AN EXAMINATION OF THE IMPLEMENTATION OF THE BATHO PELE PRINCIPLES BY NURSING STAFF AT BOPHELONG PSYCHIATRIC HOSPITAL

By

ITUMELENG ELIJAH SETLHARE

Submitted in partial fulfilment of the requirements for the degree of

MASTERS IN BUSINESS ADMINISTRATION

in the

Graduate School of Business and Government Leadership

in the

Faculty of Commerce and Administration

at the

NORTH- WEST UNIVERSITY

Supervisor: Dr M.P. Maaga

July 2005

DECLARATION

I Itumeleng Elijah Setlhare declare that the dissertation for the Masters degree in Business Administration at the North-West University hereby submitted, has not previously been submitted by me for a degree at this or any other University, that it is my own work in design and execution and that all materials contained herein have been duly acknowledged.

_____

SIGNATURE

Acknowledgements

This study would not have been possible had it not been for the support and cooperation of the management, staff and patients at Bophelong Psychiatric Hospital. I deeply appreciate the cooperation I received from you people.

Thank you to Mr Modise Sedupane who helped me with the analysis of the data and Dr T Thiba for language editing of the thesis and valuable inputs.

A special thanks to Dr M.P. Maaga for all the time he made available despite a busy schedule, to guide and advice me throughout the project.

Without the love, support and encouragement of my beautiful wife, Boitumelo this piece of work would not be before you. Sincere thanks to you my love.

Above all I thank the almighty for the wisdom and strength he provided me with to complete this piece of work.

A special thanks to everyone who made this study possible.

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION AND ORIENTATION

CHAPTER 2: LITERATURE REVIEW

CHAPTER 3: RESEARCH DESIGN

CHAPTER 4: RESULTS, ANALYSIS AND INTERPRETATION

CHAPTER 5: SUMMARY, FINDINGS AND RECOMMENDATIONS

LIST OF TABLES

ANNEXURES

ABSTRACT

The purpose of this study was to find out whether the nursing staff at Bophelong Psychiatric Hospital implemented the four Batho Pele principles in service delivery. These principles included consultation, service standards, courtesy and redress. The population consisted of in-patients at admission and acute rehabilitation wards receiving nursing service. The survey approach was used in this study as patients were asked to report their opinions or perceptions in relation to services rendered at the hospital. Proportionate stratified random sampling was used because the consumers of services at Bophelong Psychiatric Hospital differ in respect of socio- economic status, age and sex.

A combination of non- structured interviews, structured interviews and self- administered questionnaires were used to gather information. Data was analysed by the use of a Statistical Package for Social Science (S.P.S.S) computer package 12.0 version. Data was presented in tables and written texts. The perception that the public service lacked consultation was maintained by the respondents. It was deduced that the standards were not communicated to the patients therefore they did not know the level of service they were entitled to. Generally the hospital was doing well with regard to courtesy as most of the patients were satisfied with the nurses' behaviour or attitude towards them. However, the redress aspect of the hospital was still wanting. Patients did not know where or what to do when having a complaint. Further studies on the remaining four Batho Pele Principles should be conducted. Similar studies should be conducted on state president's patients at the hospital as they form a large number of patients admitted and stay in the hospital for longer periods. Further studies should also be conducted on management and nurses who are providing the service to establish whether or not they are implementing the provision of the White Paper on Transformation of Public Service Delivery and if not why.

CHAPTER 1: BACKGROUND AND ORIENTATION

BACKGROUND

The South African government used policies of apartheid in health provision prior to 1994. The South African public service in many ways promoted and defended the social and economic system of apartheid. As such, the government or the policy of apartheid was characterised by a number of problematic policies and practices. These policies if left unchanged, could seriously compromise the ability of the post-apartheid government to achieve its major goals of reconstruction and development, nation building and national reconciliation, community empowerment and democratic participation.

According to the White Paper on the Transformation of the Public Service, 1995 the system of service provision that developed under apartheid was discriminatory and exclusionary, particularly towards black South Africans. It was concerned with the application of rules and procedures rather than with the development of a culture and ethos of service. After the first democratic election in 1994, the systems and processes of the government had to transform to cater for the majority of the country's citizens who were previously oppressed and disadvantaged. The democratic government had to reshape the public service for public service or government's role in the new dispensation in South Africa. Its commitment was to continually improve the lives of the people of South Africa through a transformed public service that was representative,coherent, transparent, efficient, effective, accountable and responsive to the needs of citizens.

According to the Public Service Draft White Paper (1995) the South African public service had a major role to play in promoting the processes of reconciliation, reconstruction and development. To fulfil this role effectively, the public service needed to free itself from its apartheid past and to be transformed into a much more coherent, representative, competent and democratic instrument for executing the government policies and meeting the needs of the citizens. According to the White on Transformation

of the Public Service (1995) in line with overall government policy, the Ministry for Public Service placed considerable emphasis on the need for effective consultation both within the public service and with the South African society. This White Paper, consequently, benefited from an extensive process of discussion and debate both within and outside the public service. This was seen as essential both to the development of a sound policy document and to the forging of a new and more inclusive identity for the public service.

The White Paper on the Transformation of the Public Service (WPTPS), published in November 1995, sets out eight transformation priorities, amongst which transforming service delivery is the key. This is because a transformed South African public service will be judged by one criterion above all, its effectiveness in delivering services which meet the basic needs of all South African citizens. Public service is not a privilege in a civilised and democratic society; it is a legitimate expectation. As a result meeting the basic needs of all citizens is one of the five key programmes of the government's Reconstruction and Development Programme (RDP). The White Paper on Transforming Public Service Delivery, therefore, urgently seeks to introduce a fresh approach to service delivery. This approach puts pressure on systems, procedures, attitudes and behaviour within the public service and reorients them in the customer's favour and also puts the people first.

The approach does not mean introducing more rules and centralised processes or micro-managing service delivery activities. Rather, the White Paper on Transforming Public Service Delivery involves creating a framework for the delivery of public services which treats citizens more like customers and enables them to hold public servants accountable for the service they render. A framework which frees up the energy and commitment of public servants to introduce more customer-focused ways of working. This approach is encapsulated in the name which has been adopted for this initiative - Batho Pele, a Setswana adage which means 'putting People first'.

The White Paper on Transforming Public Service Delivery (Batho Pele White Paper) was published by the Department of Public Service and Administration in October 1997.

According to this White Paper, its purpose is to provide a policy framework and a practical implementation strategy for the transformation of public service delivery. It is primarily about how public services are provided and specifically about improving the efficiency and effectiveness of the way in which services are delivered. It is not about what services are to be provided – their volume, level and quality which is a matter for Ministers, Members of the Executive Council (MECs), other executing authorities and the duly appointed heads of government institutions. However, MECs, executing authorities and heads of government institutions' decision about what should be delivered will be improved as a result of the Batho Pele approach. For example through systematic consultation with users of services and by information about whether standards of services are being met in practice will happen.

Eight principles are identified in the Batho Pele White Paper (1997) and are expressed in broad terms to enable departments to apply them in accordance with their own needs and circumstances. These principles are; Consultation, Service standards, Access, Courtesy, Information, Openness and transparency, Redress, and Value for money. Many public servants are devoted to public service. But many of the country's national and provincial departments still operate with pre-1994 systems and procedures which were not designed to put the needs of the people- all the citizens of South Africa- first. Batho Pele aims to make sure that attitudes, systems and procedures are reoriented in favour of service delivery.

Batho Pele is not about additional resources, it is about ensuring that the resources already consumed in running the Public Service are in future geared towards service delivery. It is about eliminating wasteful and expensive internal procedures and using the money saved to provide better services to more people. It is about making sure that the country's priorities for where money should be spent are in line with what the public regards as priorities. Many improvements that the public would like to see cost nothing- courtesy; respect; adequate information and apology if things go wrong- these are not a matter of additional resources; they are about adopting different standards of behaviour.

The first step is that staff at every level should study the principles of service delivery and suggest ideas for improving the service that are delivered to customers, whether inside or outside the public service. Managers will then put all these ideas together and formulate a draft service delivery improvement programme which will be a product of consultation. The programme will include specific service standards, as well as proposals for how the departments' systems and procedures will be transformed in the future in line with the Batho Pele principles. Once there is agreement on the service delivery improvement programme and there is sufficient confidence that it can be delivered, managers will publish a statement of public service commitment, on which performance is to be judged.

According to the White Paper on Transformation of Public Service Delivery, 1997(Batho Pele White Paper) departments were expected to publish standards for the service they provide and to monitor the results, with the aim of making clear commitment to the service standards that citizens can expect, and to explain to the citizens how the institutions will fulfil each of the principles of Batho Pele. Efforts were made by government to ensure that all consumers and potential consumers of the public service are aware of such statements, which are an essential tool to enable citizens to demand services in accordance with the principles of Batho Pele. For instance, in the case of the USA, Bodenheimer and Grumbach (2002: 141) state that improvement of health care quality cannot solely rely on regulators in Washington, D.C., in state capitals, or across town; it must come from within each institution. The Batho Pele Principles will not be imposed top down through detailed regulations and bureaucratic procedures. It will be up to each department and each component within each department, to design their own plans for improving services. All these will be fed into a department-wide strategy, which will eventually be published as a Statement of Public Service Commitment (White Paper on Transformation of Public Service Delivery, 1997).

Bophelong Psychiatric Hospital went the same route to improve the service delivered to customers and this research is focused on whether the hospital implemented the Batho Pele principles. Only four Principles of Batho Pele viz: Consultation, Service standards,

Courtesy and Redress from the nursing staff were looked into for the purpose of this research.

STATEMENT OF THE PROBLEM

The aim of this research was to examine the implementation of the Batho Pele Principles by nursing personnel at Bophelong Psychiatric Hospital, with respect to the following principles:

- **Consultation:** All national and provincial departments must, regularly and systematically, consult not only about the services currently provided but also about the provision of new basic services to those who lack them. Consultation will give citizens the opportunity of influencing decisions about public services, by providing objective evidence which determine service delivery priorities. Consultation also helps to foster a more participative and co-operative relationship between the providers and users of public services.
- **Service standards:** Once approved, Service Standards must be published and displayed at the point of delivery and communicated as widely as possible to all potential users so that they know what level of service they are entitled to expect and complain if they do not receive such services. Publishing standards is not enough, however. A formal mechanism for determining standards must be developed. In addition performance against standards must be regularly measured and the results published at least once a year and more frequently where appropriate. These steps form an essential mechanism to enable the public to hold national and provincial departments accountable for their performance. They are also essential tools to track improvements in services from year to year and to inform subsequent decisions about the levels to which standards should be raised in future.
- **Courtesy:** The concept of courtesy goes much wider than asking public servants to give a polite smile and to say 'please' and 'thank you', though these are certainly required. It requires service providers to put themselves in the shoes of

the customer and to treat them with as much consideration and respect as they would like to receive themselves. Many public servants do this instinctively; they joined the public service precisely because they have a genuine desire to serve the public. The Batho Pele principles require that the behaviour of all public servants is raised to the level of the best.

- **Redress:** The capacity and willingness to take action when things go wrong is a necessary counterpart of the standard setting process. The key to the Batho Pele Redress principle lies in being able to identify quickly and accurately when services are falling below the promised standard and having procedures in place to remedy the situation. This needs to be done at the individual level in transactions with the public, as well as at the organisational level, in relation to the entire service delivery programme.

This research focused on the four principles cited in the foregoing discussion above and ultimately leading to customer dissatisfaction.

PURPOSE OF THE STUDY

The purpose of this study was to find out whether the nursing staff at Bophelong Psychiatric Hospital implemented the four Batho Pele principles in service delivery.

HYPOTHESIS

Efficient and effective implementation of Batho Pele Principles by nursing staff in Bophelong Psychiatric Hospital results in customer satisfaction.

