

THE IMPACT OF BATHO PELE IN THE DEPARTMENT  
OF HEALTH AT THE MAFIKENG PROVINCIAL  
HOSPITAL

BY

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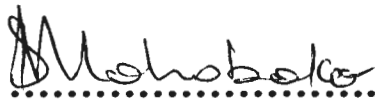
DISSERTATION SUBMITTED TO  
THE UNIVERSITY OF NORTH WEST  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF BUSINESS  
ADMINISTRATION

APRIL 2003

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## DECLARATION

I, NKIDI DINAH MOHOBOKO, declare that the dissertation for the degree of Masters of Business Administration at the University of the North West hereby submitted, has not been previously submitted by me for a degree at either 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.

  
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**MOHOBOKO N. D.**

## **ACKNOWLEDGEMENT**

I wish to express my greatest gratitude to my beloved husband, Liphapang Mohoboko for his unwavering support and encouragement throughout this research period; and to my two beautiful children, Tshepo and Tlotliso for understanding why I could not spend as much time with them as much as I would have wanted to. Heartfelt thanks further go on to my parents, Rammiga R. and Pauline S. Gaborone for being my source of inspiration and pillar of strength, and for their persistent prayers during the research period.

I am thankful also, towards my department under the leadership of Dr M. Sefularo, for providing me with the opportunity to conduct this study within the department. Sincere gratitude is extended to the management and staff of Mafikeng Provincial Hospital for all forms of support and co-operation displayed during the research process.

I also wish to convey my sincerest gratitude to my supervisor, Prof W. P. J. Van Rensburg for his encouragement, patience and support throughout this work. Continue to educate the world!

Last, but not least, I thank God Almighty, for being there for me from the commencement of this project to its completion. Indeed, I can do all things through Christ who strengthens me.

## **ABSTRACT**

South Africa, like many other developing countries has a great challenge of maximising customer satisfaction, and of minimising customer complaints that emanate from poor service. All sectors, be they public or private, exist so as to fulfil particular needs of their internal and external constituencies. The interests of these constituencies should inform the decisions taken in those organisations.

Customers form part of these constituencies, and account for a larger proportion of the revenue base. It becomes therefore imperative that organisations should devise all means to know the needs of their customers, as meeting them is the only way of retaining them and thus retaining their income.

The public service has even a greater challenge of providing basic services to an infinite client base, the community. Unfortunately, public services have to be provided within the constraints of scarce resources and skills. To even further compound the problem, the private sector provides similar services, and competes with the public sector, posing a threat of depleting the customer base of the public sector.

The public sector therefore has to continuously seek means of keeping the customers satisfied with its services by improving its manner of service delivery. It is this drive that has led to various transformation initiatives that envisage improving service delivery.

The Department of Health provides health services to the public, and cannot afford to run a sloppy service that does not satisfy its customers due to the nature of the services it provides. With the HIV / AIDS scourge facing the country, the department is expected to outperform the rate of HIV infection by rendering a self-less service that satisfies community members.

There is a wide range of imperatives that could be adopted by the Department of Health through its institutions to provide better, faster and accurate services. Benchmarking from other health institutions as well as other countries could be one way of improving health services, and building the internal capacity and appropriating adequate resources is another way. Whichever method is adopted to improve these services should however, be communicated to the community at all phases to ensure that confusion and fear of rapid changes is minimised.

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## CHAPTER 1: ORIENTATION

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### 1.1. Introduction

Customer service is at the heart of many businesses today. The main reason behind this is that if customers, who are the main source of revenue, are not satisfied with the service delivery from their service providers, they may easily decide to move away from that particular service provider to another one. In real terms, this means loss of sales and is a shortcoming to any production.

Over the years, government has not regarded itself as a corporate identity in the real sense, and as a result did not do much to ensure that its service recipients are satisfied with what it offered. Most service recipients would be bound to accept whatever services are available at their disposal, and did not even have any mechanism to utilise so as to raise their complaints and have them addressed in any way.

The Public Service, has for a long time been characterised as being an over-centralised, hierarchical and rule-bound bureaucratic system that has been

inherited from the previous dispensation, which made it difficult to hold individuals to account because:

- ◆ *decision-making is diffused;*
- ◆ *they are focused on inputs rather than on outcomes;*
- ◆ *they do not encourage value for money;*
- ◆ *they do not reward innovation and creativity;*
- ◆ *they reward uniformity above effectiveness and responsiveness; and*
- ◆ *they encourage inward-looking, inflexible attitudes, which are at odds with the vision of a public service whose highest aim is service to the people.*

As a way of tailoring service provision to address the needs of the community, the South African Public Service introduced the “White Paper on The Improvement of Service Delivery 1997”. This policy initiative aims to transform the manner of service delivery in a way that will ensure that the needs of the customers are met, and it is simply called Batho-Pele, a Setswana name that can be loosely translated as People-First.

## 1.2. Background And Rationale Of The Study

In 1998, the national government introduced the strategy of improving service delivery, or “Batho-Pele” throughout the public sector as a way of change management process within the entire public service. Managing change implies moving from an undesired, problematic state to a more favourable and desired one. The change process within the North West Health Department would therefore encompass a process of moving away from a situation of poor health services provided to members of the public in a non-caring and disrespectful, casual manner, to one where services are rendered in a customer-oriented manner that acknowledges the importance of each customer as a dignified and respected human being.

The “Batho-Pele” concept that refers to putting people’ interests first, was introduced as an attempt to improve the quality of service delivery in the public service. The concept focuses on quicker, more efficient and effective delivery of services. Improving the delivery of public services means redressing the imbalances of the past and, while maintaining continuity of service to all levels of society, also focuses on meeting the needs of South

Africans, the majority of whom are poverty stricken, such as the disabled, and black women living in rural areas, who have previously been disadvantaged in terms of service delivery. Improving service delivery also calls for a paradigm shift away from inward-looking, bureaucratic systems, processes and attitudes, and a search for new ways of prioritising the needs of the public in a better, faster and more responsive approach. It also means a complete change in the way that services are delivered.

The negative perspective of the way the public service is depicted therefore necessitates the introduction of an intervention strategy such as the Batho-Pele concept to inculcate a sense of respect and urgency among officials who render services to the public.

Access to decent public services is no longer a privilege to be enjoyed by a few; but rather it is a rightful expectation of citizens that should be met. The aim is to progressively raise standards of service, especially for those people to who access to public services has, for a long time, been limited in the past.

### 1.3. Objectives Of The Study

This research study therefore attempts to establish whether the introduction of Batho-Pele initiative has had any meaningful impact on the image of the public service, with particular interest in the Mafikeng Provincial Hospital under the Department of Health in the North West province.

This research study further seeks to assess the impact of the initiatives of the Department of Health to transform the service delivery to satisfy customer needs through the Batho-Pele project. The nature of this study is evaluative, because it intends to assess whether these initiatives undertaken under the auspices of '*Service Delivery Improvement*' have achieved the set objectives. It explores the extent to which these initiatives addressed the concerns of the clients who in this case are the patients.

The study also focuses on identifying changes taking place in the service points in tailor-making the provision of services to address the concerns of the clients. It might be that the introduction of the service delivery

improvement interventions has seen the inception of new measures within the Public Service. The study therefore wants to keep track of such innovative changes.

Through this study, the researcher will determine whether:-

- ◆ Members of the community are aware of improvements brought about by the department
- ◆ The service delivery improvement measures were informed by the needs of the customer
- ◆ The department handles customers' concerns, complaints and grievances about service delivery properly.

#### 1.4. Importance Of The Study

The government is in the process of radically raising the living standard of people, by delivering essential services to the community. These services should improve the standard of living of these members of the community. It is imperative therefore for government to consult with the community in

order to determine areas of need, where government could intervene and address such needs.

