OFFICE OF THE CHIEF EXECUTIVE OFFICER
P/Bag X20021
Empangeni, 3880
Thanduyise Road, Ngwelezana Township
Empangeni, 3880
Tel.:035 9017105, Fax. 035 7941883
Email.:Thandeka.khanyile@kznhealth.gov.za
www.kznhealth.gov.za

Date: 04 October 2013
Enquiries: Dr TT Khanyile
Ref:

Ms. P. Nkosi

RE: PERMISSION TO CONDUCT RESEARCH AT NGWELEZANA HOSPITAL

I have pleasure in informing you that permission has been granted to you by the Institution to conduct research on "An analysis of perceptions of health professionals on service delivery challenges at Ngwelezane hospital in Kwazulu-Natal."

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The Facility will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the Facility.

Sincerely

Dr TT Khanyile
Chief Executive Officer
Ngwelezana Hospital

APPENDIX C: Confirmation letter from KZN DOH

health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM /13
Enquiries: Mrs G Khumalo
Telephone: 033 – 395 3189

14 October 2013

Dear Miss S P Nkosi

Subject: Approval of a Research Proposal

1. The research proposal titled **'An analysis of perceptions of health professionals on service delivery challenges at Ngwelezana hospital in KwaZulu-Natal'** was reviewed by the KwaZulu-Natal Department of Health.

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

2. You are requested to take note of the following:
   a. Make the necessary arrangement with the identified facility before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mrs G Khumalo on 033-395 3189.

Yours Sincerely

Dr. E Lutge

Dr. E Lutge
Chairperson, KwaZulu-Natal Health Research Committee
Date: 15/10/2013.

APPENDIX D: Informed consent

UNIVERSITY OF ZULULAND

Researcher: Miss Sinenhlanhla Precious Nkosi **Supervisor**: Dr Christopher Isike

Co-supervisor: Miss Nokukhanya Jili **Research officer:** Dr Irrshad Kaseeram

Discipline: Public Administration

INFORMED CONSENT

Dear: Sir/ Madam

You are kindly requested to complete the questionnaire. The questionnaire is for academic purposes, as I am currently doing my master's in Public Administration. I am undertaking a study titled "An analysis of perceptions of health professionals on service delivery challenges at Ngwelezana hospital in Kwazulu-Natal". You will not be required to enter your name or your contact details, therefore your response will remain anonymous.

Your participation in this study will be of great importance, should you have any queries you should feel free to contact me (the researcher) or my supervisor.

Miss Sinenhlanhla Precious Nkosi

Cell no: 0736983959

e-mail: preciousnkosi93@yahoo.co.uk

Dr Christopher Isike (supervisor)

OH: 035-9026572/ AH: 0827491155

cisike@pan.uzulu.ac.za

UNIVERSITY OF ZULULAND

An analysis of perceptions of health professionals on service delivery challenges at Ngwelezana hospital in Kwazulu-Natal.

Supervisor	**Co-supervisor**	**Researcher**
Dr C Isike	Miss N Jili	Miss S Nkosi
035-902 6572	035-9026615	0736983959

I am Sinenhlanhla Precious Nkosi, a master's degree student at the department of public administration, University of Zululand. I invite you to participate in my research project entitled "An analysis of perceptions of health professionals on service delivery challenges at Ngwelezana hospital in Kwazulu-Natal".

I require your participation in this study as my respondents to my research questions. Please note that your participation in this study is voluntary and there will be no monetary gain from participating in this research.

This study does not intend to cause any harm now or in the future, your privacy and confidentiality will remain. You may refuse to participate or withdraw from the project any time you want.

At least it should take you about 10 to 15 minutes to fill in the questionnaire.

Researcher:

Nkosi S.P (200902961)

APPENDIX E: English questionnaire

An analysis of perceptions of health professionals on service delivery challenges at Ngwelezana hospital in Kwazulu-Natal.

Please fill in the following questionnaire. This is an academic research which will be used for academic purpose therefore you are ensured that your confidentiality remains. As health professionals you are regarded as main stakeholders in service delivery in the hospital, therefore your co-operation in the completion of this questionnaire will be greatly appreciated.