SIGNIFICANCE OF THE STUDY

This research will benefit:

- Employer: - the study informs the employer of the adequacy of his policies, rules and regulations in transformation of the public service delivery.

- Employees: - this study informs the employees about the impact of their practices.
- Patients: - the patients are informed about the level of efficiency and effectiveness of nurses rendering the psychiatric services.

SCOPE OF THE STUDY

The study was conducted in the admission and acute rehabilitation wards of Bophelong Psychiatric Hospital. The population consisted of in-patients at stated wards receiving nursing service.

RESEARCH METHODOLOGY

The survey approach was used in this study because patients were asked to report their opinions or perceptions in relation to service rendered at the hospital. According to Nieswiadomy (1987:144) surveys studies are investigations in which self-report data are collected from samples to describe populations on some variable or variables of interest. Surveys generally require subjects to report their attitudes, opinions, perceptions or behaviours.

SAMPLING METHOD

Proportionate stratified random sampling was used because the consumers of services at Bophelong Psychiatric Hospital differ in respect of socio- economic status, age and sex. High income and female consumers form a low percentage of the overall consumers; therefore, proportionate stratified random sampling would preserve proportions even of very small samples, allowing for any small minority to be properly represented.

DATA COLLECTION METHOD

A combination of non- structured interviews, structured interviews and self- administered questionnaires were used to gather information. The patients were given either self administered questionnaires or interviewed depending on the level of literacy.

DATA ANALYSIS

Once data collection and checking was completed, the process of analysing data began. Analysis was conducted so as to detect consistent patterns within the data, such as the consistent covariance of two or more variables. For example, a researcher who finds that higher scores on one variable are consistently found with higher scores on a second variable can conclude that those two variables are in some way related. Data analysis is the process by which the researcher summarises and analyses the data that have been collected.

Data were analysed through the use of a Statistical Package for Social Science (S.P.S.S) computer package 12.0 version. The T-test was used for variables needing medical aid and gender. All other biographic variables like age, level of formal education, number of visits and number of days hospitalised were explored through ANOVA. Research questions were measured using the 5 point likert scale.

CHAPTER 2: LITERATURE REVIEW

INTRODUCTION

This chapter focuses on the literature reviewed for this study. It was important to review the related literature regarding this research problem. Literature review provided the researcher an opportunity to identify the different variables that must come into play if one had to do justice to the topic. As the researcher proceeded with literature review it became clear that the rationale behind any organisation's existence is determined by the needs of the community around it. An organisation, be it private or public, exists so as to serve the interest of its potential customers. The manner in which the organisation meets the needs of its customers is very crucial to its existence and its customers.

LITERATURE REVIEW

The common characteristics of reform efforts in many countries are driving the responsibility of decision making downwards, setting of performance targets and service indicators and a greater concentration on the quality of services delivered to citizens as customers (Kim, 1998: 120). According to Bodenheimer and Grumbach (2002:141) the South African nation needs laws and regulations, including standards for health professional education, rules for licensure, boards with authority to discipline clear violators and teams to assess how a hospital or a group practice is functioning to safeguard the quality of care. Therefore the white papers like the White Paper on Transformation of Public Service Delivery, 1997(Batho Pele White Paper) were passed to ensure that public service standards are developed and implemented.

Kim (1998) and Bodenheimer and Grumbach (2002) share the same opinion regarding the issue of improving quality of service delivered to the citizens as customers. According to Kim (1998:123) after the Second World War, the biggest challenge facing governments world wide was to provide basic services to meet the community's most pressing needs for housing, education, health, welfare, law and order and infrastructure.

Meeting these needs and improving services remain as important as ever. However, in apartheid South Africa, systems of service provision were discriminatory and exclusionary, particularly towards black South Africans.

According to the White Paper on Transforming Public Service (1995) eight transformation priorities were set out, amongst which Transforming Service Delivery was the key. This is because a transformed South African public service will be judged by one criterion above all, its effectiveness in delivering services which meet the basic needs of all South Africans. Improving service delivery is therefore the ultimate goal of the public service transformation programme.

The Constitution of the Republic of South Africa, Act 108 of 1996 stipulates that public administration should adhere to a number of principles. These principles include that a high standard of professional ethics be promoted and maintained. The Constitution (of the Republic of South Africa, Act 108 of 1996) also states that services be provided impartially, fairly, equitably and without bias. Public resources should be utilised efficiently, economically and effectively and peoples' needs be responded to. The South African public should be encouraged to participate in policy-making and the public administration be accountable, transparent and development-oriented.

The White Paper on Transforming Public Service Delivery and the Constitution of South Africa state that public service should be transformed, delivery of public service and its quality be improved to meet the needs of all South Africans. However, the public service is currently perceived as characterised by inequitable distribution of public services, especially in rural areas. The other perceived character of public service is lack of access to services, transparency, openness and consultation on the required service standards. There is also lack of responsiveness and insensitiveness towards citizens' complaints and discourteous staff. These perceptions, which are frequently reflected in media reporting of public service activities, are also shared by many public servants themselves (White Paper on Transforming Public Service Delivery, 1997).

Bodenheimer and Grumbach (2002: 141) state that the goal of a health care system should be to deliver high quality care everyday to every patient. This goal presents an unending challenge to each health care giver and health care institution. Health teams and workers at all levels should develop a caring ethos and commit themselves to the improvement of the health status of their communities. They should not only be responsible for the patients who attend their health facilities, but also have a sense of responsibility towards the majority of the population in their catchment areas. Every effort should be made to ensure the improvement in the quality of services at all levels (White Paper for the Transformation of Health System in South Africa, 1997).

The White Paper for Transformation of Health System in South Africa and Bodenheimer and Grumbach, 2002 share same understanding around the issue of delivering high quality care everyday to every patient. However, according to Lovelock and Wright (1999: 4) customers are not always happy with the quality and value of the service they receive. The authors also state that people complain about rude or incompetent personnel, inconvenient service hours, poor performance, needlessly complicated procedures and a host of other problems. Customers mutter about poor value, and sigh as they are forced to wait in the line almost everywhere they go.

Beauchamp and Childress in Bodenheimer and Grumbach (2002: 144) state that participants in and observers of medical care have distilled widely shared human beliefs about healing the sick into four major ethical principles: beneficence, non-maleficence, autonomy and justice. Beneficence is the obligation of health care providers to help people in need. Non-maleficence is the duty of health care providers to do no harm. Autonomy is the right of patients to make choices regarding their health care and justice refers to the ethical concept of treating everyone in a fair manner.

According to Bodenheimer and Grumbach (2000: 127) each year in the United States, millions of people visit hospitals, physicians and other caregivers and receive medical care of superb quality. However that is not the whole story because some patients' interactions with the health care system fall short. African American and Latino patients

may experience an inferior quality of care compared to white patients. The likelihood of patients being harmed by medical negligence is almost three times as great in hospitals serving largely low income and minority patients than in hospitals with more affluent populations (Ayanian, in Bodenheimer and Grumbach, 2002: 127).

Johnston and Clark (2001:81) state that service quality from an operations perspective means the quality of the service that is delivered, i.e. whether the service constantly meet the specifications for that service. This, of course, may be different to how the customer sees the service (their perceived service quality) and thus there may be a mismatch between a customer's expectation of a service and customers' perception of its delivery. This mismatch could be the result of either a conflict between expectations and delivery and/ or a mismatch between delivery and perception.

A mismatch between customer expectations and service delivery may exist because of services being inappropriately specified or designed. There may also be insufficient resources to meet the expectations and or it may be possible that the customer may have inappropriate expectations. An inappropriate specification or design of the service may be the result of a poor understanding of customer expectations by managers. Managers may have not put enough time and effort into either specifying the service concept and service delivery or getting feedback from customers about what they feel to be an appropriate level of service. Insufficient resources may be the result of a poor understanding of market requirements or demand profiles (Johnston and Clark, 2001: 81).

Lovelock and Wright (1999: 105) argue that although many companies would like to increase productivity and quality, the two are not always compatible. Managers may have to make trade offs between quantity and quality, especially when customer satisfaction depends on customised service provided directly by employees. Firms should make productivity improvement only if they are sure that the changes will not negatively affect customer's perception of service quality. Unfortunately, many attempts to service productivity tend to centre on efforts to eliminate waste and reduce labour costs. Cut-backs in front- stage staffing mean either that the remaining employees have to work

harder and faster or that there are insufficient personnel to serve customers promptly at busy times. Although employees may be able to work faster for a brief period of time, few can maintain a rapid pace for extended periods. They become exhausted, make mistakes and treat customers in a disinterested way. Excessive pressure to improve productivity breeds discontent and frustration among all employees, but it is especially difficult for customer contact personnel, who are caught between trying to meet customer needs and attempting to achieve productivity goals.

Managers need to be aware of the risk that cost cutting measures, driven by finance and operations personnel without regard for customer needs, may lead to deterioration in quality and convenience (Lovelock and Wright, 1999: 11). According to Bodenheimer and Grumbach (2002: 136) in financially strapped and under staffed clinics and hospitals, finding time for administrators to organise continuous quality improvement teams and for employee members of these teams to meet is a hurdle. The authors believe that the financial constraints and or cost- cutting measures may have a negative effect on the quality of service rendered. Quality may be compromised if clear scientific knowledge fails to distinguish between effective and ineffective or harmful care.

Lovelock and Wright (1999: 50) further maintain that like a play in a theatre, the visible components of service operations can be divided into those relating to the actors (or service personnel) and those relating to the stage set (or physical facilities, equipment, and other tangibles). What goes on back stage is of little interest to the customers. Like any audience, customers evaluate the production on those elements they actually experience during service delivery and on the perceived service outcome. According to Linton (1993: 58) it is important to get the highest standard of performance from key staff whose actions have a direct impact on the customer, the customer facing staff who are in regular contact with and who are seen by the customer as the personification of the company.

Lovelock, Wright and Linton share same belief that the highest standard of performance from the staff whose actions have a direct impact on the customer, the customer facing staff is very important.

According to the White Paper for the Transformation of the Health System in South Africa (1997) public service organisations would be guided by the principles of total quality management. Total quality management is an output oriented approach which sought to improve the capacity of the organisation to meet the needs of clients. This is achieved by continually re- orienting organisational structure, behaviour and culture to this purpose.

CONSULTATION

According to http//www.dh.gov.uk consultation is an opportunity for all interested parties including the National Health Service (NHS), local government, non-governmental organisations, schools, employers, industry, the media, central government and individuals themselves to contribute to a debate. This debate is on how these institutions together can create the opportunities for everyone to enjoy the best health that is possible for them. The government has an important role in this, but is by no means the only player. Hence it is important to hear from as many people as possible during the course of the consultation to ensure that the government is not seen as imposing standards on public service.

According to the White Paper on Transformation of Public Service Delivery (1997) (Batho Pele White Paper) putting the Batho Pele Principles into practice is the challenge currently facing the South African public sector. It is essential to obtain the active participation and involvement of all sectors of the South African society in health and health-related activities. All sections of communities, all members of households and families and all individuals should be actively involved in order to achieve the health consciousness and commitment necessary for the attainment of goals set at the various levels. The people of South Africa have to realise that, without their active participation and involvement in health and health related matters, little progress can be made in

improving their health status (White Paper for the Transformation of Health System in South Africa, 1997). According to O'Reilly (2005) the main benefits of this consultation process are it helps public bodies to better plan services to give customers what they want and expect, it helps public bodies to prioritise their services and make better use of resources and it helps build a rapport between public organisations and their customers.

According the White Paper on Transforming Public Service Delivery all national and provincial departments must, regularly and systematically consult with public not only about the services currently provided but also about the provision of new basic services to those who lack them. Consultation gives citizens the opportunity to influence decisions about public services by providing objective evidence which will determine service delivery priorities. Consultation can also help to foster a more participative and co-operative relationship between the providers and users of public services.