The Department of Health in the North West Province has, since 1997, introduced various programmes or interventions in a quest to improve the manner in which it provides health services to its customers. What is significant, though, is to find out whether its customers are satisfied with the kind of service delivery offered by the department. The results of this study will become essential for the department so that it can decide whether there is a need to improve its services, and if so, in which area and how.

This study therefore is an evaluative type of research that will assist the Department of Health to introspect itself and to take appropriate steps in improving its systems, processes and even policies that determine service delivery standards.

Through this study, implementers of policy will get time to reflect and through the assistance of the researcher, to reflect back and notice areas of

improvement in the manner in which changes were introduced in their department.

It is anticipated that through the results of this study, policy-makers will be better informed to decide on alternative means of service delivery. The results of this study will inform the decisions to be made about how best to introduce changes that will maximise service delivery.

#### 1.5. Scope Of The Study

This study focuses on the impact of service delivery improvement interventions as implemented by the Department of Health in the North West Province. The scope of the study will be tapered to one service point, which is the Mafikeng Provincial Hospital. The focus of the study will cover a three-year period ranging from 1998 to 2001.

The population of study is comprised of members of the public who have an interest in the operation of Mafikeng Provincial Hospital and the patients who are the recipients of service and would be an ideal target group to evaluate

the impact of the Batho-Pele interventions. Members of the department of Health will also participate in the study as respondents since they would be the best group to shed information on the interventions. Because it would be practically impossible to have all of them participating in the study, sampling will be done to focus attention on a fraction of the stated population.

#### 1.6. Limitations Of The Study

The first limitation is that the study will focus only on one element of customer service, i.e. how the conduct of personnel in the Mafikeng Provincial Hospital impacts on the realisation of the Batho-Pele principles. What this study does not cover though are other aspects within the organisation that contribute either positively or negatively towards the satisfaction of customers, e.g. systems, procedures and policies of the organization. It is a fact that these systems, procedures, and policies do have an impact on the unfolding of the Batho-Pele project. The study assumes, therefore, that such internal systems are well in order for the Batho-Pele process to take effect.

The second limitation is that only one service point will be used for the purposes of data collection. This service point is Mafikeng Provincial Hospital. Other service points will not be used due to the time constraints within which this study should be carried out. The results of the study may therefore not be reflective of the situation in the entire department. Such results will however be applicable to the other two Provincial Hospitals, namely the Rustenburg Provincial and Klerksdorp / Tshepong Complex.

### 1.7. Plan Of The Study

The study focuses initially at the literature review and the theoretical foundation of the problem. The literature review will be based on various books and literacy materials on customer-service, as well as government policies on transformation and reports on Batho-Pele interventions implemented between 1998 and 2001.

This first chapter introduces the study and serves as the study proposal. Chapter 2 will be a literature review and serve as a theoretical foundation of this study. Chapter 3 will define the problem and pose management

questions. Chapter 4 will cover the research design while Chapter 5 will reflect the findings and interpretations thereof. Chapter 6 will handle discussions, implications and recommendations.

## **CHAPTER 2: LITERATURE REVIEW & THEORETICAL FOUNDATION**

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### **2. 1. Introduction**

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. It is this continuous need that determines the duration of the company or organization's existence. The manner in which the organisation meets this need therefore is very crucial for its customers.

If customers are not satisfied about either the services or products by that organisation, they may re-consider their loyalty to that organisation, or even worse, quit and go to other competing organisations for service.

### 2.1.1. Quality Of Service

It is imperative that any organisation effectively manages the quality of its products or services, since such quality determines the volume of its customer base, and thus its turnaround.

Furthermore, what is crucial to note is that quality may be relative, depending on the expectations of the service recipient. Quality is not determined by the organization that produces products or renders service, but rather by the recipients or users of those services. Thus quality of service or product is the customer's perception of the degree to which the product or service meets his or her expectations.

Discussions regarding quality within the public sector are often carried out in two completely different dimensions. On the one hand, there is the discussion and evaluation of the quality provided to customers, whilst on the other hand, there is discussion and evaluation of the goals set by and for government.

Public Services are always provided within a politically defined framework. This framework is determined by the extent to which the services are in demand and the extent at which they will benefit the community. It is therefore possible that the fulfilment of goals set by or for government can ultimately lead to conflicts in respect to quality for a customer or citizen.

### 2.1.2. Total Quality Management

Total Quality Management (TQM) is an organisation-wide approach that seeks to improve and enhance quality service delivery on a continuous and systematic basis. The thrust of TQM most programmes are to satisfy the requirements of all customers through the development of error-free processes within an organisation.

Many organisations engage in Total Quality Control measures in an attempt to retain their customer base, and to keep these customers satisfied. The TQM concept is an integrated system from design of a product; through to shipment or delivery, that controls quality assurance at every step.

With this concept, quality is the organisation's most important business objective; all other activities are driven by this objective. Application of TQM creates a common focus on customer needs. All functions, employees, suppliers and customers are involved in the practice of continuous improvement (Martins F. J. C, 2001).

The link between customer service and TQM is evident in the benefits of this concept that are outlined hereunder:

- ◆ The organizational focus, being firm on means that internecine rivalry inside the company is reduced and resources are better allocated.
- ◆ More people within the organization take assume responsibility for quality and take action when it is required.
- ◆ Teamwork is encouraged
- ◆ Time consuming and error-ridden procedures are eliminated
- ◆ Better procedures are developed
- ◆ Performance is better understood and can be measured on a consistent basis.

- ◆ The dangers of complacency are reduced by the restless quest for improvement in the quality of customer service (Leppard J. and Molyneux L. 1994, p58).

### 2.1.3. Creating A Balance

Public Sector service delivery must seek to achieve a balance between the interests of the citizen or customer, the professional ambitions of its personnel and the interests of the general public or the taxpayers. In a hospital setting, for instance, the patients will be particularly interested in the highest quality of care, the health practitioners will be concerned with best management practices, whilst community members will be interested in the efficiency of the entire health system.

It is imperative therefore that any organisation should look at its customers when they set standards for measuring quality. Customers' expectations are based on comparison to competitors' products and or services, and are likely to change over a period of time. To be considered a world class organisation means that the services or products offered need to be seen as best in class



by the customer. This therefore calls for continual assessment and improvement of quality to meet the varying need of the customers.

#### 2.1.4. Meeting Customer Expectations

Customers perceive quality on the following basic tangible principles:-

- ◆ Performance
- ◆ Features
- ◆ Reliability
- ◆ Serviceability
- ◆ Durability
- ◆ Appearance
- ◆ Customer Service

(Gustafsson L. & Svensson A, 1999, p. 64)

Service is generally intangible. Customers set their own standards, comparing the services they receive with those that they wish to receive. Factors are:-

- ◆ Friendliness
- ◆ Convenient Parking
- ◆ Cleanliness
- ◆ Promptness in which queries or complaints are dealt with

- ♦ Delivery times on goods and services ordered
- ♦ Time taken to answer a telephone call

(Gustafsson L. & Svensson A, 1999, p. 65)

### 2.1.5. Committing To Quality

One way of enhancing quality of public service is the introduction of citizens' charters. The essence of a charter is commitment, quality, choice, standards and measurement, value for money and competition. At the same time, the charters emphasize the need to raise the general standard and quality of services, to find locally sensitive and responsive solutions to citizens' problems, increase transparency and enhance the overall effectiveness of public programmes.