INSTRUCTIONS

This questionnaire is divided into two sections section A and section B. Please answer both questions.

- Please mark X on relevant box.
- Please support your arguments to express your opinions where space is provided.

SECTION A:

1. Please state your gender:

Male	Female

2. Age:

3. What is your profession? Please specify:

4. Which department do you work in?

5. Please specify the length of your service in Ngwelezana hospital.

SECTION B

6. What is your perception of the work environment at Ngwelezana hospital?
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7. What are the problems that are faced by health professionals in the course of their work in Ngwelezana hospital?
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8. What are the sources of the problems faced by health professionals in Ngwelezana hospital?
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9. Do you think these problems serve as a barrier to deliver quality healthcare service in the hospital? YES or NO, please support your answer.

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10. In your view, what are the possible solutions to the problems that are faced by healthcare professionals in Ngwelezana hospital?

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THANK-YOU FOR YOUR PARTICIAPATION

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APPENDIX F: isiZulu questionnaire

Isihlaziyo mayelana nabasebenzi bezempilo ababuka ngayo izinselelo zokulethwa kwezinsiza esibhedlela eNgwelezana kwaZulu-Natal

Uyacelwa ukuba uphendule uhlu lwemibuzo elandelayo. Lolu cwaningo lumayela nezemfundo kanti futhi uyaqinisekiswa ukuthi ulwazi olutholakele luyogcinwa luyimfihlo. Njengomuntu osebenza enkhakheni wezempilo sikuthatha njengombambiqhaza obabuleke kakhulu ekuthunyelweni kwezinsiza esibhedlela, ngakho-ke ukubamba kwakho iqhaza ekugcwaliseni le mibuzo kuyoncomeka kakhulu.

IMIYALELO

Lolu hlu lwemibuzo lwehlukaniswe isigaba ezimbili, okuyisigaba A kanye nesigaba B. Siyakunxusa ukuba uphendule yonke imibuzo kuzo zombili izingxenye.

- Uyacelwa ukuba wenze uphawu luka X ebhokisini elifanele.
- Uyacelwa futhi ukuthi weseke ukuphawula kwakho lapho kudingeke khona ikakhulukazi lapho kunesikhala khona esenele sokwenza lokho.

ISIGABA A:

1. Uyacelwa ukuba usazise ngobulili bakho:

Ngingowelisa	Ngingowesifazane

2. Iminyaka yakho yobudala:

3. Wenza msebenzi muni?

4. Usebenza ngaphansi kwamuphi uMnyango?

5. Usunesikhathi esingakanani usebenza esibhedlela eNgwelezana?

ISIGABA B

6. Uzizwa kanjani ngendawo osebenza ngaphansi kwayo esibhendlela eNgwelezana?

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7. Ingabe yiziphi izingqinamba abasebenzi bezempilo ababhekene nazo emsebenzi wabo esibhedlela eNgwelezana?

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8. Ingabe yiziphi izimbangela zezingqinamba abasebenzi bezempilo ababhekene nazo esibhedlela eNgwelezana?

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9. Ucabanga ukuthi lezi zingqinamba yizona eziyizithiyo ekunikezeleni ngezinsiza emsebenzi oseqophelweni wezempilo esibhedlela? Uma impendulo yakho kungu YEBO noma CHA usho ngani? Yithi ukuchaza kancane.

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10. Ngokubona kwakho, yiziphi izixazululo ezingasetshenziswa ukusombulula lezi zingqinamba ezibhekene nabasebenzi bezempilo esibhedlela eNgwelezana?

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SIBONGA KAKHULU UKUBAMBA KWAKHO IQHAZA KULOLU CWANINGO

APPENDIX G: Confirmation letter for language editing

Feb 27th 2014

To Whom it May Concern

I am writing to confirm that the dissertation entitled "An analysis of perceptions of health professionals on service delivery challenges at Ngwelezana hospital", submitted by Miss Sinenhlanhla Precious Nkosi has been edited for English language grammar and usage.

Dr John Boughey
Director Academic Development
University of Zululand