The White Paper on Transforming Public Service Delivery (Batho Pele White Paper) and the White Paper for the Transformation of Health System in South Africa state that it is essential to obtain the active participation and involvement of all sectors of the South African society in health and health-related activities. Consultation gives citizens the opportunity to influence decisions about public services, by providing objective evidence which determines service delivery priorities.

According to http//www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/ Patients and public involvement was not just about structures – it was a cultural change. It was about empowering patients and the public to have a say and about people in the National Health Service working differently and listening to and acting upon the views of patients and the public. Patient and public involvement improved patients' experiences of the National Health Service. Since the publication of the National Health Service plan there have been some significant developments that have empowered patients and the public to get involved in having a say in the way the health service works and which enable people to have a greater role in their own health.

There are many ways to consult users of services, including customer surveys, interviews with individual users, consultation groups and meetings with consumer representative bodies, Non Governmental Organisations (NGOs) and Community Based Organisation (CBOs). The method or methods adopted must be chosen to suit the characteristics of the users and consumers concerned. Whatever method is chosen, consultation must cover the entire range of existing and potential customers. It is essential that consultation should include the views of those who have previously been denied access to public services. Particular effort must be made to include the views of those who have been previously disadvantaged or who, due to geography, language barriers, fear of authority or any other reason, had found it difficult to make their voices heard. The consultation process should be undertaken sensitively; for example, people should not be asked to reveal unnecessary personal information and they should be able to give their views anonymously if they so wish. Often, more than one method of consultation will be needed to ensure comprehensiveness and representativeness.

The results of the consultation process must be reported to Ministers or Member of the Executive Council (MECs) and made public. The results should also be widely publicised within the organisations so that all staff are aware of how their services are perceived. These results must then be taken into account when decisions are made about services that are to be provided and the levels at which these services are provided. Consultation must be conducted intelligently in that it should not result in a list of demands that raise unrealistic expectations; rather, it should reveal where resources and effort should be focused in future to meet the public's most pressing needs. The outcome should be a balance between what citizens want and what and provincial departments can realistically afford and have the resources and capacity to deliver.

SERVICE STANDARDS

According to http//www.hiso.govt.nz/whystandards.htm a standard is a consensus-based document that is developed by a balanced expert committee taking into consideration input received through public comment consultation. It provides a benchmark or describes fitness for purpose of a product, process or service. The development and

implementation of standards can enhance patient outcomes through helping to develop systems and a culture that maintain the dignity of health consumers. The ultimate aim and benefit of any standard is consumer safety.

According to the White Paper on Transformation of Public Service Delivery (1997) the overall responsibility for decisions about what services are to be provided and at what level rests with elected representatives. These include ministers and MECs who are accountable to the legislature for implementing government policies and for the proper use of public money. Service Standards must therefore have the approval of ministers or MECs before they are adopted. This need not require ministers and MECs to be personally involved in the detail of service delivery programmes. The process will normally be conducted by presenting the minister or MEC with the results of the consultation exercise and proposing for his or her approval. The key standards to be set in priority areas and strategic plan for achieving them will also be presented for the minister or MECs approval.

Standards once approved, must be published and displayed at the point of delivery and communicated as widely as possible to all potential users so that they know what level of service they are entitled to and can therefore complain if they do not receive such a service. Publishing standards is not enough, therefore a formal mechanism for determining standards must be developed and performance against standards must be regularly measured. The results of such performance must be published at least once a year and more frequently where appropriate. These steps form an essential mechanism to enable the public to hold national and provincial departments to account for their performance. They are also essential tools to track improvements in services from year to year and to inform subsequent decisions about the levels to which standards should be raised in future (Batho Pele White Paper, 1997).

Lovelock and Wright (1999: 92) state that customers compare what they expect to get with what they actually receive during the post purchase stage of the service purchase process. People often base quality judgements about services they have never consumed on word of mouth from acquaintances or on a firm's advertising campaigns. However,

customers must actually experience a service before they can be satisfied or dissatisfied with the outcome. Before customers purchase a service, they have an expectation about service quality that is based on individual needs, past experience, word- of- mouth, recommendations and service providers advertising. After buying and consuming the service, customers compare its expected quality with what they actually received. Service performances that surprises and delight customers by falling above their desired service levels will be seen as superior in quality. If service delivery falls within their zone of tolerance, they will feel that it is adequate. But if actual quality falls below the adequate service level expected by customers, a discrepancy or quality gap has occurred between the service provider's performance and customer expectations.

According to Johnston and Clark (2001: 78) if the customers' perception of the service, the experience and outcomes, matches their expectations then they should be satisfied. If their perception of the service exceeds their expectations then they will be more than satisfied, even delighted. If their perception of the service does not meet their expectations then they may be dissatisfied, even outraged. Expectations and indeed perceptions are key components in delivering a quality service.

Lovelock and Wright (1999) and Johnston and Clark (2001) share common belief that customers compare what they actually received with what they expected to get during the post purchase of the service purchase process. They also share common opinion that the consumers of the service have expectations prior to actual consumption of the service. However, customers must actually experience a service before they can be satisfied or dissatisfied the service outcome.

According to Johnston and Clark (2001: 78) inappropriate expectation may be the result of inappropriate marketing, promises made by the organisation which cannot be delivered, or inappropriate word-of- mouth or organisational image which may be the result of poor service experience in the past. Also, there are some customers who have quite unrealistic expectations of some service organisations and can cause a great deal of aggravation and nuisance as a result. These individuals need either their expectations re-

shaped before or during service delivery, or removed from the operation, if this is feasible.

Lovelock and Wright (1999: 92) state that gaps can occur during various parts of a service performance for example, knowledge gap which is the difference between what the service providers believe customers expect and customers' actual needs and expectations. The standard gap implies the difference between management perception of customer expectations and the quality standards established for service delivery. The delivery gap which refers to the difference between specified delivery standards and the service providers actual performance. The internal communication gap which is the difference between what the company's advertising and sales personnel think are the product's features, performance and service quality level and what the company is actually able to deliver. The perception gap which is the difference between what is actually delivered and what the customers perceive they have received because they are unable to accurately evaluate the service quality. The interpretation gap which implies the difference between what a service provider's communication efforts actually promise and what a customer thinks was promised by these communications. The service gap which is the difference between what the customers expect to receive and their perception of the service that is actually delivered.

Any of the seven quality gaps can damage relationship with customers, as a result, avoiding service gaps in every service encounter will help a firm improve its reputation for quality service. Lovelock and Wright (1999) also state that service gaps are not the only ways in which customers judge service quality. They also use five broad dimensions as criteria that include reliability, tangibles, responsiveness, assurance and empathy. Reliability refers to whether the company is dependable in providing service promised over time. Tangibles is about how the service provider's physical facilities, equipment, personnel and communication materials look like. Responsiveness reflects whether the firm's employees are helpful and able to provide prompt service. Assurance is about whether the service employees are knowledgeable, polite, competent and trustworthy.

Finally empathy is about whether the service firm provide caring and personalized attention.

Linton (1993: 49) states that the drive for customer loyalty forces companies to look closely to the way they deliver their products or services and to see how this can be improved. By setting specific standards and objectives, the company has a clear route ahead and it knows where investment is likely to produce the greatest rewards. Customer research, feed- back on performance and analysis of complaints will help to determine where the main effort should go. Management should set up a procedure for monitoring the company's performance in critical areas and implement an on- going programme of improvement and ensure that these improvements get the resources they need to drive them through.

The move to a continuous quality improvement model requires development of more formalised standards of care that can be used as bench marks for measuring quality, and more systematic collection of data to measure overall performance and not just performance in isolated cases (Bodenheimer and Grumbach, 2002: 132). Booyens (1999: 302) states that in order to ensure quality and improve it, standards of quality should be set and adherence of the nursing practice to these standards should be monitored and documented. The standards serve as benchmarks against which monitoring and measuring can take place.

According to the Batho Pele White Paper (1997) national and provincial departments must publish standards for the level and quality of services they provide, including the introduction of new services to those who have previously been denied access to them. Service standards must be relevant and meaningful to the individual user, this means that they must cover the aspects of service which matter most to users, as revealed by the consultation process. Such standards must be expressed in terms which are relevant and easily understood. They must also be precise and measurable so that users can judge for themselves whether or not they are receiving what was promised. Performance against standards must be reviewed annually and as standards are met, so they should be progressively raised, year on year. Once set and published, standards may not be reduced

and if a standard is not met, the reasons must be explained publicly and a new target date set for when it will be achieved (Batho Pele White Paper, 1997).

Batho pele white paper, Booyens, Bodenheimer and Grumbach share same opinion that quality standards should be set and adherence to these standards should be monitored and documented. The standards should serve as benchmarks against which monitoring and measuring can take place.

Some standards cover process, such as the length of time taken to authorise a housing claim, to issue a passport or identity document or to answer letters. Other standards are about outcomes, in the health area, for example, standards might be set for the maximum time a patient should have to wait at a primary health care clinic, or for a non-urgent operation; or for the information they are entitled to receive about their treatment and about who is responsible for their case. Service standards must be set at a level which is demanding but realistic. This means that they should reflect a level of service which is higher than that currently offered but which can be achieved with dedicated effort and by adopting more efficient and customer-focused working practices. To achieve the goal of making South Africa globally competitive, standards should be benchmarked against international standards, taking into account South Africa's current level of development.

Many services are delivered in real time, i.e customers have to be physically present to receive services from such organisations as airlines, hospitals, haircutters and restaurants. There are limits to how long customers are willing to be kept waiting; also services must be delivered fast so that customers do not waste time receiving them (Lovelock and Wright, 1999:17). According to Linton (1993: 27) recruitment advertising is the starting point; it should highlight the fact that the company is driven by customer and to satisfy their needs it needs to recruit people of the highest calibre who are committed to customer care. The personnel department needs to lay down customer focus standards; give clear, specific instructions on how to achieve them; outline the personal and business skills needed to achieve those objectives and describe the training that is available to build the skills.

COURTESY

Lovelock and Wright (1999: 14) state that as a purchaser of service, one knows that although one's main interest is in the final output, the way in which one is treated during the service delivery can also have an impact on one's satisfaction. Many services depend on direct, personal interaction between customers and a firm's employees. The nature of these interactions strongly influences the customer's perception of service quality. Customers will often judge the quality of service they receive largely on their assessment of the people who are providing the service. Successful service firms devote significant efforts to recruiting, training, and motivating their personnel, especially but not exclusively those who are in direct contact with customers.

The White Paper on Transformation of Public Service Delivery (1997) state that the concept of courtesy goes much wider than asking public servants to give a polite smile and to say 'please' and 'thank you', though these are certainly required. It requires service providers to put themselves in the shoes of the customer and to treat them with as much consideration and respect as they would like to receive themselves. Many public servants do this instinctively; they joined the public service precisely because they have a genuine desire to serve the public. The Principles of Batho Pele require that the behaviour of all public servants is raised to the level of the best.

The White Paper on Transformation of Public Service Delivery, 1997 (Batho Pele White Paper) and Lovelock and Wright, 1999 have common meaning that service providers must put themselves in the shoes of the customer. They must treat customers with as much consideration and respect as they would like to receive themselves.

Johnston and Clark (2001: 342) argue that complacent is one of the positions taken up by service organisations when compared with the competition. In these organisations the service outcome is excellent, but the way customers are treated is poor. They may well know better than their clients but this does not excuse service which can often be offensive. The medical profession often comes in for criticism in this area, failing to deal with patients as human beings, but rather as another condition to be treated.