Commitment to quality is to be found in three levels:

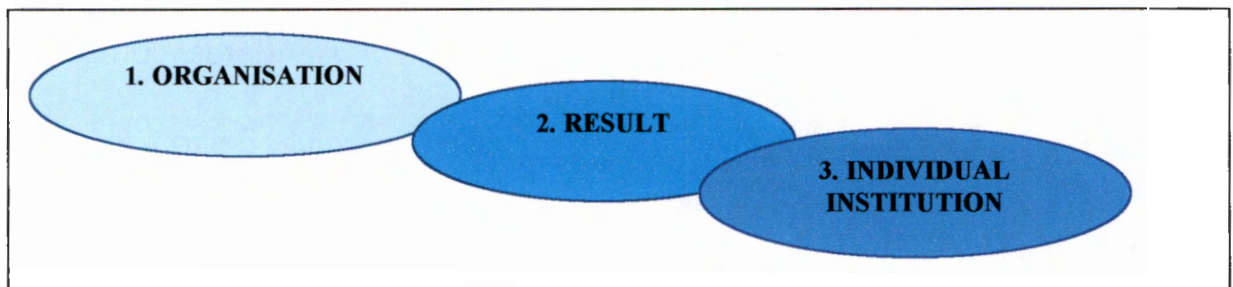


Figure 2.1. Levels Of Quality Commitment (Gustafsson L. & Svensson A, 1999, p. 73)

The commitment for the organisation as a whole establishes broad public values and commits the government to customer-based quality and the support of citizens' participation. It guarantees open channels for citizens' complaints and ensures consumer rights in public services.

Commitments on the result level establish standards for service in quantity and quality. Most organisations develop generic service standards so as to commit themselves to qualitative standards. These might include issues such as “ *We commit ourselves to answer every call in less than three rings, we will acknowledge receipt of all letters within three days.*”

Commitments at the individual institutional level such as at schools, hospitals and clinics define customer-based ways of providing the best possible services at that particular institution (Gustafsson L. & Svensson A, 1999, p. 73).

The Department of Health in South Africa has committed itself to quality by adopting the Patients Rights Charter which maintains that all rights and responsibilities of patients should be made known to such to all patients and

should be observed by all health workers. These rights and responsibilities serve the purpose of alerting the public of the quality of service they can expect from their health service providers.

The following is a brief description of the patients rights aimed at enhancing quality service:

- ◆ Being treated in a healthy and safe environment
- ◆ Participation in decision-making processes
- ◆ Access to health care
- ◆ Knowledge of one's health insurance / medical aid scheme
- ◆ Choice of health services
- ◆ Treatment by a named care provider
- ◆ Confidentiality and privacy
- ◆ making an informed consent
- ◆ refusal or treatment
- ◆ be referred for a second opinion
- ◆ continuity of care; and
- ◆ complain about poor health services (Patients Rights Charter, 1999).

Any deviation from these would mean sub-standard performance and thus lowered quality standards. This charter endeavours to promote access to health care services as guaranteed in the Constitution of the Republic of South Africa (Act No. 108 of 1996).

## 2.2. Customer Service

Customer service represents a major component of the customers' perspective of product value. Policies of the organisation pertaining to customer service must be consistent with an organisation's long-term plans, and must be developed in consideration of customer requirements and organisation's resources.

### 2.2.1. Defining Customer Service

Customer service is often described as those activities that take place after the production system activities; this typically includes physical distribution activities. Customer service serves as a link that matches and integrates the supplier system with the customer system. Since customer service is the driver of the total value system of any organization, gathering customer information and developing early customer involvement is critical in this new competitive environment (Hensler D.J., 1994).

In the United States of America, more and more companies are investing in training for front-line employees and empowering them, as well as creating cross-functional links that integrate the front-line with other parts of the organization (Anderson J. C. & Narus J. A. 1995).

In South Africa, the notion of referring to patients as customers comes from the White Paper on the Transformation of Service Delivery, and it implies:-

- ◆ Listening to their views and taking account of them in making decisions about what services should be provided.
- ◆ Treating them with consideration and respect
- ◆ Making sure that the promised level and quality of service is always of the highest standard; and
- ◆ Responding swiftly and sympathetically when standards of service fall below the promised standards.

#### 2.2.2. Benefits Of Customer Service

The first benefit of customer service and support is the creation and development of customer confidence. Customers judge the quality of the

product by what they can see and understand. Good customer service and support should ensure that the customer gets maximum value from the purchase. Customer service and support demands must be considered throughout the business cycle from the earliest stage right to providing clear documentation and easy access to advice (Armistead C. G. & Clark G, 1994, p5).

Another benefit of customer service is that moving closer to customer enhances understanding their needs. Apart from developing better quality products and services through incorporating genuine customer priorities there is an increased possibility of discovering new business opportunities.

Competent customer service and support should lead to increased loyalty. If there is good evidence of care and concern after the real 'sale' is over, the relationship will be strong and there are good chances of the customer returning next time for service again.

At one level, customer service can be defined as quality of the "cake" which is set before the customer. However, the concept of customer service has to

be stretched further than this to include the “*icing on top*” as well. The reason companies are paying so much attention to this is that in many companies’ products are almost indistinguishable from those against which they compete. In order to differentiate themselves, therefore companies strive to add something extra to their transactions with customers.

In a health sector setting, for instance, if members of the community who happen to be customers utilise the hospital and its facilities for health services should be completely content and satisfied with the manner in which they are offered or provided to them. Over and above the type of services offered, e.g. dental, oral, mental or radiological services offered, what customers are more pleased with is how those health services are offered to them offered to them. Whether the dental surgeon smiles or does not smile is the care aspect that the customer is concerned about, as it may determine whether the same customer would come back next time for the same service or would rather use a different service provider.

### 2.2.3. The Customer Service Triangle

Customer service and support is an area that must receive more attention from the strategic levels of management in the organisation as it has implications for various business units in the organisation. The customer service triangle depicted below is found rather useful in providing a framework for the review of support activities.

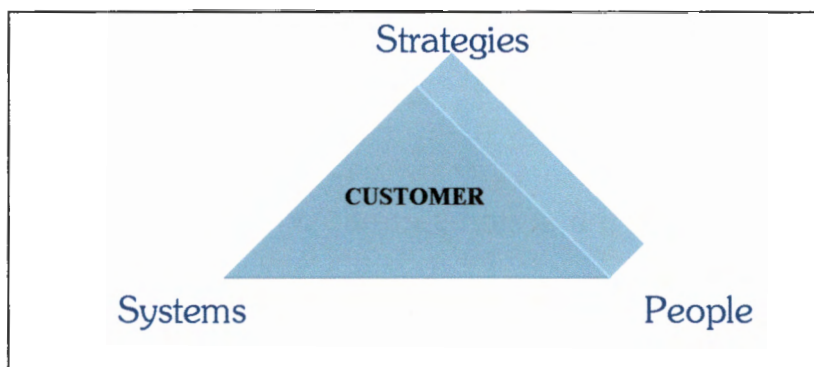


Figure 2.2. Customer Service Triangle -(Armistead C. G & Clark G, 1994 p10).

The customer is at the centre of this triangle, because every activity must be seen in terms of its impact on customer satisfaction. This is crucial in understanding how the customer views the organisation as opposed to how the organisation views itself from an internal perspective.

### *Strategies:*

The customer service and support manager must develop realistic statements about the role of support, the way that is to be measured and the priorities for improvement. The strategy must express the value of service and support to the customer and identify those aspects that create competitive advantage for the organisation.

### *Systems:*

Having clarified the strategy, the systems employed by the customer service and support organisation must be reviewed in the light of any changes in content or emphasis in the service task. Systems to control quality, information materials and productivity are included here. A principle to be observed is to ensure that key measures that have significant impact on customer satisfaction, e.g. response time, are consistently achieved because the system has sufficient capacity to do so.

### *People:*

The people are those who deliver the service. They will be more effective if they are clear as to what the task is through a consistent service strategy.

They will be committed to it if they have had the opportunity to contribute to its formulation. The service providers will also be more effective if the systems employed facilitate rather than prevent service (Armistead C. G. & Clark G, 1994, p13).

