A CASE STUDY: EVALUATING PUBLIC SECTOR SERVICE DELIVERY
AT KWAZULU – NATAL PROVINCIAL HOSPITALS, REPUBLIC OF
SOUTH AFRICA

Simphiwe Emmanuel Ndlovu (PhD)
Deputy Director General, KwaZulu Natal, Department of Health, Durban, South Africa

Abdullah Kader (PhD)
Senior Faculty Member, Graduate School of Business, University of KwaZulu – Natal, Durban, South Africa

Anis Mahomed Karodia (PhD)
Professor, Faculty Member and Researcher, Regent Business School, Durban, South Africa

ABSTRACT
The paper evaluates public sector service delivery at KwaZulu – Natal provincial hospitals in South Africa. It approaches the topic from a case study perspective. However, it does not attempt to provide any analysis of the in depth questionnaire administered to respondents because this analysis covers more than 300 pages. The paper outlines the research methodology, the objectives of the study and the key questions that the study was based upon. In addition the paper outlines very briefly the literature review, the research design, its research methodology, the sampling procedure, data collection techniques, outlines the limitations of the study and finally presents the conclusions and recommendations. It is hoped that the paper adds value to service delivery at public hospitals in South Africa through an elaborate provincial system of governance. By the same token, it is hoped that the paper will contribute to the body knowledge of healthcare in the public healthcare system of South Africa. The paper does not impinge upon the work of others who have engaged this field of academic engagement because it draws heavily upon the work of the principal author, who submitted this work as a PhD dissertation at the University of KwaZulu – Natal, Durban, South Africa.

Key Words:

INTRODUCTION
The media is often accused of sensationalism in its coverage of the state of the public healthcare sector, this research case study has shown that, from the perspective of patients at selected KwaZulu – Natal (KZN) provincial hospitals, there is reason for concern with regard to the identified service delivery goals and improving the healthcare system, among other disquieting issues. Although, it is evident that the National Department of Health has paid some attention to the development of the South African national health system in post apartheid times and that the National Health Insurance (NHI) scheme holds some promise, this study has shown that patients as consumers of hospital services are not experiencing the promised improvements. One of the
main challenges facing the Department of Health is how to bridge the divide between popular pronouncements with regards health policy and actual implementation. Therefore, the key lessons of the research are:

- The Department of Health (DOH) needs to play a leading role in supervising the delivery strategy.
- The multiplicity of causal factors and bureaucratic processes that slow down and impede service delivery should be modified.
- The breach of patient confidentiality (Choi et al, 2006: 37) state that clients must be assured privacy.
- That education is essential and medical results should not be delayed in order to avoid patient anxiety.
- Quality has to be improved together with accessibility and acceptability of service delivery standards.
- The building of community awareness is essential in terms of the Patient’s Rights Charter.
- Token citizen participation must be avoided.
- The coalescing of political power must be advocated in order to facilitate access to basic services for the poor.
- Information and continuous dialogue is necessary with the aim of addressing needs.
- An increased focus on leadership and development within the public sector for purposes of implementation of the proposed NHI.

It is therefore advocated that, given the above, any future research might be replicated in other populations in their various environments in order to generalize further findings. In this regard, it is hoped that the key recommendations from the study can and will serve as benchmarks for replication with regards service delivery. In terms of recommendations that emanated from the study, it calls for the following: greater research; management principles for purposes of service delivery; knowledge management, training and education (Fowler and Pryke, 2003); customer service standards; standards to be reflected in the mission and vision statements; customer service contracts; employee oriented processes; job descriptions; human resources recruitment policies; establishment of service delivery committees; grievance procedures for both customers and patients (Kalisch and Aebersold, 2006: 143); review and establishment of other medical related bodies; reward and recognition programmes; quality of care assurance programmes; a revamp and provision of outpatient departments.

It is against this background and the issues identified that the study was conducted. The aim primarily is to add to the possibilities of improving service delivery at KwaZulu Provincial Hospitals within the Metropolitan and surrounding regions. The hospitals included in this survey included the Ethekwini Metropolitan Municipality – Addington Hospital; King Edward VIII Hospital; and the Stanger Hospital that serves urban, rural and semirural communities. These are large hospitals that serve sizeable populations and are therefore representative of hospitals in general; and the poor that use these hospitals together with an emerging middle class of people within the Province of KwaZulu Natal. On the other hand extrapolations and generalizations could be made for the public hospital services in South Africa as a whole, in order to learn from this experience and in order to assist the provincial and national governments to improve service delivery components that have been outlined above together with other important variables that would have emanated from this study.
LITERATURE REVIEW

The literature review is a significant evaluation of the past and current literature in a specific area of information and knowledge (Fox and Bayat, 2007: 35). The principle researcher conducted a comprehensive review that provided the impetus for purposeful evaluation and interpretation of an appropriate approach to the study. The literature review provided different viewpoints on the subject matter. In this regard (Blanche, et al, 2006: 21) identify the following kinds of sources which were considered relevant to the study. These are:

- “Chronological reviews, which consider the sequential expansion of the literature. And a positive examination of community (public) involvement in public sector delivery.
- Thematic reviews, which are planned around the diverse themes in the study, as well as debates.
- Academic review which draws on hypothetical developments in a particular area which indicates how each theory is supported by empirical evidence.
- Experimental review, which summarizes the observed findings and focuses on diverse methodologies. This also improves reliability and validity questions.