National and provincial departments must specify the standards for the way in which customers should be treated. These are to be included in their departmental Codes of Conduct. These standards should cover, among other things; greeting and addressing customers and the identification of staff by name when dealing with customers, whether in person, on the telephone or in writing. Standards should also cover style and tone of written communications; simplification and 'customer-friendliness' of forms; and the maximum length of time within which responses must be made to enquiries. They should also include conduct of interviews; how complaints should be dealt with and how to deal with people who have special needs, such as the elderly or infirm, gender and language (Batho Pele White Paper, 1997).

The performance of staff who deals with customers must be regularly monitored, and performance which falls below the specified standards should not be tolerated. Service delivery and customer care must be included in all future training programmes and additional training should be given to all those who deal directly with the public, whether face-to-face, in writing or on the telephone. This should not require the injection of large amounts of additional resources, it is more a case of reorienting existing training courses to focus on service delivery. Of equal importance to formal training is the example set by senior managers and the day-to-day guidance of immediate supervisors. Junior staff quickly picks up the unspoken messages about an organisation's values from the way their seniors behave. Senior managers have a duty to ensure that the values and behavioural norms of their organisations are in line with the Principles of Batho Pele (White Paper on Transformation of Public Service Delivery, 1997).

As managers reflect on service encounters, they need to recognise that customer – employee contact is a two –way street. Understanding also the employee's view of the situation is really important because thoughtless or poorly behaved customers can often cause needless problems for service personnel who are trying hard to serve them well (Lovelock and Wright, 1999: 57). An important aspect of encouraging customer-focused behaviour is to provide staff with opportunities to suggest ways of improving service and for senior managers to take these suggestions seriously. This applies particularly to staff that come into regular contact with the public because they usually have an accurate

appreciation of their needs and concerns. Senior managers should ensure they receive first-hand feedback from front-line staff and should personally visit front-line staff at regular intervals to see for themselves what is happening.

REDRESS

According to Lovelock and Wright (1999: 57) negative critical incidents that are satisfactorily resolved have great potential for enhancing loyalty because they demonstrate to customers that the organisation really cares about them. Linton (1993: 30) states that management should ensure that the organisation has a clearly defined; well equipped front desk. Management should also develop caring and positive attitude to customer complaints. The company should have a procedure in place for handling, recording and monitoring complaints, set up a corrective action programme to ensure that customer concerns are managed properly and a structured response mechanism so that people get a response at the right level.

Lovelock and Wright, 1999 and Linton, 1993 have common opinion about resolving customer complaints. They believe that negative critical incidents that are satisfactorily resolved have great potential for enhancing loyalty because they demonstrate to customers that the organisation really cares about them.

According to O'Reilly in http//ombudsman.gov.ie/2482_156.htm patients and their carers experience a number of difficulties in complaining and the majority of grievances about medical services go unvoiced. Service users may prefer to put negative experiences behind them or avoid confrontation, but for others it is structural inequalities in the user-provider relationship which discourages them from pursuing a grievance. Patients tend not to make formal complaints, particularly when they have a long-term relationship with a service provider. O'Reilly also states that the results of a survey conducted in 2001 by the Irish Society for Quality in Healthcare was of interest in this regard. The findings revealed that 92 % of those surveyed (recent in-patients) did not complain and 74% were unaware of the existence of a complaint procedure. Of those who did complain 66% considered that their complaint had not been acted upon or rectified. Another finding that

was highly significant was 79% would complain in the first instance to the ward sister/nurse and then on a sliding scale of 6% matron, 5% consultant, 3% non -consultant, 3% manager and 4% other. This is very important information in the context of local resolution and training. Reluctance to complain may be seen as a good thing by service providers but problems may remain concealed and overall dissatisfaction with service may intensify as a result.

According to the White Paper on Transformation of Public Service Delivery (1997) the capacity and willingness to take action when things go wrong, is a necessary counterpart of the standard setting process. The key to the Batho Pele redress principle lies in being able to identify quickly and accurately when services are falling below the promised standard and having procedures in place to remedy the situation. This needs to be done at the individual level in transactions with the public, as well as at the organisational level, in relation to the entire service delivery programme. This means a completely new approach to handling complaints.

Complaints are seen by many public servants as a time-consuming irritation. Where complaints procedures exist, they are often lengthy and bureaucratic, aimed at defending the department's actions rather than solving the user's problem. Many departments have no procedures for regularly reviewing complaints in order to identify systemic problems. Indeed many organisations do not collect any statistics about the number and type of complaints they receive. Often, 'complaints' are counted as such only when they are submitted in writing through the formal channels. Yet many members of the public do not bother using these channels because they have no confidence in their effectiveness and because they find the process time-consuming and sometimes daunting. As a result, public sector organisations frequently underestimate the level of dissatisfaction which exists (Batho Pele White Paper, 1997).

Johnston and Clark (2001: 321) state that information from customer complaints and from other failure or problem situations can provide organisations with the means (and motivation) to improve what they do and make things better for the future, not only for their customers but also for their staff who may experience on a regular basis what might

seem one- off failures to customers. According to the Batho Pele White Paper (1997) the first steps in improving service delivery, therefore, are to acknowledge that all dissatisfaction, expressed in writing or verbally, is an indication that the citizens do not consider that the promised standard of service is being delivered and then to establish ways of measuring all expressions of dissatisfaction. Staff should be encouraged to welcome complaints as an opportunity to improve service and to report complaints so that weaknesses can be identified and remedied. The head of each department should regularly and personally review complaints and how they have been dealt with.

The White Paper on Transformation of Public Service Delivery (1997) (Batho Pele White Paper) and Johnston and Clark, 2001 have same ideas around the fact that staff should change their perception about customer complaints. Staff should refrain from perceiving customer complaints as a time consuming irritation but as an opportunity to identify weaknesses, remedy them and improve service.

According to the Batho Pele White Paper (1997) national and provincial departments are required to review and improve their complaints systems, in line with the following principles:

Accessibility: - Complaints systems should be well-publicised and easy to use. Excessive formality should be avoided. Systems which require complaints to be made only in writing may be convenient for the organisation but can be off-putting to many customers. Complaints made in other ways, such as face-to-face, or by telephone, should therefore also be welcomed.

Speed: - The longer it takes to respond to a complaint the more dissatisfied customers will become. An immediate and genuine apology together with a full explanation will often be all that they want. Where delay is unavoidable, the complainant should be kept informed of progress and told when an outcome can be expected.

Fairness: - Complaints should be fully and impartially investigated. Many people will be nervous of complaining to a senior official about a member of their staff, or about some aspect of the system for which the official is responsible. Wherever possible, therefore,

an independent avenue should be offered if the complainant is dissatisfied with the response they receive the first time round.

Confidentiality: - The complainant's confidentiality should be protected, so that they are not deterred from making complaints by feeling that they will be treated less sympathetically in future.

Responsiveness: - The response to a complaint, however trivial, should take full account of the individual's concerns and feelings. Where a mistake has been made, or the service has fallen below the promised standard, the response should be immediate, starting with an apology and a full explanation; an assurance that the occurrence will not be repeated and then whatever remedial action is necessary. Wherever possible, staff who deal with the public directly should be empowered to take action themselves to put things right.

Review: - Complaints systems should incorporate mechanisms for review and for feeding back suggestions for change to those who are responsible for providing the service so that mistakes and failures do not recur.

Training: - Complaints handling procedures should be publicised throughout the organisation and training given to all staff so that they know what action to take when a complaint is received.

Naumann and Giel (1995: 391) identify characteristics of a good complaint system are:
Easy access- customers should have many ways to express complaints.
Fast response- customers should receive fast, personalised acknowledgement and resolution.
No hassle- the complaint system should be free to the customer.
Empowered employees- employees must be empowered to resolve customer problems.
Employee staff and training- employees, particularly customer service employees, must receive both technical product and interpersonal skills training.
Organisational commitment- top management must commit resources and attention to complaint resolution.

Naumann and Giel, 1995 and the Batho Pele White Paper, 1997 have same opinion about the principles or characteristics of a good complaint system. They share the belief that a complaint system should be accessible, response be fast and where the delay is unavoidable, the complainant should be kept informed of progress and told when an outcome can be expected. They also agree that staff should be empowered to resolve customer problems.

Lovelock and Wright (1999:134) state that customers who complain give a firm the chance to correct problems, restore relationship with the complainer and improve service quality for all. How well a firm handles complaints and resolves problems may determine whether it retains or loses its customer's patronage.

According to O'Reilly in http//ombudsman.gov.ie/2482_156.htm it was very important for all health professionals to appreciate the patient's perspective, to make all exchanges as sensitive, meaningful and humane as possible and to understand that effective communication means more than simply saying something to somebody. Failure or inability to communicate (and allowance must be made for the capacity of the patient to hear) or the method by which something is communicated (and there are non-verbal dimensions) can lead to upset and misunderstanding and can be the reason why a complaint is made. It can also be some time before the consequences of some action or inaction in this delicate area become apparent.

According to Lovelock and Wright (1999:136) in general, research findings suggest that consumers from high- income households are more likely to complain than those from lower- income ones, and younger people are more likely to complain than older ones. People who complain also tend to be more knowledgeable about the products in question and the procedures for complaining. Other factors that increase the likelihood of a complaint include problem severity, the importance of the product to the customer and whether financial loss is involved.

Lovelock and Wright (1999) state that according to the Technical Assistance Research Program Institute, which is a Washington- based research organisation that has studied consumer complaints handling in the United States and other countries in 1986, dissatisfied customers do not complain for three primary reasons. In order of frequency, customers stated the following:- They did not think it was worth the time or effort, they decided no one would be concerned about their problem or about resolving it, or they did not know where to go or what to do. When consumers have an unsatisfactory service encounter, their initial (often unconscious) reaction is to asses what is at stake.

Studies of consumer complaints have identified two main purposes for complaining. First, consumers will complain to recover some economic loss, seeking either to get a refund to have the service performed again. A second reason for complaining is to rebuild self- esteem. When service employees are rude, aggressive, deliberately intimidating, or apparently uncaring (as when sales assistant is discussing weekend social activities with colleagues and pointedly ignores waiting customers), the customers' self- esteem, self-worth or sense of fairness may be negatively affected. They may feel that they should be treated with more respect, and thus become angry or emotional. Recovering from service failures takes more than just expressions of determination to resolve any problems that may occur. It requires commitment, planning and clear guideline (Lovelock and Wright, 1999:139).

.

CHAPTER 3: RESEARCH DESIGN

INTRODUCTION

This aim of this study was to assess the impact of the Batho-Pele interventions in service delivery. This is one of the factors that interested not only the researcher, but also the management of the Bophelong Psychiatric Hospital itself. The hospital management would use the result of this study to improve the future interventions and were therefore willing to provide any form of support to the processes of data collection.

The research design was such that different target groups were required to respond to questions posed to them. These questions were meant to determine whether there was any positive change since the hospital embarked on the Batho-Pele project. If the response can prove that Batho- Pele Principles are implemented, this research study shall have proven that indeed public sector reforms such as Batho-Pele are worthy to undertake.

RESEARCH METHODOLOGY

The survey approach was used in this study. According to Nieswiadomy (1987:144) surveys studies are investigations in which self-report data are collected from samples to describe populations on some variable or variables of interest. Surveys generally ask subjects to report their attitudes, opinions, perceptions or behaviours.

Seaman (1987:214) states that a survey is a mode of inquiry that relies heavily upon the validity of verbal reports. It combines a distinct method of data collection (interviews and questionnaires) with a special form of data analysis by statistical means. A survey tends to study the effect of social forces in the field that are not under the researcher's control. In this case the major controls are statistical rather than experimental, the critical factors being the use of random sampling to select a representative sample from the target population and the statistical analysis and interpretation of data.

According to Treece and Treece (1991:175) survey approach is a non-experimental study in which the researcher investigates a group of people. This may be done by asking questions, by interviewing, by observing what people are doing, by telephone interviews and by other techniques. The survey approach can be an exploratory technique or a learning process for setting up a larger research study. Surveys are not aimed at discovering the cause of a phenomenon but are intended to provide accurate quantitative descriptions. Surveys can sample all or part of a group of people.