#### *The Service Provider - Customer Team.*

Customer perceptions of service quality are generally enhanced where there is a bond between provider and customer. The provider will tend to try harder because the customer is appreciative and the customer may be more forgiving of detail problems because it can be said that the provider is trying hard.

#### 2.2.4. Maintaining A Customer Focus

Because customers are the final arbiters of quality, it is essential for any organisation to maintain some sort of dialogue with them and to listen to what say. There are various ways of achieving this, providing there is organisational willingness to do so.

#### 2.2.4.1 Analysing Customer Complaints

Analysing customer complaints is one way of gathering information about meeting customer expectations, although in this case, it is more to do with how those expectations were not met. It must be born in mind that many customers prefer not to say anything even though they are dissatisfied. Thus, customer complaints should be regarded as a tip of the iceberg because for one complaint that comes through, several others are withheld. This visible tip, revealed by complaints, does little to convey the mass that lies below the surface.



Figure 2.3. Customer Complaints Iceberg

All individual complaints must be handled speedily, efficiently and courteously. If the complaint cannot be dealt with quickly, it is then good practice to get back to the customer promptly, and to acknowledge that the matter is receiving attention and feedback will follow in due course.

A systematic analysis of complaints in terms of their nature, frequency, origin as well as costs to rectify will provide a valuable input for improving quality.

Some companies might find themselves in a fortunate position of being able to do this, but on the whole even most satisfied and best-intentioned of customers rarely get around to conveying their approval and appreciation.

When they do arrive, the occasional endorsements can be valuable morale boosters to staff. They can also be used for public relations purposes, providing proof that the company's claims of service and quality are a reality.

#### 2.2.4.2. Listening to Staff members

Quite rightly, the organisation should spend much of its time listening to what its customers have to say. However, it would be equally essential to listen to its personnel from time to time. Inside staff members are the ones that come into direct contact more frequently with customers and they are better suited than managers to know problems as soon as they arise.

The views of the company's management and staff members can be elicited in a number of ways, including to use the following techniques:-

- ◆ Attitude Surveys
- ◆ Suggestion Schemes
- ◆ Competitions
- ◆ Workshops and seminars

It is of utmost importance to understand complaints of staff and link them to those customers. There might be a strong correlation between the two, which if investigated, might assist in solving hidden problems.

### 2.3. Service Excellence

The South African Government embarked on the Batho-Pele project so as to transform the manner in which services are being delivered to the public. The intentions are to even change the current image of government to be one of efficiency, maximised service delivery and commitment to service excellence.

Understanding the critical success factors of world-class service systems is essential to achieving world-class satisfaction and retention.

### 2.3.1. Achieving Service Excellence Through Technology

According to Richardson (2001, p8) “Mastering the first key area of customer service excellence begins with an integrated approach to delivering customer service. Integrated systems blend business strategy, key technologies and well-trained customer service representatives into a unit focused on delivering optimal customer satisfaction. The systems focus efforts on improving all facets of the call, from wait time to one-touch resolution to efficient follow up. On the technology side, effective configurations with multi-vendor tools increases the accuracy of routed calls, produces clarity and documentation of recorded messages, and speeds recognition of voice-response data” .

### 2.3.2. Achieving Excellence Through The Human Element

One of the best practices of achieving service excellence is to focus more on the human element. Service excellence involves acquiring the best skilled

human capacity or developing such capacity to deal with all productivity challenges through various development interventions. Training and development opportunities on customer service have proven to be very innovative in enhancing improved customer care.

Even though an organization may have the best-designed technology, it will continue to deliver poor service if its employees share the organization's service vision. It therefore becomes imperative to create a common purpose and shared vision amongst employees. This aids in ensuring ownership by employees who are the first contact point between the organization and its customers.

### 2.3.3. Achieving Excellence Through Performance Management

Objectively measuring service performance not only gives managers a regular "report card" of call centre and rep performance, it is one of the key drivers of continuous service improvement. Various companies stress one key factor in creating successful measurement systems: Senior management must regularly review call centre metrics. If senior management is not actively reviewing the

scores, then the measurements don't mean anything all the way down the line. Tying managers' compensation to measures, including customer satisfaction, also helps to ensure that the call centre's focus is aligned with company strategy.

#### 2.3.4. Achieving Excellence Through Fast Communication

The "need for speed" is at the heart of most communication within business operations. Employing new technology such as intranet and other electronic communication allows for fast transfer of information and time sensitive documents between field operations, customers and suppliers. This achievement is partially due to the high value that the company places on time spent coaching and interacting with employees (Richardson J, 2001, p 12).

### 2.4. Quality In Health Care

#### 2.4.1. Definition of Quality of Care

According to a policy on quality in health care for South Africa, quality of care has been defined as "the degree to which health services for individuals

and populations increase the likelihood of desired health care outcomes and are consistent with current professional knowledge.

The quality of care provided in the public sector has come under regular attack. The general perception is that while quality of care is improving in the public sector, the private sector still offers higher quality. In South Africa, 75% of people do not have medical aid cover and so are reliant on the public sector (Policy on Quality in Health Care for South Africa, 2001, p10).

While many South Africans receive good quality health care, too many patients still receive sub-standard care. Many quality problems still exist, and include:-

- ◆ Disregard for human dignity
- ◆ Under-utilization of health care services
- ◆ Over-use of services
- ◆ Avoidable errors; and
- ◆ Variation in health care system.

Quality of care in South Africa varies considerably within and across communities, hospitals, practitioners, patients, delivery systems, geographic areas and health problems. Improving health care and ensuring that health care services are provided in a manner that will most effectively improve South Africans' health status requires matching health care capacity to the health needs of the population. This includes reducing excess capacity to avoid waste and reduce costs while increasing capacity to ensure access for under served populations (Policy on Quality in Health Care for South Africa, 2001, p10).

All of these ills in the South African health system reduce productivity and negatively affect the quality of care in most health facilities. These shortcomings endanger the health and lives of patients, add costs to the very health system, and eventually reduce productivity. South Africa needs a new commitment to measure, improve and maintain quality care for all its citizens. This then gives meaning to the need for improvement in service delivery, and the introduction of the Batho-Pele White Paper.

#### 2.4.2. Ensuring Quality of Care

The Department of Health is tasked with the daunting challenge of ensuring a steady increase of the quality of care in an equitable manner throughout the communities of South Africa. Several institutional arrangements have to be put in place to drastically transform the current state of affairs. The following are means of achieving this ideal:-

##### 2.4.2.1. Addressing access to resources

Reducing excess capacity planning packages of care at each level of care and allocating resources equitably will improve access to resources. Health care institutions should intensify efforts to profile the wide variations in health care provided and resources evaluating areas of oversupply and undersupply, as well as the appropriateness of care.

One objective in matching capacity to needs is to recognize that there can be a relationship between the volume of health services provided and the quality of patient-care (NHS Centre for reviews and Dissemination, 1996).

For some clinical procedures, research has indicated that patient outcomes are better amongst facilities and practitioners that perform a higher volume of specific procedures than those that perform relatively few of the same procedures. For instance, surgeons treating fewer than 29 new breast cancer patients a year had a 15% higher mortality rate than colleagues who saw more than 29 cases a year.

It has also been established that access to knowledgeable, experienced health professionals can make a difference in survival rates for persons with HIV/AIDS. Thus, for some procedures, better coordination of Health care capacity such as planning which services are to be provided at District and Regional hospitals, can help to maximize the benefits of the positive relationship between volume and quality (Kitahata, Maria M, Thomas, et al., 1996).

Packages of care and associated norms and standards to be provided at district, regional and tertiary institutions that have been developed by the National Department of Health to assist the process of planning services should be utilized and adhered to, as a form of ensuring quality.