Democratic South Africa came into being in 1994 and therefore the legacy of apartheid had to be dealt with in terms of transformation of the public healthcare management sector of the country. Russel and Bvuma (2001) “observe that the South African public service offered an ambiguous face to the world in 1994 with significant know – how in pockets but an overwhelming obligation to revolutionize the public service focus, culture and accompanying procedures.” The degree of transformation that was required was enormous. This change had to be ushered in by means of the vision outlined in the new democratic Constitution (1996) and a revision of public service regulations. All of this had to be undertaken in accordance with other Acts and laws, including the Batho Pele, 1997 (people first) principles. Given the mammoth transformation agenda that was placed at the feet of the democratic government post 1994, the public service had to be so constructed and transformed into a learning organization for the 21st century. If the African civil service was to lead Africa “to attain its commitments to the Millennium Development Goals, new ways of doing business and thus continuously solving problems becomes essential” (Fraser – Moleketi, 2007). It is obvious that all of this must be geared to a customer oriented service delivery strategy. This strategy must therefore include:

- Service standards; Access; Courtesy.
- Information; Redress; Value for Money;
- Citizens as effective policy partners;
- E – centered and a customer – centered public administration;
- Cultural factors;
- Literacy levels.

RESEARCH DESIGN

Key stakeholders were interviewed at the three hospitals in respect of service delivery at provincial hospitals. In addition nursing managers, medical managers and matrons were interviewed in order to construct the relevant questions that would be included in the questionnaire. It was clear that some of the healthcare employees understood the issues of Black Empowerment processes and patient rights, but many did not. This information was critical in determining the design of the study survey and to administer it accordingly. The questionnaire serves as an empirical structure and strategy to assist and direct study activities and to ensure that sound conclusions could be reached. The aim of the research design was to structure a research
plan in a way that the eventual validity of the research findings was maximized. An empirical study was conducted with the help of trained fieldworkers. The questionnaires were administered over one month and a total of 222 questionnaires were administered in the three hospitals, with at least 70 respondents per hospital. At least 30 doctors and nurses were interviewed at each of the three hospitals. A further 40 patients who were at the hospital for more than three days were also interviewed at all three hospitals. A stratified random probability sample was taken from each group of respondents to ensure representation of respondents from the different areas.

ANALYSIS OF RESEARCH

The empirical data were analyzed using the Statistical Package for the Social Sciences (SPSS). It is a computer application that provides statistical analysis of data. It allows for in-depth data access and preparation, analytical reporting, graphics and modeling. In analyzing data one of the most important aspects is to test for statistical correctness of models and therefore hypothesis testing was used to look for significance in relationships.

RESEARCH METHODOLOGY

An exploratory research design was used to answer the research questions. According to Dillon et al. (1994: 40 – 41) such a design provides ideas and insights into a broad or relatively vague problem. It also allows for a more precise statement of the problem, which in turn will allow causal or descriptive research designs to be used. Descriptive research is often employed when a researcher knows something about the problem being researched and addressed. The broad methodology adopted to solve the main and sub-problems in this study is outlines under headings as follows:

- Sampling procedure.
- Non-probability sampling.
- Probability sampling.
- Stratified random sampling.
- Sample size for correlation with acceptable absolute precision.

TARGET POPULATION

Saunders et al. (2000: 150) describe a “population as the full set of cases from which a sample is taken.” Bless and Higson – Smith (2000: 84), state that “the complete set of substance (people) is the main focal point of an investigation or study.” Nichols (1991: 50) notes in the early stages of study design, the researcher needs to identify accurately which cluster or group of people or units he/she is interested in, and that particular group of interest is the targeted population. The targeted population for this study was patients and hospital staff, doctors and nurses in three provincial hospitals in KwaZulu – Natal.

DATA COLLECTION TECHNIQUES

Data collection refers to collecting data from a target group of a population or respondents by means of personal interviews, self-administered questionnaires or through direct contact (Pillay, 2007: 197). According to Bless and Higson – Smith (2000: 97) “data consist of measurements collected as a result of scientific interpretation or observations and can be classified according to the way in which it is collected or in terms of intrinsic properties.” It must be broken down into primary and secondary data and the data collection techniques used in this study were personal interviews and the personal administering of questionnaires. Careful attention was paid to the design of the questionnaire.