The data collected for this study was elicited through a survey method over a period of three months.

Advantages of the survey method

The survey method is a good source for hypotheses and it can provide information leading to the use of different types of research methods. A survey can provide insight into a situation; suggest the direction research should take. It shows the researcher what factors need to be controlled, what variables tend to be confounding and what might be the independent variable (Treece and Treece, 1991:176).

According to Seaman (1987:214) a major advantage of the survey is that data are gathered from a more natural setting. The variables are examined as they are found in the existing social milieu. A large amount of data can also be gathered at a fairly reasonable price. Surveys using questionnaires reach many people, ensure respondents anonymity and require less skill to administer. With careful pretesting of the instrument used and the use of random sampling techniques the survey has a considerable degree of representativeness.

The survey approach provides data about the present by telling what people are thinking, doing, anticipating and planning at a time. It provides the researcher with the opportunity to use his/ her creativity, since he/ she is the one who determines the area to be surveyed, and the method by which the facts will be extracted (Treece and Treece, 1991: 176).

SAMPLING METHOD

Proportionate stratified random sampling was preferred for this study. The reason for preferring proportionate stratified random sampling was that the consumers of services at Bophelong Psychiatric Hospital differ in respect of socio- economic status, age and sex. High income and female consumers form a low percentage of the overall consumers, therefore, proportionate stratified random sampling preserved proportions even of very small samples, allowing for any small minority to be properly represented.

SAMPLE

The sample comprised of a total of 50 respondents, 32 males and 18 females. Most of them were in the age group between 21 years and 40 years. Patients who were in pain or acutely ill did not form part of the research's unit of analysis. Subjects were randomly selected to eliminate biases. Patients who were newly diagnosed with mental illness were excluded from the study so as to allow them time to begin to accept the reality of being diagnosed with mental illness. State president's patients were also excluded from the study as they do not form part of acute rehabilitation. Psychotic patients who formed 65% and retarded patients who formed 5% of the total population patients who were in acute rehabilitation wards were also excluded from the study. Only patients who were admitted in acute rehabilitation wards were included.

DATA COLLECTION METHOD

A combination of non- structured interviews, structured interviews and a self-administered questionnaire were used to gather information. The patients were given either a copy of the self administered questionnaire or interviewed depending on the level of literacy.

According to Burns and Grove (2003:166) the right to self determination is based on the ethical principle of respect for person and it indicates that humans are capable of

controlling their own destiny. Thus people should be treated as autonomous agents, who have the freedom to conduct their lives as they choose without external controls. Subject are treated as autonomous agents in a study if a researcher informs them about the study, allows them to choose whether to participate and allows them to withdraw from the study at anytime without penalty.

ETHICAL CONSIDERATIONS

The study was approved by the ethics committee of the Bophelong Psychiatric Hospital complex for the protection of human subjects. To ensure protection of human rights, all prospective participants were informed both verbally and in writing of the maintenance of confidentiality, their right to refuse to participate and that the refusal to participate would in no way affect their status or services received at hospital. Privacy was maintained by asking for permission and special room from the ward- in charge to interview patients.

PROCEDURE

A mixture of both negative and positive questions were used so as not to suggest an attitude or response to the subject. Only one person collected data from the unit of analysis because systematic differences may exist between one interviewer and another. Nurses were not allowed to collect data from the respondents because this study was basically about them and if they were allowed to collect data there might be some degree of bias. The researcher administered the questionnaire himself and did not wear uniform when he was collecting data because that might have influenced the respondents' reaction.

DATA ANALYSIS

Once data collection and checking was completed, the process of analysing data began. An analysis was conducted so as to detect consistent patterns within the data, such as the consistent covariance of two or more variables. For example, the researcher who finds

that higher scores on one variable are consistently found with higher scores on a second variable, can conclude that those two variables are in some way related. Data analysis is the process by which the researcher summarises and analyses the data that have been collected.

Data was analysed by the use of a Statistical Package for Social Sciences (SPSS) computer package 12.0 version. The t-test was used for variables needing medical aid and gender. All other biographic variables like age, years in school, number of visits and number of days hospitalised were explored through ANOVA. Research questions were measured using 5-point likert scale.

CHAPTER 4: RESULTS, ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The data were collected from patients in acute rehabilitation wards and were analysed to evaluate progress made in terms of the implementation of the Batho-Pele Principles, with respect to the principles of Consultation, Service standards, Courtesy and Redress. The other aim in this chapter was to compare the real scenario with regard to the perception of patients. Data in this chapter is presented in tables and written texts.

4.2 RESULTS, ANALYSIS AND INTEPRETATION

Table 4.1: A profile of demographic characteristics of the respondents surveyed.

		Count	Table %
Gender	Male	32	64.0%
	Female	18	36.0%
Total		**50**	**100.0%**
Age of a patient	15-20 yrs	4	8.0%
	21-40 yrs	35	70.0%
	41-60 yrs	10	20.0%
	Above 60 yrs	1	2.0%
Total		**50**	**100.0%**

4.2.1 GENDER AND AGE

It is evident from Table 4.1 that most respondents were males (64%) as they formed a large portion of the total patient population at Bophelong Psychiatric Hospital. This was because generally there was a high incidence of substance usage by males than females, and therefore they form the majority of patients with ages ranging from 21years to 40 years.

Table 4.2: A graphic representation of formal education of the patients surveyed.

		Count	Table %
Years spend at school	Finish primary school	10	20.0%
	Finish grade 10	12	24.0%
	Finish grade 12	14	28.0%
	Studied after high school for 3yrs or less	4	8.0%
Total		**50**	**100.0%**

4.2.2 YEARS SPENT IN SCHOOL

In Table 4.2 respondents admitted were mostly likely to have completed grade 12 (28%). This was as result of not having anything to do or to occupy themselves with after completion of grade 12.

Table 4.3: A profile of frequency of admission in the previous year, medical aid and duration of inpatient days of the patients surveyed.

		Count	Table %
How often have you been to this hospital in the last year	First visit	14	28.0%
	Less than 5 visits	26	52.0%
	5 or more visits	10	20.0%
Total		**50**	**100.0%**
Have a medical aid	Yes	12	24.0%
	No	38	76.0%
Total		**50**	**100.0%**
How many days have you been in the hospital	Seven days or more	36	72.0%
	Less than seven days	14	28.0%
Total		**50**	**100.0%**

4.2.3 FREQUENCY OF VISITS

According to Table 4.3 the majority of the respondents (80%) had been to the hospital less than five times in the previous year.

4.2.4 MEDICAL AID

According to Table 4.3 the majority of the respondents (76%) did not have medical aid because most were over the age of 21years and could not be covered by their parents medical aid. The second reason was most were not employed.

4.2.5 NUMBER OF DAYS HOSPITALISED

According to Table 4.3 above 72% of the respondents were in the hospital for more than seven days. Patients who were newly diagnosed with mental illness often deny the condition. By having 72% of the respondents in the hospital for more than seven days was good for the study because patients had time to begin to accept the reality of being diagnosed with mental illness. Therefore they were objective in responding to the questionnaire.

4.3 HOSPITAL CONSULTATION

According the White Paper on Transforming Public Service Delivery (1997) all national and provincial departments must, regularly and systematically consult with public not only about the services currently provided but also about the provision of new basic services to those who lack them. Consultation gives citizens the opportunity to influence decisions about public services by providing objective evidence which will determine service delivery priorities. Consultation can also help to foster a more participative and co-operative relationship between the providers and users of public services.

According to Table 4.4 most of the statements were well responded to, but statement two (which was about seeking customer comments) had 26% of not really decided and statement five (which was about soliciting consumer's inputs) had 30% of not really decided.

Table 4.4: A representation of the patients response with regard to the extent of consultation by the Bophelong Psychiatric Hospital.

	CD		SD		NRD		SA		CA		TOTAL	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
2. This hospital is actively seeking customer comments	11	22.0%	7	14.0%	13	26.0%	5	10.0%	14	28.0%	50	100.0%
3. This hospital takes into account the expectations of the customer when it sets targets	17	34.0%	6	12.0%	6	12.0%	8	16.0%	11	22.0%	50	100.0%
4. I think the nursing service is consumer oriented	6	12.0%	5	10.0%	7	14.0%	18	36.0%	14	28.0%	50	100.0%
5.The hospital solicited consumer's inputs regarding the service rendered	16	32.0%	8	16.0%	15	30.0%	5	10.0%	6	12.0%	50	100.0%
6. I think the hospital considers our comments when deciding about nursing service delivery	22	44.0%	5	10.0%	10	20.0%	7	14.0%	6	12.0%	50	100.0%
7. This hospital consulted the public to find out what they want	25	50.0%	2	4.0%	8	16.0%	8	16.0%	7	14.0%	50	100.0%
8. I think the way this hospital is being ran is based on the directives from the department rather than from my needs	4	8.0%	7	14.0%	6	12.0%	2	4.0%	31	62.0%	50	100.0%

CD= Completely Disagree, SD= Slightly Disagree, NRD= Not Really Decided, SA= Slightly Agree, CA= Completely Agree

4.3.1 Agree

In Table 4.4 statement four (which was about consumer orientation of nursing service) had strongly agreed at 60%. Statement eight (which was about hospital being run based on the directives from the department rather than from customers needs) had strong agreed at 64% i.e combining completely and slightly agreed.

4.3.2 Disagree

According to Table 4.4 statement six (which was about the hospital considering consumers comments when deciding about nursing service delivery) and statement seven (which was about consulting the public to find out what they want) had both strong disagreed at 54% i.e combining completely and slightly disagreed. Statement five (which was about soliciting consumers inputs regarding the service rendered) followed with 48%. These were similar questions with regard to inputs, comments, and consultation.

According to the White Paper on Transformation of Public Service Delivery (1997) (Batho Pele White Paper) the perceived character of public service was lack of access to services, transparency, openness and consultation on the required service standards. Based on the data in 4.3.1 and 4.3.2 above it is evident that the respondents felt that the hospital did not consult them in planning and implementing nursing service. Therefore the perception that the public service lacked consultation was maintained by the respondents. The White Paper further states that the public service organisation would be guided by the principles of total quality management. According to the white paper total quality management was an output oriented approach which sought to improve the capacity of the organisation to meet the needs of clients. From 4.3.1 and 4.3.2 above it was deduced that Bophelong Psychiatric Hospital was not guided by the principles of total quality management because the hospital could not claim to meet the needs of its customers if they were not consulted about their needs.

Table 4.5: A representation of the patients response with regard to the nursing service standards at Bophelong Psychiatric Hospital.