In many locations, particularly some urban centres and many rural areas, health care capacity needs to be supplemented with targeted development efforts and new methods of delivering quality of care.

An example is the dearth of doctors in remote areas. Good quality cannot be provided without high-quality doctors. A useful approach can be to limit new private medical practices in areas where there is already an oversupply of doctors, thus ensuring an equitable spread of skilled practitioners throughout the country.

#### 2.4.2.2. Increasing patients participation and dignity

Community participation and the adoption of the Batho-Pele principles is key to empowering users of services to take control of their own health care

and that of their families. The active participation of patients in their care has the potential to improve both the effectiveness of care, as well as patients' satisfaction with care. Patients who are treated with dignity and are well informed and able to participate in treatment decisions are more likely to assume responsibility for complying with their treatment plans.

In addition, users should be better enabled to practice appropriate self-care. Empowering individuals with the skills and tools necessary for caring for themselves is especially important for individuals with chronic illnesses or disability. In general, better enabling users to assess their health; practice preventative health care as well as self-care will enhance their health outcomes and functional capacity while reducing unnecessary health care services and costs.

#### 2.4.2.3. Reducing Errors in Health Care

Another major aim to enhance health care and health status would be to improve patient safety by reducing the level of error in health care delivery and designing systems that mitigate the consequences of errors when they do

occur. Errors in health care may result in patient injury and in worst cases, death. In any unfortunate incident that may lead to either injury or death, patients will quickly resort to complaining about the poor quality of services rendered, despite the numerous other good quality aspects of care.

One wrong that emanates from negligence or error in care, may tend to overshadow the quality of services that any hospital offers. Such instances are quick to increase the level of patient dissatisfaction and customer complaints. The problem with such dissatisfaction is the resultant tarnished image of the department and the deterioration of loyalty and trust of patients in the health system.

## 2.5. Batho-Pele Requirements

The concept of Batho-Pele requires of every department to maximize customer care by valuing the recipients of services. Increasing patients' participation and the dignity afforded to them is one way in which the department of Health in particular can put Batho-Pele into practice. The

manner in which patients are involved in treatment decisions and acknowledged will define quality health care for them.

The active participation of patients in their care has the potential to improve both the effectiveness of care as well as patients' satisfaction with care. Patients who are treated with dignity and care are well informed and able to participate fully in treatment decisions. They are more likely to assume responsibility for complying with their treatment plans.

Although much has been done in the public sector, there is still much to do, specifically in relation to everyday things that the public gets wrong, such as having inappropriate office hours, untidy waiting areas, long queues at lunch time caused by staff being on lunch breaks, e.t.c. The Constitution of South Africa (1996) sets out the basic values and principles that should govern public administration and these must not remain words on paper. According to section 195.(1) Public administration must be governed by the democratic values and principles enshrined in the Constitution, including the following principles:

- ◆ A high standard of professional ethics must be promoted and maintained.

- ◆ Efficient, economic and effective use of resources must be promoted.
- ◆ Public administration must be development-oriented.
- ◆ Services must be provided impartially, fairly, equitably and without bias.
- ◆ People's needs must be responded to, and the public must be encouraged to participate in policy-making.
- ◆ Public administration must be accountable.
- ◆ Providing the public with timely, accessible and accurate information must foster transparency.
- ◆ Good human-resource management and career-development practices, to maximize human potential, must be cultivated.
- ◆ Public administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness, and the need to redress the imbalances of the past to achieve broad representation.

Batho-Pele aims to turn such words into reality. Community participation and the adoption of the Batho-Pele principles is key to empowering users of services to take control of their own health care and that of their families.

## 2.6. Batho-Pele Principles

The Batho-Pele principles as enshrined in the white paper on improving service delivery espouse that:

There shall be CONSULTATION:

Community members as recipients of service will be asked for their views on existing public services and may also tell the service providers what new basic services they would like. The principle is that community members should be consulted about the level and quality of public services they receive, and wherever possible, should be given a choice about the services that they are offered.

SERVICE STANDARDS should be developed, communicated and maintained:

All national and provincial government departments are required to publish service standards for both existing and new services. Once set, standards must be maintained and improved, but never be lowered. The principle is that service recipients should be told about the level of quality of public services that they will receive so that they are aware of what to expect.

ACCESS to public services should be guaranteed:

All departments are required to set targets for extending access to public servants and public services. These departments should implement special programmes for improved service delivery to physically, socially and culturally disadvantaged persons. The principle is that all citizens should have equal access to the services to which they are entitled.

People should be treated with COURTESY and respect:

It is expected of all departments to set standards for the treatment of the members of the public. These standards and values should then be incorporated into the codes of conduct and training programmes of these departments. Members of the community should therefore, not accept

insensitive and undignified treatment. The principle is that they should be treated with courtesy and consideration.

Members of the public are entitled to full INFORMATION:

All departments are required to provide full, accurate and up-to-date facts about the services they are entitled to. Information should be provided at service points, and in local media and dominant languages. Names of senior officials and their respective contact numbers should appear in all departmental correspondence documents.

There shall be OPPENNESS AND TRANSPARENCY.

Members of the public have the right to know. Departments should therefore ensure that administration is an open-book, where members of the public may know and read about staff numbers, particulars of service officials, expenditure and performance against standards. The principle is that members of the public should be told how much they cost and who is in charge.

Members are entitled to measures of REDRESS:

Mechanisms for recording any public dissatisfaction should be established and all staff must be trained to handle complaints fast and efficiently. Members of the public should receive regular feedback on the outcomes of investigation. The principle is that if members of the public are not satisfied about service they should complain and be re-assured of redress measures as well as feedback.

There should be VALUE FOR MONEY in service delivery;

Because members of the public pay taxes that fund service delivery, they have the right to insist that money should be used properly. Departments therefore, owe it to the public to prove that efficiency savings and improved service delivery are on the agenda. The principle is that public services should be provided economically and efficiently in order to give the best possible value for money (White Paper on Transforming Service Delivery, 1997, p 10).

The principles Batho-Pele are simple but ambitious. They are also sufficiently flexible to allow departments to implement them according to local

conditions and circumstances. Batho-Pele cannot be achieved overnight as many systems and attitudes have to change. The process however, should begin to unfold without any further delay.

The basic requirement for Batho-Pele to take effect is to regard patients as customers. This engenders an attitude that people must come first in the manner in which they are handled, as well as in the manner in which decisions are made.

## 2.7. Theoretical Foundation

The theoretical foundation upon which this research is based upon purports that “THE CUSTOMER IS KING AND IS ALWAYS RIGHT”

In the corporate world there are many constituencies who have various interests in the functioning of organisations. The corporate world, however, continues to sustain itself if it manages to keep the customer happy. The happiness of various constituencies such as personnel, managers, unions and shareholders may be essential for the company's survival, yet it does not override the happiness of the customer.

If the customer is not content with the final product that the company produces, the customer may decide to utilise the services of competing companies, thus rendering the company useless. The worth of any organisation remains as long as its customer base remains strong. This premise therefore puts a lot of pressure on companies to seek to increase their customer base and to fight to retain these customers in the fierce battle for customers by fellow competitors in the global market.

## 2.8. Conclusion

It may be said, in conclusion that the department of health exists solely to deliver health services to the community. If the community is not happy with the services that are rendered, the department is obliged then to upgrade the standard of its services to meet the needs of their recipients. As organisations continually seek better ways of improving the quality of services they offer, the department as well has the same responsibility.



Even though techniques of improving services differ, what remains constant is the need to stay in touch with customer needs as this determines the continuation of every company's existence. Upgrading the quality of care, determining appropriate service standards and developing service delivery improvement mechanisms that are sustainable are some of the key issues that the department should consider doing exceptionally well in the long run to keep its customers satisfied.