RESPONSE RATE

Approximately 95 percent of the questionnaires were returned, whilst some officials and senior personnel including doctors and nurses were not available. This did not negatively impact on the
study. Other salient issues such as nonparametric, parametric tests and Pearson’s correlation, the actual sample, reliability and validity including the techniques used, together with frequency were factored into the design for purposes of the construction of graphs, bar charts, and pie charts. Preparation, coding, entering and clearing data was also factored into the study.

LIMITATIONS OF THE STUDY
There were some limitations in the empirical study. Some respondents were unable to respond because of work pressures, inability to respond to certain questions and the lack of knowledge of the specifics of service delivery. There were a few instances where respondents did not complete a question either as a result of being unsure or unfamiliar with the specificities surrounding service delivery. There are substantial differences between cultural backgrounds and language spoken and this created a difficulty while conducting the field survey. In order to overcome these constraints, the researcher employed the services of people who were familiar with both the culture and background in the region under study, and were fluent in the language spoken. Ethical considerations were taken into account, in order not to compromise the study.

CONCLUSIONS
The study aimed to build on the conceptual framework of public administration and the Batho Pele principles (people first principles), locating healthcare service delivery within this framework. The following salient and important conclusions were drawn from the study. Using the different chapters of the study the following conclusions are outlined hereunder:

- That the Patients’ Rights Charter is a critical policy that the Department of Health must implement to achieve effective service delivery and implement the Batho Pele principles in all hospitals in order to be responsive to the needs of citizens and deliver services in order to improve the quality of healthcare.
- In order to transform healthcare from previous apartheid policy, the democratic government must reform the traditional bureaucracy for purposes of improving efficiency and effectiveness of public service delivery.
- There has to be a decisive improvement in knowledge management and government service delivery for purposes of inculcating a direct and positive impact on the performance of civil servants.
- Effective policy must incorporate effective partners; e.g., government and customer – centred public administration.
- It is important that critical factors such as culture and literacy levels in South Africa be given serious consideration in transformation initiatives.
- The notion of pursuing shared goals between the public healthcare sector and patients’ must become the cornerstone of service delivery in healthcare management. This would improve the National Healthcare System.
- Serious consideration in respect of poor service delivery which was identified as a major problem and challenge at provincial hospitals that, compromise service quality and healthcare was rated negatively and, this needs to be dealt with decisively.
- Outpatient anger aggression and frustration was related to poor service delivery at provincial hospitals in respect to poor treatment.
- The issue of unfriendly staff, lack of coordination and unsafe circumstances in provincial hospitals as well as dehumanization and an unethical climate was related to a lack of consideration, professionalism, a lack of respect for patients and thus hampers implementation. These aspects have to be dealt with by hospital administrators.
The proposed NHI must improve the healthcare system, in order to ensure that even the poorest people and the unemployed have access to better healthcare.

The study categorically underscored the reality that the treatment plan within the NHI was found wanting. No tangible evidence was obtainable in respect of redirecting resources and identifying cost drivers and therefore, the reform track record bodes ill for this initiative.

The study further determined that a review of the population coverage under the NHI and reengineering of the primary healthcare system must be seriously reviewed.

The NHI will require accreditation of healthcare providers, an office to monitor health standards compliance, accreditation standards, payment of providers, a health coding system and, a unit to contract the services of healthcare providers.

Principal funding mechanisms, the role of co-payment, the total cost of NHI, funding flows, the establishment of an NHI fund, migration from the current system into a national system and the health insurance environment still need to be established. This is a fundamental flaw and must be addressed urgently.

Currently, there is no tangible human resource policy and therefore, organizational and training development programmes, organization, personnel and operational analysis, new learning approaches including strategic learning, action learning and the monitoring and evaluation of all these programmes to ensure their effectiveness in the development of and the transfer of skills is in the main lacking and therefore, it requires intervention.

RECOMMENDATIONS
The following recommendations emanate from the literature review and the study as a whole. This would allow in addressing the findings, and conclusions made in this study. It would therefore mean having an integrated model to enable meaningful application of the results. These are enumerated and captured hereunder:

- **RESEARCH:** A more extensive survey should be undertaken in the same province (KZN), including other hospital wards /units and other departments that deal directly with patients. Such studies should be replicated in other regions and districts. All of this needs to be undertaken in the context of the implementation of the proposed NHI.