	CD		SD		NRD		SA		CA		TOTAL	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
9. I am very satisfied with the nursing care I receive in this hospital	4	8.0%	4	8.0%	5	10.0	12	24.0%	25	50.0%	50	100.0%
10. the nursing staff in this hospital has very high standards	7	14.0%	5	10.0%	5	10.0%	16	32.0%	17	34.0%	50	100.0%
11. in this hospital the time I had to wait before I receive nursing service is reasonable	7	14.0%	7	14.0%	12	24.0%	16	32.0%	8	16.0%	50	100.0%
12. I think the nurses performance correlates with the set standards	18	36.0%	4	8.0%	9	18.0%	13	26.0%	6	12.0%	50	100.0%
13. I am aware of the nursing service I'm entitled to receive	17	34.0%	6	12.0%	8	16.0%	10	20.0%	9	18.0%	50	100.0%
14. The hospital published the nursing service standards	19	38.05	6	12.0%	7	14.0%	7	14.0%	11	22.0%	50	100.0%
15. The nursing service standards are written in the language that I understand	24	48.0%	6	12.0%	3	6.0%	6	12.0%	11	22.0%	50	100.0%
16. I am not happy with the waiting area of this hospital	9	18.0%	8	16.0%	12	24.0%	6	12.0%	15	30.0%	50	100.0%
17. The waiting area of this hospital is comfortable	8	16.0%	3	6.0%	11	22.0%	15	30.0%	13	26.0%	50	100.0%
18. The hospital's linen is clean and adequate	12	24.0%	6	12.0%	1	2.0%	11	22.0%	20	40.0%	50	100.0%
19. The cleanliness of the wards, toilets, etc is not very good	16	32.0%	7	14.0%	3	6.0%	5	10.0%	19	38.0%	50	100.0%
20. I find the hospital food is satisfactory	10	20.0%	5	10.0%	4	8.0%	14	28.0%	17	34.0%	50	100.0%

CD= Completely Disagree, SD= Slightly Disagree, NRD= Not Really Decided, SA= Slightly Agree, CA= Completely Agree

4.4 HOSPITAL STANDARDS

According to http//www.hiso.govt.nz/whystandards.htm a standard is a consensus-based document that is developed by a balanced expert committee taking into consideration input received through public comment consultation. It provides a benchmark or describes fitness for purpose of a product, process or service. The development and implementation of standards can enhance patient outcomes through helping to develop systems and a culture that maintain the dignity of health consumers.

4.4.1 Agree

In Table 4.5 statement eighteen and twenty (which were about the hospital linen being clean and adequate and the hospital food being satisfactory respectively) had strong agreed at 62% each i.e combining completely and slightly agreed.

4.4.2 Disagree

According to Table 4.5 statement fifteen (which was about understanding the language the service standards were written in) had strong disagreed at 60% i.e combining completely and slightly disagreed, which could be due to lack of education, since most patients had not attended school up to grade 12 or equivalent. Statement fourteen (which was about publishing the nursing service standards) had disagreed at 50%. Statements twelve (which were about correlation of nurses performance with the set standards) had 44% disagreed and statement thirteen (which was about patients being aware of the nursing service they entitled to receive) had 46% disagreed i.e combining both completely and slightly disagreed.

Statement nineteen (which was about cleanliness of the wards, toilets etc not being very good) had almost a balance between disagreed (46%) and agreed (48%)

According to http//www.hiso.govt.nz/whystandards.htm a standard is a consensus-based document that is developed by a balanced expert committee taking into consideration input received through public comment consultation. Based on the data reflected in 4.4.1

and 4.4.2 above it is evident that that there was no consultation with the public in setting the standards. According to the White Paper on Transformation of Public Service Delivery (1997) (the Batho Pele White Paper) service standards after approval, must be published and displayed at the point of delivery and communicated as widely as possible to all potential users so that they know what level of service they are entitled to, and can therefore complain if they do not receive such a service. The data elicited from the respondents show that the majority of patients did not understand the language nursing standards were written in, and that these standards were not published as widely as they should be. This implies that the standards were not communicated to the patients therefore they did not know the level of service they were entitled to. The essential mechanism to enable the public to hold the hospital to account for its performance was not developed.

4.5 HOSPITAL COURTESY

Lovelock and Wright (1999: 14) state that as a purchaser of service, one knows that although one's main interest is in the final output, the way in which one is treated during the service delivery can also have an impact on one's satisfaction. Many services depend on direct, personal interaction between customers and a firm's employees. The nature of these interactions strongly influences the customer's perception of service quality. Customers will often judge the quality of service they receive largely on their assessment of the people who are providing the service.

4.5.1 Agree

According to Table 4.6 statement thirty two (which was about wearing of name tags) had a strong agreed at 74%. Statement thirty (which was about nurses of the hospital behaving in a friendly way) had a strong agreed at 68%. Statement twenty five (which was about being treated with respect and dignity by the nurses) had 66% agreed. Statements twenty three and thirty three (which were about patients being happy with the nurses' attitude towards them and nurses attending promptly to their enquiries respectively) had agreed both at 64%. Statement twenty seven (which was about being

easy to get help in the hospital) had agreed at 58%. Statement thirty one (which was about nurses introducing him/her when replying) had agreed at 50%. All the above percentages comprise both completely and slightly agreed.

4.5.2 Disagree

In Table 4.6 statement twenty six (which was about nurses behaving as if they are better than patients) had disagreed at 48%. Statement twenty two (which was about nurses not being well trained) had disagreed at 46%.

Statement twenty four (which was about nurses not being very interested in their patients) almost balance 44% disagreed and 46% agreed.

According to Lovelock and Wright (1999: 14) the way in which one was treated during the service delivery could also have an impact on one's satisfaction. Customers often judged the quality of service they received largely on their assessment of the people who were providing the service. According to the White Paper on Transformation of Public Service Delivery, 1997 (Batho Pele White Paper) the concept of courtesy goes much wider than asking public servants to give a polite smile and to say 'please' and 'thank you', though these are certainly required. It requires service providers to put themselves in the shoes of the customer and to treat them with as much consideration and respect as they would like to receive themselves.

According to Johnston and Clark (2001: 342) complacent was one of the positions taken up by service organisations when compared with the competition. In these organisations the service outcome was excellent, but the way customers were treated was poor. Organisations might know better than their clients but this does not excuse service which could often be offensive. The medical profession often comes in for criticism in this area by failing to deal with patients as human beings, but rather as another condition to be treated. However, this was not the case with the hospital as reflected in 4.5.1 and 4.5.2 above that generally the hospital was doing well in this or most of the patients were satisfied with regard to the nurses' behaviour or attitude towards them.

Table 4.6: A representation of the patients response with regard to nurses' courtesy at Bophelong Psychiatric Hospital.

	CD		SD		NRD		SA		CA		TOTAL	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
21. The nurses of this hospital are courteous and attentive	5	10.0%	4	8.0%	6	12.0%	17	34.0%	18	36.0%	50	100.0%
22. I think nurses have not been well trained	16	32.0%	7	14.0%	6	12.0%	9	18.0%	12	24.0%	50	100.0%
23. I am happy with nurse's attitude to the patients	12	24.0%	3	6.0%	3	6.0%	15	30.0%	17	34.0%	50	100.0%
24. The nurses here are not very interested in their patients	14	28.8%	8	16.0%	5	10.0%	7	14.0%	16	32.0%	50	100.0%
25. I was treated with respect and dignity by the nurses	8	16.0%	6	12.0%	3	6.0%	11	22.0%	22	44.0%	50	100.0%
26. The nursing staff behave as if they are better than me	15	30.0%	9	18.0%	6	12.0%	5	10.0%	15	30.0%	50	100.0%
27. It is easy to get help in this hospital	10	20.0%	4	8.0%	7	14.0%	15	30.0%	14	28.0%	50	100.0%
28. The nurses who work here do not know very much about my problem or other peoples problems	14	28.0%	5	10.0%	5	10.0%	11	22.0%	15	30.0%	50	100.0%
29. I would prefer to have doctors, rather than nurses, to help me in this hospital	10	20.0%	6	12.0%	12	24.0%	12	24.0%	10	20.0%	50	100.0%
30. The nurses of this hospital behave in a friendly way	6	12.0%	2	4.0%	8	16.0%	11	22.0%	23	46.0%	50	100.0%
31. When calling the hospital, the nurse answering the phone introduces him/herself when replying	3	6.0%	5	10.0%	17	34.0%	8	16.0%	17	34.0%	50	100.0%
32. Nursing staff of this hospital wear name tags	3	6.0%	6	12.0%	4	8.0%	10	20.0%	27	54.0%	50	100.0%
33. Nurses of this hospital attend promptly to my enquiries	4	8.0%	7	14.0%	7	14.0%	17	34.0%	15	30.0%	50	100.0%

CD= Completely Disagree, SD= Slightly Disagree, NRD= Not Really Decided, SA= Slightly Agree, CA= Completely Agree

Table 4.7: is a representation of the patients response with regard to redress at Bophelong Psychiatric Hospital.

	CD		SD		NRD		SA		CA		TOTAL	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
34. It was made known to you that if you are not satisfied with the service you lodge a complaint	10	20.0%	5	10.0%	13	26.0%	8	16.0%	14	28.0%	50	100.0%
35.I think my complaint leads to action	8	16.0%	6	12.0%	19	38.0%	7	14.0%	10	20.0%	50	100.0%
36. Nurses are keen about resolving my problem	9	18.0%	4	8.0%	11	22.0%	16	32.0%	10	20.0%	50	100.0%
37. Complaining in this hospital is worth my effort	6	12.0%	4	8.0%	20	40.0%	13	26.0%	7	14.0%	50	100.0%
38. I think nurses in this hospital welcomes complaints	9	18.0%	5	10.0%	9	18.0%	12	24.0%	15	30.0%	50	100.0%
39. I don't complain because no one would be concerned about my problem	5	10.0%	8	16.0%	16	32.0%	5	10.0%	16	32.0%	50	100.0%
40. when I have a complaint I don't know where to go	15	30.0%	7	14.0%	2	4.0%	9	18.0%	17	34.0%	50	100.0%
41. I think nurses victimize people who complain	16	32.0%	8	16.0%	12	24.0%	5	10.0%	9	18.0%	50	100.0%
42. I don't know what to do when I have a complaint	17	34.0%	11	22.0%	7	14.0%	6	12.0%	9	18.0%	50	100.0%
43. The hospital has clearly recognized procedures which fall into place when a complaint is lodged	16	32.0%	9	18.0%	9	18.0%	9	18.0%	7	14.0%	50	100.0%
44. The nurses apologize and give explanation if they fail to deliver what they promised	17	34.0%	4	8.0%	8	16.0%	16	32.0%	5	10.0%	50	100.0%
45. The hospital complaint procedure is widely publicized and readily accessible	19	38.0%	7	14.0%	6	12.0%	10	20.0%	8	16.0%	50	100.0%
46. The hospital has a well- signposted procedure for complaint	13	26.0%	8	16.0%	9	18.0%	16	32.0%	4	8.0%	50	100.0%
47. The complaint procedure is easy to access	14	28.0%	7	14.0%	8	16.0%	15	30.0%	6	12.0%	50	100.0%
48. I think hospital complaint procedure is user friendly	8	16.0%	5	10.0%	16	32.0%	13	26.0%	8	16.0%	50	100.0%
49. I think complaining about service in this hospital often have little effect	3	6.0%	5	10.0%	20	40.0%	17	34.0%	5	10.0%	50	100.0%
50. In this hospital complaining about the service is daunting and time-consuming	1	2.0%	6	12.0%	26	52.0%	6	12.0%	11	22.0%	50	100.0%

CD= Completely Disagree, SD= Slightly Disagree, NRD= Not Really Decided, SA= Slightly Agree, CA= Completely Agree

4.6 HOSPITAL REDRESS

Linton (1993: 30) states that management should ensure that the organisation has a clearly defined; well equipped front desk. The author also states that the company should have a procedure in place for handling, recording and monitoring complaints, set up a corrective action programme to ensure that customer concerns are managed properly and a structured response mechanism so that people get a response at the right level.

4.6.1 Agree

In Table 4.7 statement forty (which was about patients not knowing whereto go when having complaints) had agreed at 52%. Statements thirty six (which was about nurses being keen about resolving patients' problems) had agreed at 52% and statement thirty eight (nurses welcoming complaints) had agreed at 52%. All the above percentages comprised both slightly and completely agred.

4.6.2 Disagree

According to Table 4.7 statements fourty five (which was about the hospital complaint procedure being widely publicised and readily accessible) had disagreed at 52%. Statement fourty three (which was about the hospital having clearly recognised procedures which fall into place when a complaint is lodged) had disagreed at 50%. Statement fourty one (which was about nurses victimizing patients who complain) had disagreed at 48% and statement fourty two (which was about the patients not knowing what to do when having a complaint) had disagreed at 56%. All above percentages comprised both slightly and completely disagreed.