## **CHAPTER 3: STATEMENT OF THE PROBLEM AND MANAGEMENT QUESTIONS**

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### **3.1. Introduction**

The South African government, like many other governments has come under tremendous pressure to transform and improve its service delivery. The impulse for this concern for service delivery reform stemmed from the promise made by the newly elected government of a better life for all, especially the most historically disadvantaged sectors of society. With the adoption of the Reconstruction and Development Programme (RDP) and the White Paper on the Transformation of the Public Service (WPTPS), a new policy framework defining the role of the public service was put into place, laying considerable emphasis on the public service that is:

- ◆ More responsive and relevant to the needs of the citizens
- ◆ More efficient and effective in the use of public resources
- ◆ More representative of the diversity and needs of all, especially the most disadvantaged sectors of society.

With this framework having been put in place since 1997, the critical issue becomes to determine the extent at which these ideals have been translated into a reality

### 3.2. Rationale To The Problem.

The main problem that this study is trying to address is to ascertain whether the initiatives taken by the Department of Health to improve service delivery have actually been able to achieve their objectives as set out in the WPTPS. The major challenges facing the department is to ensure that their customer base is kept satisfied, and to sustain such satisfaction with qualitative service that encapsulates quality of care.

It will be very regrettable at the end of all the efforts to realise that the customers are still disgruntled about basic issues of quality service as if no interventions were put in place to remedy the situation. The introduction of Batho-Pele came about as a result of realising that the quality of services rendered in most public institutions are far from satisfying the customers, who

are the service recipients. The problem is further exacerbated by the apparently appalling conduct of most of the health professionals.

The fact that both services and the conduct of health professionals do not meet the expectations of the patients and general members of the community means that customer may re-consider their loyalty to the department of Health as a service provider instead of the public sector. With the rapid mushrooming of private health service, the volume customer base is bound to deteriorate, as more patients would rather resort to the private sector instead of the public sector. The unfortunate situation, however is that quite a substantial percentage of the population cannot afford the prices charged in the private sector that are market related. These are therefore the people who do not have much choice and are bound to stick to the public sector as the service provider.

It is apparent that the department of Health, like all other departments, is obliged to comply with the requirements of legislative frameworks such as the WPTPS and others. This paper demands every department to identify its internal and external customers so as to know who to consult and to know

the exact needs of these customers. It further demands that on an annual basis, these customers should be consulted to determine the service standards that would be acceptable for them. It is very crucial for this study to determine whether the department has undertaken these two important steps. Through this study, the researcher will determine whether:-

- ◆ Members of the community are aware of improvements brought about by the department
- ◆ The service delivery improvement measures were informed by the needs of the customer
- ◆ The department handles customers concerns, complaints and grievances about service delivery properly.

This research study will furthermore serve as a monitoring tool for the department of health in particular the Mafikeng Provincial Hospital to keep track of its Batho-Pele commitment. The significance of such constant monitoring lies in the quest to determine whether quality in the department is defined along the perspective of the customer, or along that of the department.

### 3.3. Management Questions

This research study should establish whether the eight principles of Batho-Pele are adhered to in a sustainable manner. The study will therefore determine whether:-

- ◆ Citizens are consulted about the service standards before they are developed
- ◆ The service standards published in the service delivery improvement plan are met
- ◆ Services are accessible to members of the public
- ◆ Adequate information about services is provided
- ◆ Citizens are allowed to participate in their treatment decisions
- ◆ Members of the public are given an opportunity to complain about unsatisfactory service.
- ◆ Investigations are made on all issues that have been raised with the department
- ◆ Cost effective measures have been devised to provide faster, better services at lower costs

- ◆ Patients are treated in a manner that does not compromise their dignity and humanness as responsible members of society
- ◆ Services are delivered in an ethical manner.

The questions posed above will be instrumental in determining whether there has been a return on investment in terms of money spent on the various launches made under the auspices of Batho-Pele.

### 3.4. Conclusion

If the responses to the questions portray a positive trend, the study will have determined the impact of the Batho-Pele project in Mafikeng Provincial Hospital. Such a positive response will give the management of the hospital as well as operational staff the courage to further introduce projects that will bring about continuous transformation to the hospital. It is such positive change projects that will enable the department to improve the quality of care in the department.

(Contrastingly, however, if the responses portray a negative trend, the study will have emphasised an urgent need for the department to redefine and

refine its transformation programmes to effectively improve the standards of lives of people. The study will have shown that more work still has to be done to improve both customer service as well as the quality of services provided by the department. This will serve as a point of self-correction for the department to redirect its resources and efforts towards improving services and maximising customer satisfaction levels.

## CHAPTER 4: RESEARCH DESIGN

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### 4.1. Introduction

The nature of this study is such that it endeavours to assess the impact of the Batho-Pele interventions. This is one of the factors that interest not only the researcher, but also the management of the department and of the hospital itself. They, also, would use the results of this study to improve on future interventions and are therefore willing to provide any form of support to the processes of data collection.

The research design is such that different target groups will be required to respond to questions posed to them. These questions hope to determine whether there has been any positive change since the department has embarked on the Batho-Pele project. If the responses can prove that Batho-Pele has resulted in dramatic changes in the overall conduct of nurses and general Hospital Staff, this research study shall have proven that indeed public sector reforms such as Batho-Pele are worthy to undertake.

## 4.2. Methodology

The nature of this study is quantitative due to the type of problem that the study wishes to research. A sample survey will be used to obtain information required for the purposes of this study. The rationale behind this choice is based on the fact that the target population under scrutiny is members of the community around the Mafikeng area who utilise the Mafikeng Provincial Hospital to obtain health services. Because of the enormous number of people involved, it would be appropriate to use a sample survey that will be representative of the entire population.

Members of the department of Health will also participate in the study as respondents since they would be the best group to shed information on the interventions. Nurses and other health practitioners will be subjected to a group session, using the Nominal Group Technique (NGT). The objective of collecting information from them is to ensure that those that were involved in the introduction of Batho-Pele project should provide first hand information on what exactly happened after the conception of this project.

### 4.3. Sampling

The sampling method that will be adopted in this study is a non-probability sample that is systematic in nature. Every twelfth outpatient customer who is attended to at the Pharmacy Division will be interviewed. The pharmacy division is selected because it is the last point of service at the hospital before patients exit the hospital.

An administered questionnaire will be handed out to the in-patients of three wards. Participating patients should have been admitted for a period exceeding three days in the hospital. Because of their length of stay in the Hospital, it is expected that these respondents will provide information that is not only influenced by isolated incidences, but rather a collection of several incidences that they may have observed during their stay in the Hospital.

A Nominal Group Technique will be used to collect information from nurses and other health practitioners as well as general workers in the Hospital. One nurse per section, preferably heads of sections will be selected to form one group. This group will then be subjected to questions that hope to solicit information regarding the implementation of Batho-Pele.

#### 4.4. Data Collection

Structured interviews will be used and the same questions will be posed to every respondent. This is done to ensure reliability, consistency and validity of the study. In order to stimulate participation in this survey, dominant languages in the Mafikeng area will be used, i.e. English and Setswana. This is done to ensure that participants are not intimidated or discouraged by an unfamiliar language.

The reason for selecting the interview technique of data collection is that this technique will provide face-to-face interaction with the participants, thereby maximising the collection of rich information that a questionnaire might overlook. The interviewer will first and foremost explain the rationale of the study so that the participants will be put at ease to provide honest answers.

Structured questionnaires will also be used for patients that have been hospitalised for a period exceeding three consecutive days. These questionnaires, just like the interview questions, will be translated into the local, dominant languages. The questionnaires will be administered on the

spot by the researcher, instead of dropping them off in the hands of the patients who might not return them.