- **MANAGEMENT:** Du Preez (2002) observes that defining roles and responsibilities is integral in achieving optimum service delivery.” Hospital and provincial management should demonstrate a commitment to improving the quality of service delivery. This must be undertaken by identifying problem areas such as respect and courtesy towards patients as well as addressing and monitoring stock and equipment shortages on a continuous basis. That quality assurance programmes should be implemented and that all levels of healthcare staff members are monitored. Formulating new management policies that emphasize excellent customer care. These policies should provide clear guidelines on behaviour for all employees, including medical personnel, security guards, clerks and other hospital officials. Top management should show increased visibility in service delivery settings through the development of schedules on a routine basis. Management should provide written feedback reports following visits.

- **KNOWLEDGE MANAGEMENT, TRAINING AND EDUCATION:** Wig (2002) is of the opinion that knowledge management could make a significant contribution to rendering a country’s public administration more effective.” All categories of staff should be included in training sessions. “It is widely accepted that in order to achieve successful
public sector service delivery, knowledge management processes must be utilized as a means of gaining a competitive edge” (Fowler and Pryke, 2003).

- **CUSTOMER SERVICE STANDARDS:** Customer oriented service delivery is achieved through various initiatives introduced by government, including one – stop shops, the e – Government project and a call centre (Levin, 2004). Service delivery must be citizen centred. New customer service standards should not only be adopted, but evidence of their implementation should be collected.

- **CUSTOMER SERVICE STANDARDS SHOULD REFLECT A STATEMENT OF THE FOLLOWING PRINCIPLES:** (a) Patient safety; (b) Courtesy; (c) Professional conduct and presentation; (d) efficiency; and, (e) Trust.

- **MISSION AND VISION:** The above service standards should be reflected in a mission and vision statement that is clearly visible to staff and patients.

- **CUSTOMER SERVICE CONTRACTS:** A customer service contract should be formulated and all employees should be requested to sign it in line with reasonable labour practice.

- **EMPLOYEE ORIENTED PROCESSES:** A new monthly employee oriented process / in – service education programme should be adopted and should include: sessions where top management demonstrate their commitment to the values and processes of customer excellence and report on tangible measures that were undertaken to achieve this and; sessions where topics related to the improvement of service delivery and customer excellence and customer service are addressed.

- **JOB DESCRIPTIONS:** job descriptions should be revised to include the new customer service standards and NHI with clear descriptions of corresponding required behaviours.

- **HUMAN RESOURCES RECRUITMENT POLICIES:** Recruitment and hiring policies and procedures should be reformulated in line with reasonable labour relations practice that reflects at least the following: Screening of applicants by the human resources department for specific customer service skills and; A commitment to customer service and service delivery that is signed by the employee as part of the application and employment procedure.

- **ESTABLISHMENT OF A SERVICE DELIVERY COMMITTEE:** This would assist the provincial hospitals formulate and revise: (a) Service delivery and customer service standards and contracts; (b) Service delivery focus and customer service excellence training programmes; (c) Generic benchmarks for service delivery excellence and customer excellence in the provincial hospitals, with clinical units tailoring their own; (d) Patient satisfaction surveys and; (e) Training on Patient’ Rights Charter for all staff members.

- In addition the following must be given serious attention: (a) Grievance procedures for customers and patients; (b) Review and the establishment of other bodies; (c) Reward and recognition programmes; (d) Quality care assurance programmes; (e) Provincial hospitals’ outpatient departments.

**CONCLUSION**

Given the national and international commitments relating to health, this study has shown that, from the perspective of patients at selected provincial hospitals in KZN, there are reasons for concern regarding the identified service delivery goals. The findings of the study point to the fact that patients and members of the public, as consumers of hospital services, do not experience the promised improvements in their direct contact with provincial hospitals. The current service
offered by provincial hospitals is inadequate and has resulted in poor patient care. It therefore seems evident that. One of the main challenges of the proposed NHI and NHS under the Department of Health is how to bridge the divide between popular pronouncements with regard to healthy policy and actual policy implementation; between government intentions and actual manifestation. The results of this study are somewhat disturbing and as exemplified by the unprofessional conduct demonstrated by some healthcare professionals is not conducive to the creation of an ethical health service delivery environment. The negative experience of service quality delivered to patients in outpatient departments also reflects negatively on the image of the healthcare services on the one hand, and on the other, could negatively affect the health of patients. Intervention is required to manage the negative experiences of outpatients in terms of the quality of service delivery. An ethical healthcare environment needs to be cultivated in the outpatient department. This will promote quality service delivery and thus make the patients’ experience more meaningful.

The NHI is a move in the correct direction given the legacy of apartheid legacy. However, given the current state of play much more analysis, consideration and thought without emotion needs to be considered by the government of South Africa before implementation is finalized. The state of the public healthcare system is in complete disarray and therefore requires its improvement immediately and within a given time frame. South Africa is not ready for the implementation of the NHI and any haphazard implementation will do the country a great disservice. Serious rethinking is required in this direction.

BIBLIOGRAPHY