According to the Batho Pele White Paper, 1997 national and provincial departments were required to review and improve their complaints systems, in line with the following principles: accessibility, complaints systems should be well publicised and easy to use. Complaints done only in writing may be convenient for the organisation but can be off-putting to many customers. Complaints made in other ways, such as face-to-face, or by telephone, should therefore also be welcomed. Lovelock and Wright (1999:139) state that

according to the Technical Assistance Research Program Institute, which was a Washington- based research organization that had studied consumer complaints handling in the United States and other countries in 1986, dissatisfied customers did not complain for three primary reasons. In order of frequency, customers stated the following:- They did not think it was worth the time or effort, they decided no one would be concerned about their problem or about resolving it, or they did not know where to go or what to do. It was clear from 4.6.1 and 4.6.2 above that the redress aspect of the hospital was still wanting. Patients did not know where or what to do when having a complaint. Nurses also were not keen in resolving patient problems.

4.7 GENDER SIGNIFICANCE

Table 4.8: is a representation of the statements which showed to be gender sensitive.

Gender-Effect

Research-Questions	t	Sig.
18 The hospital's linen is clean and adequate	4.496	0.000
32 Nursing staff of this hospital wear name tags	3.782	0.000
14 The hospital published the nursing service standards	3.513	0.001
20 I find the hospital food is satisfactory	3.438	0.001
11 In this hospital the time that I had to wait before I receive nursing service is reasonable	2.671	0.010
48 I think hospital complaint procedure is user friendly	2.373	0.022
16 I am not happy with the waiting area of this hospital	2.366	0.022
36 Nurses are keen about resolving my problem	2.245	0.029
13 I am aware of the nursing service I'm entitled to receive	2.244	0.029
8 I think the way this hospital is being ran is based on the directives from the department rather than from my needs	2.041	0.047

It is evident from Table 4.8 that if tested at 0.5 level of significance then the difference between males and females with respect to ten statements indicated, viz 8, 11, 13, 14, 16, 18, 20, 32, 36 and 48 were statistically significant. Statement 18 (which was about cleanliness and adequacy of the linen) and statement 20 (which was about food being satisfactory) had significance because usually women are critical about cleanliness and quality of food.

4.8 AGE EFFECT

Table 4.9: A representation of the statements which showed to be age sensitive.

Age-Effect Research-Questions	F	Sig.
21 The nurses of this hospital are courteous and attentive	4.538	0.007
30 The nurses of this hospital behave in a friendly way	3.431	0.025
38 I think nurses in this hospital welcomes complaints	3.184	0.033

It evident from Table 4.9 that young people thought that nurses welcomed complaints. Younger people were more likely to complain than older ones as evidenced by statement number 38. Old people might think that complaining is not worth the time or effort, they may decided no one would be concerned about their problem or about resolving it, or they did not know where to go or what to do. According to Parker (2005) older people tend to favour the model closest to the existing.

4.9 YEARS SPENT IN SCHOOL EFFECT

Table 4.10: A representation of the statements which showed to be age sensitive.

Spent-Effect Research-Questions	F	Sig.
16 I am not happy with the waiting area of this hospital	7.003	0.000
14 The hospital published the nursing service standards	5.410	0.001
15 The nursing service standards are written in the language that I understand	3.822	0.009
46 The hospital has a well- signposted procedure for complaint	2.989	0.029

According to Table 4.10 most of the respondents who were not happy with the waiting area of the hospital were those who studied further after high school. This could be due to exposure to better institutions and or being more knowledgeable about the products in question and the procedures for complaining. According to Lovelock and Wright (1999:92) customers compare what they expect to get with what they actually receive during the post purchase stage of the service purchase process. People often base quality judgements about services they have never consumed on word of mouth from acquaintances or on a firm's advertising campaigns. However, customers must actually

experience a service before they can be satisfied or dissatisfied with the outcome. Before customers purchase a service, they have an expectation about service quality that is based on individual needs, past experience, word- of- mouth, recommendations and service providers advertising. After buying and consuming the service, customers compare its expected quality with what the actually received. Service performances that surprises and delight customers by falling above their desired service levels will be seen as superior in quality. If service delivery falls within their zone of tolerance, they will feel that is adequate.

Most of the respondents who agreed that the hospital published nursing standards and understood the language, which these standards were written in, were those who studied further after matric. This could be due to their more understanding of English as most of these standards were written in English.

4.10 FREQUENCY OF VISITS EFFECT

Table 4.11: A representation of the statements which were sensitive to frequency of hospital visits.

Visits-Effect **Research-Questions**	**F**	**Sig.**
48 I think hospital complaint procedure is user friendly	6.777	0.003
17 The waiting area of this hospital is comfortable	3.486	0.039
3 This hospital takes into account the expectations of the customer when it sets targets	3.195	0.050

It is evident from Table 4.11 that most of the people who thought that the hospital complaints procedure was user friendly were those who were visiting the hospital for the first time. This could be due to them being likely to complain. According to Lovelock and Wright (1999:136) in general, research findings suggest that consumers from high-income household are more likely to complain than those from lower- income ones, and younger people are more likely to complain than older ones. As majority of patients who were visiting the hospital for the first time were young ones, the other reason could be

due to their age as most of the patients were young and were likely to complain according Lovelock and Wright (ibid).

4.11 MEDICAL AID EFFECT

Table 4.12: A representation of the statements which showed to be medical aid sensitive.

Medical-Effect **Research-Questions**	**t**	**Sig.**
37 Complaining in this hospital is worth my effort	2.499	0.016
15 The nursing service standards are written in the language that I understand	2.085	0.042
44 The nurses apologize and give explanation if they fail to deliver what they promised	2.074	0.043
14 The hospital published the nursing service standards	2.024	0.049

Respondents who complained tended to be more knowledgeable about the products in question and the procedures for complaining and this is influenced by level of formal education and ultimately employment. According to Table 4.12 most of the respondents who were comfortable with the redress of the hospital were those who had medical aid and most of respondents who are on medical aid are educated and employed. This also goes for publishing and language of standards.

4.12 NUMBER OF DAYS ADMITTED

Table 4.13: A representation of the statements which were sensitive to the length of stay at the hospital.

Days-Effect **Research-Questions**	**F**	**Sig.**
43 The hospital has clearly recognised procedures which fall into place when a complaint is lodged	6.348	0.015
47 The complaint procedure is easy to access	5.529	0.023
5 The hospital solicited consumer's inputs regarding the service rendered	5.202	0.027
17 The waiting area of this hospital is comfortable	4.400	0.041
16 I am not happy with the waiting area of this hospital	4.047	0.050

According to O'Reilly in http//ombudsman.gov.ie/2482_156.htm patients and their carers experience a number of difficulties in complaining and the majority of grievances about

medical services go unvoiced. Service users may prefer to put negative experiences behind them or avoid confrontation, but for others it is structural inequalities in the user-provider relationship which discourages them from pursuing a grievance. Patients tend not to make formal complaints, particularly when they have a long-term relationship with a service provider.

It is evident from Table 4.13 that most of the respondents who were happy about the redress procedure of the hospital were those who were hospitalised for less than seven days. This could be due to most of admissions being of young people and they were known to be complaining. The other reason is that old people did not complain because most of them had a long relationship with the hospital as stated by O'Reilly above.

CHAPTER 5: SUMMARY, FINDINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

In reviewing what has already been achieved in this study, it is essential to briefly state the highlights of the previous chapters. Chapter1 introduced and gave the background and aims of this particular study. In chapter 2 a detailed literature review was given. Chapter 3 presented a detailed research methodology. In chapter 4 a detailed analysis of the results of the research was given and interpretation of the research results was presented.

The aim of this chapter (chapter 5) is to highlight the most important findings as reflected in the analysis and interpretation of results in the previous chapter in a summary form. A conclusion will then be drawn against the background of the objectives of the study followed by recommendations based on the findings.

5.2 RESULTS AND DISCUSSION

5.2.1 Gender and age

Substance abuse is common among males particularly in their early twenties as it is indicated that age 21- 40 years result in 70% of admissions hence their high rate of admission. The data in Table 4.6 reflect that gender had significance over certain statements, ten statements appeared to be gender sensitive. Statement 18 (which is about cleanliness and adequacy of the linen) and statement 20 (which is about food being satisfactory) had significance because usually women are critical about cleanliness and food.

Young respondents thought that nurses welcomed complaints because younger people were more likely to complain than older ones as evidenced by statement number 38. Old people might think that complaining was not worth the time or effort, they might decide that no one would be concerned about their problem or about resolving it, or they did not

know where to go or what to do. According to Parker (2005) older people tend to favour the model closest to the existing. Therefore the chances of them complaining are very minimal.

5.2.2 Years spent in school

Patients admitted were mostly likely to have completed grade 12 (28%) but unemployed. This might result from the fact that most of them were idle since they did not have anything to occupy themselves with. As they were unemployed and did not have money to further their studies, they ended up abusing substance. According to Table 4.8 most of the respondents who were not happy with the waiting area of the hospital were those who studied further after high school. This could be due to exposure to better institutions and or being more knowledgeable about the products in question and the procedures for complaining. When service employees are rude, aggressive, deliberately intimidating, or apparently uncaring the customers' self- esteem, self- worth or sense of fairness may be negatively affected. They might feel that they should be treated with more respect, and thus become angry or emotional.

Most of the people who agreed that the hospital published nursing standards and understood the language, which these standards were written in, were those who studied further after Grade 12. This could be due to their understanding of English as most of these standards were written in English.

5.2.3 Frequency of visits

According to Table 4.9 most of the respondents who thought that the hospital complaints procedure was user friendly were those who were visiting the hospital for the first time. This could be due to them being likely to complain. The other reason could be due to their age as most of the patients were young and likely to complain.

5.2.4 Medical aid

The majority of the respondents (76%) did not have medical aid since most were not employed. People who complained tended to be more knowledgeable about the products in question and the procedures for complaining and this somehow goes hand in glove with the level of education and ultimately employment. According to Table 4.10 most of the people who were comfortable with the redress of the hospital were those who had medical aids and most of people who are on medical aid are educated and employed. This also goes for publishing and language of standards.

5.2.5 Number of days hospitalised

Seventy two percent of respondents were admitted in the hospital for more than seven days and had time to begin to accept the reality of being diagnosed with mental illness. According to Table 4.11 most of the respondents who were happy about the redress procedure of the hospital were those who were hospitalised for less than seven days. This could be due to most of admissions being of young people and they are known to complain about lack of standards. The other reason is that new people to an environment are more likely to complain than old ones.

5.2.6 Hospital consultation

The findings revealed that the respondents considered the hospital run by the department's (Department of Health) directive instead of considering customer and public inputs and comments.

5.2.7 Hospital standards

The findings revealed that the majority of the respondents did not understand the language nursing standards are written in, and that these standards are not published as

widely as they should be. Concerning cleanliness it could be concluded that some wards are very clean when others are not.

5.2.8 Hospital courtesy

The findings revealed that generally the hospital is doing well or most of the respondents were happy with regard to the nurses' behaviour or attitude towards them.

5.2.9 Hospital redress

The findings revealed that the redress aspect of the hospital is still wanting. The respondents do not know where or what to do when having a complaint and some do not complain because they fear victimisation by nurses. Nurses also are not keen in resolving patients' problems.

5.3 CONCLUSION

In conclusion the purpose was to find out whether the nursing staff at Bophelong Psychiatric Hospital implemented the four Batho Pele principles in service delivery. These four principles were consultation, service standards, courtesy and redress.