The rationale behind this choice is based on the fact that patients may be too weak to complete the questionnaires without assistance. Secondly, the duration of these patients' stay in hospital may be short, thus increasing the risk of not returning the completed questionnaires. Lastly, data collection can be done quicker and more cost effective than having to drop them off and return at a later stage to collect the responses.

Lastly, the NGT data collection method will be used for staff members who will be gathered in one boardroom, and required to provide information about Batho-Pele in their hospital. Each participant will be required to write ideas on a pad of paper without consulting with others. After all have written, there will be a structured sharing of ideas, and each person around the table will then present one idea, whilst a designated recorder will record agreed upon ideas on a flipchart in full view of all the members. The next phase will involve a structured discussion in which each idea receives attention before a vote is taken. This will be followed by independent voting, where each

participant - in private- selects priorities by ranking or voting. The group decision will then be mathematically pooled to determine the outcome of the individual votes.

#### 4.5. Conclusion

It is anticipated that the collection of data will happen within a period of two weeks so that data is made available timeously for analysis and interpretation. The fact that the Hospital management has been conscientised about this study and are willing to assist processes of data collection is a boost for the study. The data collected from patients as well as that collected from staff members will indicate whether the Batho-Pele initiatives taken by the hospital has been a fruitful exercise or not.

## CHAPTER 5: RESEARCH RESULTS

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### 5.1. Introduction

Two sets of questions were prepared, one for patients and another for staff members (Annexure A and B respectively). The questions posed in Annexure A are totally linked to the Batho-Pele principles, to determine indeed whether the hospital adheres to the principles of Batho-Pele as expected by the White Paper on the Improvement of Service Delivery. The next set of questions that is directed to staff members i.e. Annexure B, seeks to provide answers to the management questions posed in Chapter 3 of this study. Responses to these two sets of questions will indeed indicate whether the Batho-Pele project is implemented according to book, and whether to embark on Batho-Pele as a project has indeed, paid dividends.

### 5.2. Findings

#### 5.2.1. Questionnaire to Patients

A questionnaire was developed and administered to both day patients, i.e. those consulting during the day only and in-patients, i.e. those admitted in hospital wards. It will be noted that, according to the sampling methodology,

every twelfth patient coming out of the pharmacy or dispensary section, was interviewed and three wards were selected, wherein all patients that had been in the hospital for a period exceeding three days were given questionnaires to complete. The questions were the same and the following responses were recorded for all patients.

5.2.1.1.     Section A: Biographic Data

Total number of respondents = 102

TABLE 5.1. AGE CATEGORIES OF RESPONDENTS

| AGE CATEGORY | NUMBER OF RESPONDENTS | PERCENTAGES % |
|--------------|-----------------------|---------------|
| Below 20     | 6                     | 5.9           |
| 20 – 30      | 25                    | 24.5          |
| 30 – 40      | 19                    | 18.6          |
| 40 – 50      | 20                    | 19.6          |
| Above 50     | 32                    | 31.4          |
| <b>TOTAL</b> | <b>102</b>            | <b>100</b>    |

The majority of respondents, i.e. 69% are above the age of 30.

**TABLE 5.2. GENDER OF RESPONDENTS**

| <b>GENDER</b> | <b>NUMBER OF<br/>RESPONDENTS</b> | <b>PERCENTAGE %</b> |
|---------------|----------------------------------|---------------------|
| <b>Female</b> | 61                               | 59.8                |
| Male          | 41                               | 40.2                |
| <b>TOTAL</b>  | <b>102</b>                       | <b>100</b>          |

The majority (59.8) of the respondents were female.

TABLE 5.3. RACIAL CLASSIFICATION OF RESPONDENTS

| RACE         | NUMBER OF<br>RESPONDENTS | PERCENTAGE<br>% |
|--------------|--------------------------|-----------------|
| African      | 95                       | 93.1            |
| White        | 4                        | 3.9             |
| Indian       | 3                        | 2.9             |
| Coloured     | 0                        | 0               |
| <b>TOTAL</b> | <b>102</b>               | <b>100</b>      |

The majority of the respondents, i.e. 93.1% are Africans.

### 3. SERVICE STANDARDS

**Key**

- 4 : Strongly Agree (SA)
- 3 : Agree(A)
- 2 : Disagree (D)
- 1 : Strongly Disagree (SD)

TABLE 5.5. RESPONSES ON SERVICE STANDARDS

| QUESTIONS                                                                        | RESPONSES |     |    |      |    |      |    |      |
|----------------------------------------------------------------------------------|-----------|-----|----|------|----|------|----|------|
|                                                                                  | 4         |     | 3  |      | 2  |      | 1  |      |
|                                                                                  | n         | %   | n  | %    | n  | %    | n  | %    |
| Service standards have been displayed in visible areas in the hospital           | 4         | 3.9 | 20 | 19.6 | 34 | 33.3 | 43 | 42.2 |
| Services are rendered according to quality standards as promised.                | 3         | 2.9 | 20 | 19.6 | 33 | 32.4 | 46 | 45.1 |
| You have been told about the quality of services you should expect.              | 3         | 2.9 | 18 | 17.6 | 36 | 35.3 | 42 | 41.2 |
| Community members are free to insist that promises on service standards be kept. | 4         | 3.9 | 15 | 14.7 | 37 | 36.3 | 46 | 45.1 |

Only 2.9% of the respondents strongly agreed with the statement that services are rendered according to quality standards as promised.

5.2.1.2. SECTION B: QUESTIONS BASED ON BATHO-PELE PRINCIPLES

**Total number of respondents: 102**

**4. CONSULTATION**

**Key**

- 4 : Strongly Agree (SA)
- 3 : Agree(A)
- 2 : Disagree (D)
- 1 : Strongly Disagree (SD)

**TABLE 5.4. RESPONSES ON CONSULTATION**

| QUESTIONS                                                                                          | RESPONSES |      |    |      |    |      |    |      |
|----------------------------------------------------------------------------------------------------|-----------|------|----|------|----|------|----|------|
|                                                                                                    | 4         |      | 3  |      | 2  |      | 1  |      |
|                                                                                                    | n         | %    | n  | %    | n  | %    | n  | %    |
| The community is involved in developing hospital service standards.                                | 10        | 9.8  | 14 | 13.7 | 17 | 16.7 | 61 | 59.8 |
| The hospital manager decides on the service standards alone.                                       | 19        | 18.6 | 16 | 15.7 | 30 | 29.4 | 37 | 36.3 |
| Services are rendered at hours determined by community members.                                    | 4         | 3.9  | 24 | 23.5 | 32 | 31.4 | 42 | 41.2 |
| You have been consulted by the department about the quality of services rendered by the department | 4         | 3.9  | 17 | 16.7 | 38 | 37.3 | 43 | 42.2 |

The majority of respondents (59.8%) strongly disagree with the statement that says that the community is involved in developing hospital service standards.

TABLE 5.6. RESPONSES ON ACCESS

**Key**

4 : Strongly Agree (SA)

3 : Agree(A)

2 : Disagree (D)

1 : Strongly Disagree (SD)

| QUESTIONS                                                     | RESPONSES |      |    |      |    |      |    |      |
|---------------------------------------------------------------|-----------|------|----|------|----|------|----|------|
|                                                               | 4         |      | 3  |      | 2  |      | 1  |      |
|                                                               | n         | %    | n  | %    | n  | %    | n  | %    |
| It takes more than 1 hour to get to the hospital.             | 42        | 41.2 | 33 | 32.4 | 16 | 15.7 | 11 | 10.8 |
| It costs more than R7, 00 to get to the Hospital.             | 40        | 39.2 | 35 | 34.3 | 13 | 12.7 | 14 | 13.7 |
| The hours of consultation favour all people.                  | 26        | 25.5 | 52 | 51.0 | 16 | 15.7 | 8  | 7.8  |
| Community members have equal access to all services rendered. | 28        | 27.5 | 47 | 46.1 | 15 | 14.7 | 12 | 11.8 |

A majority of respondents (51.0%) said that the hours of consultation favour all people.