- Consultation: According to the White Paper on Transformation of Public Service Delivery, 1997 (Batho Pele White Paper) the perceived character of public service was lack of access to services, transparency, openness and consultation on the required service standards. Flowing from 4.3.1 and 4.3.2 above it was clear that the respondents believed that the hospital did not consult them in planning and implementing nursing service. Therefore the perception that the public service lacked consultation was maintained by respondents.
- Service standards: According to the White Paper on Transformation of Public Service Delivery, 1997 (the Batho Pele White Paper) service standards after approval, must be published and displayed at the point of delivery and communicated as widely as possible to all potential users so that they know what

level of service they are entitled to, and can therefore complain if they do not receive such a service. From 4.4.1 and 4.4.2 above it clearly showed that the majority of patients did not understand the language nursing standards were written in, and that these standards were not published as widely as they should be. It was deduced that the standards were not communicated to the patients and they did not know the level of service they were entitled to. The essential mechanism to enable the public to hold the hospital to account for its performance was not developed.

- Courtesy: According to the White Paper on Transformation of Public Service Delivery, 1997 (Batho Pele White Paper) the concept of courtesy goes much wider than asking public servants to give a polite smile and to say 'please' and 'thank you', though these are certainly required. It requires service providers to put themselves in the shoes of the customer and to treat them with as much consideration and respect as they would like to receive themselves. Deduced from 4.5.1 and 4.5.2 above generally the hospital was doing well in this or most of the patients were satisfied with regard to the nurses' behaviour or attitude towards them. Therefore the nurses at the hospital observed the Batho Pele principle of courtesy.
- Redress: According to Batho Pele White Paper, 1997 national and provincial departments were required to review and improve their complaints systems, in line with the following principle:- accessibility, complaints systems should be well publicised and easy to use. . It was clear from 4.6.1 and 4.6.2 above that the redress aspect of the hospital was still wanting. Patients did not know where or what to do when having a complaint. Nurses also were not keen in resolving patient problems. The nurses at Bophelong Psychiatric Hospital did not observe the Batho Pele principle of redress.

5.4 RECOMMENDATIONS

Based on the findings of the study, the following recommendations are suggested:

- Further studies on the remaining four Batho Pele Principles should be conducted.
- Same study to be conducted on state president's patients in the hospital as they form large number of patients admitted and stays in the hospital for longer period.
- Same study to be conducted on management and nurses who are providing the service to establish as to whether are they implementing the White Paper on Transformation of Public Service Delivery and if not why.

BIBLIOGRAPHY

Anonymous(n.d) Harvard Referencing. Available from http://www.dh.gov.uk/Consultation/ClosedConsultation/ClosedConsultationArticle/fs/ Accessed 04 July 2005

Anonymous(n.d) Harvard Referencing. Available from http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PatientAnd PublicInvolve Accessed 04 July 2005

Bless, C. and Higson-Smith, C. (2000) Fundamentals of Social Research Methods- an African Perspective, 3rd edition. Cape Town: Juta Education (Pty) Ltd

Bodenheimer, T.S. and Grumbach, K. (2002) Understanding health policy, 3rd edition. USA: McGraw-Hill Companies

Booyens, S.W. (1999) Introduction to health service management. Cape Town: Juta & CO,LTD

Burns, N and Grove, S.K. (2003) Understanding Nursing Research. USA: W.B. Saunders Company

Burns, N and Grove, S.K. (1997) The Practice of Nursing Research, 3rd edition.USA: W.B. Saunders company

Hauora,P.P. (2005) Harvard Referencing. Available from http://www.hiso.govt.nz/whystandards.htm Accessed 04 July 2005

Johnston, R and Clark, G. (2001) Service Operations Management. United Kingdom: Pearson Education Limited

Kim, P.S.(1998) In search of a new Direction of Administrative Reform in the age of customer and processes. Jakarta

Linton, I. (1993) Building Customer Loyalty. USA: Pitman Publishing

Lovelock, C and Wright, L. (1999) Principles of Service Markerting and Management. New Jersey: Prentice- Hall

Maaga M.P. (2001) Research methods module

Naumann, E and Giel, K. (1995) Customer Satisfaction Measurement and Management. Cincinnati: Thomson Executive Press

Nieswiadomy, R.M. (1987) Foundations of Nursing Research. USA: Prentice-Hall

O'Reilly, E (2005) Harvard Referencing. Available from http://ombudsman.gov.ie/2482_156.htm Accessed 04 July 2005

Parker, S (2005) Harvard Referencing. Available from http://www.mori.com/pubinfo/bp/political-management.shtml Accessed 04 July 2005

Seaman, C.H.C. (1987) Research Methods, 3rd edition. USA: Prentice- Hall

South African Management Development Institute (2002) Improving Service Delivery- Course for Senior Managers

South African Management Development Institute (2002) Service Delivery- Operational Managers Programme

South African Management Development Institute (2002) Excellent customer Service- Functional Staff

The Constitution of the Republic of South Africa,(Act number 108 of 1996)

Treece, E.W. and Treece, J.W. (1986) Elements of Research in Nursing, 4th edition. USA: C.V. Mosby Company

White Paper on Transformation of Health System in South Africa, 1997

White Paper on Transformation of Public Service, 1995

White Paper on Transformation of Public Service Delivery, 1997

ANNEXURE A

QUESTIONNAIRE

QUESTIONNAIRE

We want to use this questionnaire to find out how patients feel about this hospital. Do you feel satisfied that this hospital is doing its best for you when you come here to get medicine, or help for any medical problem? Please answer all the questions. We strongly believe that your honest opinions are very important.

The questionnaire is completely anonymous, so please don't write your name on it. There will be no way to find out who filled it in. We want to know exactly what you think about the hospital, even if there are things about it which you do not like.

Please read what we have written in the questions and then put across in the space which shows us what you want your answer to be?

So do tell us exactly what you think about each statement by putting across under the words which you believe are true for you. These words are:

1. Completely disagree
2. Slightly disagree
3. Not really decided
4. Slightly agree
5. Completely agree

This is an example

	Completely disagree	**Slightly disagree**	**Not really decided**	**Slightly agree**	**Completely agree**
	1	**2**	**3**	**4**	**5**
This hospital provides the care that I believe I should have					

If you **completely agree** you put a cross below 5 and if you **slightly disagree** your cross goes below 2, etc.

So please read each statement carefully and the put a cross in the space that best indicates what you think about the statement.

1. About yourself

Your gender	**Indicate with "X"**
Male	
Female	

The approximate age of the patient is	**Indicate with "X"**
Under 15 years	
15- 20 years	
21- 40 years	
41- 60 years	
Above 60 years	

How many years have you spent in school, etc	**Indicate with "X"**
I finished Primary School (Grade 7, or Standard 5)	
I finished Grade 10 (or Standard 8)	
I finished Grade 12 (or Standard 10)	
I studied after High School for 3 years or less	
I studied for more than 3 years after High School	

How often have you been to this hospital in the last year	**Indicate with "X"**
First visit	
Less than 5 visits	
5 or more visits	

Do you have medical aid	**Indicate with "X"**
Yes	
No	

For how many days have you been in the hospital	**Indicate with "X"**
Seven days or more	
Less than seven days	

Please read the following statements and then tell us what you think about them by putting a cross in the appropriate column?

	Completely disagree	**Slightly disagree**	**Not really decided**	**Slightly agree**	**Completely agree**
	1	**2**	**3**	**4**	**5**
2. This hospital is actively seeking customer comments					
3. This hospital takes into account the expectations of the customer when it sets targets					
4. I think the nursing service is consumer oriented					
5.The hospital solicited consumer's inputs regarding the service rendered					
6. I think the hospital considers our comments when deciding about nursing service delivery					
7. This hospital consulted the public to find out what they want					
8. I think the way this hospital is being ran is based on the directives from the department rather than from my needs					
9. I am very satisfied with the nursing care I receive in this hospital					
10. The nursing staff in this hospital has very high standards					
11. In this hospital the time that I had to wait before I receive nursing service is reasonable					
12. I think the nurses performance correlates with the set standards					
13. I am aware of the nursing service I'm entitled to receive					
14. The hospital published the nursing service standards					
15. The nursing service standards are written in the language that I understand					

	Completely disagree	Slightly disagree	Not really decided	Slightly agree	Completely agree
16. I am not happy with the waiting area of this hospital					
17. The waiting area of this hospital is comfortable					
18. The hospital's linen is clean and adequate					
19. The cleanliness of the wards, toilets, etc is not very good					
20. I find the hospital food is satisfactory					
21. The nurses of this hospital are courteous and attentive					
22. I think nurses have not been well trained					
23. I am happy with nurse's attitude to the patients					
24. The nurses here are not very interested in their patients					
25. I was treated with respect and dignity by the nurses					
26. The nursing staff behave as if they are better than me					
27. It is easy to get help in this hospital					
28. The nurses who work here do not know very much about my problem or other peoples problems					
29. I would prefer to have doctors, rather than nurses, to help me in this hospital					
30. The nurses of this hospital behave in a friendly way					
31. When calling the hospital, the nurse answering the phone introduces him/herself when replying					
32. Nursing staff of this hospital wear name tags					

	Completely disagree	Slightly disagree	Not really decided	Slightly agree	Completely agree
	1	2	3	4	5
33. Nurses of this hospital attend promptly to my enquiries					
34. It was made known to you that if you are not satisfied with the service you lodge a complaint					
35.I think my complaint leads to action					
36. Nurses are keen about resolving my problem					
37. Complaining in this hospital is worth my effort					
38. I think nurses in this hospital welcomes complaints					
39. I don't complain because no one would be concerned about my problem					
40. when I have a complaint I don't know where to go					
41. I think nurses victimize people who complain					
42. I don't know what to do when I have a complaint					
43. The hospital has clearly recognized procedures which fall into place when a complaint is lodged					
44. The nurses apologize and give explanation if they fail to deliver what they promised					
45. The hospital complaint procedure is widely publicized and readily accessible					
46. The hospital has a well-signposted procedure for complaint					
47. The complaint procedure is easy to access					
48. I think hospital complaint procedure is user friendly					

	Completely disagree	Slightly disagree	Not really decided	Slightly agree	Completely agree
	1	2	3	4	5
49. I think complaining about service in this hospital often have little effect					
50. In this hospital complaining about the service is daunting and time- consuming					

What suggestions do you have that could improve the psychiatric care that is given in this hospital?

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Please add any comments that you wish? These can help us understand what you think about the hospital.

Your comments here can give us a fuller idea of what you think about the questions.

.....
.....
.....
.....
.....
.....
.....
.....
.....

THANK YOU VERY MUCH FOR YOUR PARTICIPATION

Your opinions will be very useful for us

ANNEXURE B

LETTER OF APROVAL

MAFIKENG/BOPHELONG
Hospital Complex

LICHTENBURG ROAD, DANVILLE
MAFIKENG 2745
Private Bag X 2031
MAFIKENG, 2745
PROVINCE OF THE NORTH WEST

TEL: (018) 383 2005
TEL: +27 – 18 383 2005
FAX: (018) 383 3503/3207
E-MAIL: mafbopcomplex@nwpg.org.za

"Celebrating ten years of Accelerated Health Service Delivery"

"Celebrating ten years of Accelerated Health Service Delivery"

Enq.: Dr. A.B. Njie
Extension 240

2004-09-07

Mr. Setlhare
P.O. Box 3417
MMABATHO
2735

Sir

RE: APPROVAL TO CONDUCT A RESEARCH ON IMPLEMENTATION OF BATHO-PELE AT BOPHELONG HOSPITAL

Your request to conduct a research as above is hereby granted.

Your attention is drawn to the set ethical research standards of the complex and your compliance is expected.

Sincerely

Dr. A.B. Njie
Clinical Manager

CHIEF MEDICAL OFFICER
MAFIKENG PROVINCIAL HOSPITAL
Private Bag X2031
2004 -09- -8
Sign
MAFIKENG 2745
NORTH WEST PROVINCE (R.S.A.)