Table 5.7. RESPONSES ON COURTESY

**Key**

4 : Strongly Agree (SA)

3 : Agree(A)

2 : Disagree (D)

1 : Strongly Disagree (SD)

| QUESTIONS                                                     | RESPONSES |      |    |      |    |      |    |      |
|---------------------------------------------------------------|-----------|------|----|------|----|------|----|------|
|                                                               | 4         |      | 3  |      | 2  |      | 1  |      |
|                                                               | n         | %    | n  | %    | n  | %    | n  | %    |
| Nurses in this hospital treat all people with disrespect.     | 37        | 36.3 | 32 | 31.4 | 20 | 19.6 | 13 | 12.7 |
| Health workers promote the dignity of all patients.           | 27        | 26.5 | 48 | 47.1 | 14 | 13.7 | 11 | 10.8 |
| Doctors always display the willingness to help all people.    | 71        | 69.6 | 19 | 18.6 | 7  | 6.9  | 5  | 4.9  |
| Nurses at the dispensary gave you the best, friendly service. | 72        | 70.6 | 23 | 22.5 | 4  | 3.9  | 2  | 2.0  |

A substantial percentage of respondents (70.6%) strongly agreed with the statement that nurses at the dispensary gave them the best, friendly service.

TABLE 5. 8. RESPONSES ON INFORMATION

**Key**

4 : Strongly Agree (SA)

3 : Agree(A)

2 : Disagree (D)

1 : Strongly Disagree (SD)

| QUESTIONS                                                                                              | RESPONSES |      |    |      |    |      |    |      |
|--------------------------------------------------------------------------------------------------------|-----------|------|----|------|----|------|----|------|
|                                                                                                        | 4         |      | 3  |      | 2  |      | 1  |      |
|                                                                                                        | n         | %    | n  | %    | n  | %    | n  | %    |
| All patients are provided with full accurate and up-to date facts about services they are entitled to. | 28        | 27.5 | 26 | 25.5 | 31 | 30.4 | 17 | 16.7 |
| Information is provided in one official language only.                                                 | 34        | 33.3 | 42 | 41.2 | 20 | 19.6 | 6  | 5.9  |
| Documents of the Hospital contain names and contact numbers of relevant officers.                      | 28        | 27.5 | 30 | 29.4 | 21 | 20.6 | 22 | 21.6 |
| Members of the community are never given any information about services.                               | 32        | 31.4 | 20 | 19.6 | 32 | 31.4 | 18 | 17.6 |

41.2% of the respondents agreed with the statement that information is provided in one official language only.

TABLE 5.9. RESPONSES ON OPENNESS AND TRANSPARENCY

**Key**

4 : Strongly Agree (SA)

3 : Agree(A)

2 : Disagree (D)

1 : Strongly Disagree (SD)

| QUESTIONS                                                                    | RESPONSES |      |    |      |    |      |    |      |
|------------------------------------------------------------------------------|-----------|------|----|------|----|------|----|------|
|                                                                              | 4         |      | 3  |      | 2  |      | 1  |      |
|                                                                              | n         | %    | n  | %    | n  | %    | n  | %    |
| Does the Hospital publicise its staff numbers?                               | 15        | 14.7 | 27 | 26.5 | 29 | 28.4 | 31 | 30.4 |
| Do you feel free to ask staff members about the expenditure of the hospital? | 15        | 14.7 | 31 | 30.4 | 35 | 34.3 | 21 | 20.6 |
| Have you ever seen a Departmental Citizen's Report?                          | 5         | 4.9  | 10 | 9.8  | 14 | 13.7 | 73 | 71.6 |
| Do you think that the Hospital runs an open administration?                  | 10        | 9.8  | 20 | 19.6 | 49 | 48.0 | 23 | 22.5 |

A substantial percentage of respondents, i.e. 71.6 % strongly disagreed with the statement that they have ever seen a Departmental Citizen's Report.

TABLE 5.10. RESPONSES ON REDRESS

**Key**

- 4 : Strongly Agree (SA)
- 3 : Agree(A)
- 2 : Disagree (D)
- 1 : Strongly Disagree (SD)

| QUESTIONS                                                           | RESPONSES |      |    |      |    |      |    |      |
|---------------------------------------------------------------------|-----------|------|----|------|----|------|----|------|
|                                                                     | 4         |      | 3  |      | 2  |      | 1  |      |
|                                                                     | n         | %    | n  | %    | n  | %    | n  | %    |
| Are you allowed to complain if you are not happy with the Hospital? | 25        | 24.5 | 25 | 24.5 | 34 | 33.3 | 15 | 14.7 |
| When you complain, do you receive any feedback?                     | 11        | 10.8 | 23 | 22.5 | 44 | 43.1 | 22 | 21.6 |
| Have you ever heard any nurse apologising for a mistake?            | 10        | 9.8  | 40 | 39.2 | 20 | 19.6 | 32 | 31.4 |
| Will you ever complain about poor services?                         | 13        | 12.7 | 47 | 46.1 | 25 | 24.5 | 17 | 16.7 |

Only 9.8% of the respondents strongly agreed that they have heard a nurse apologising for a mistake.

TABLE 5.11. RESPONSES ON VALUE FOR MONEY

- Key**  
4 : Strongly Agree (SA)  
3 : Agree(A)  
2 : Disagree (D)  
1 : Strongly Disagree (SD)

| QUESTIONS                                              | RESPONSES |     |    |      |    |      |    |      |
|--------------------------------------------------------|-----------|-----|----|------|----|------|----|------|
|                                                        | 4         |     | 3  |      | 2  |      | 1  |      |
|                                                        | n         | %   | n  | %    | n  | %    | n  | %    |
| Do you think that the Hospital saves costs?            | 5         | 4.9 | 24 | 23.5 | 18 | 17.6 | 54 | 52.9 |
| Do you receive valuable service for the money you pay? | 3         | 2.9 | 21 | 20.6 | 19 | 18.6 | 60 | 58.8 |
| Does the Hospital provide you with savings reports?    | 3         | 2.9 | 4  | 3.9  | 19 | 18.6 | 76 | 74.5 |
| Do you think that the Hospital is cost effective?      | 3         | 2.9 | 13 | 12.7 | 30 | 29.4 | 56 | 54.9 |

A very low percentage of respondents (2.9%) strongly agreed with the statement that the Hospital is cost effective.

### 5.2.2. Findings Of The Nominal Group Technique For Health Workers

A session was held where various health workers from the department of health were amassed in a boardroom and subjected to a nominal group technique method of data collection. The total number of respondents was eighteen (n=18). All respondents were sectional heads of the various departments of the hospital.

These workers were each requested to respond to a set of questions, first independently and the responses were recorded; then they were requested to discuss briefly for clarification and to record their responses for the second time. Next, they were requested to weigh their rating of the issues with the highest rating going to the most crucial issues requiring attention.

The following is an indication of their responses for the first round of questions:-

TABLE 5. 12. FIRST ROUND OF RESPONSES

| QUESTION                                                                                                                    | YES |      | NO |      |
|-----------------------------------------------------------------------------------------------------------------------------|-----|------|----|------|
|                                                                                                                             | n   | %    | n  | %    |
| 1. Are citizens consulted about the service standards before they are developed?                                            | 9   | 50.0 | 9  | 50.0 |
| 2. The service standards published in the service delivery improvement plan are met.                                        | 7   | 38.9 | 11 | 61.1 |
| 3. Are Services accessible to all members of the public?                                                                    | 10  | 55.6 | 8  | 44.4 |
| 4. Is adequate information about services provided to patients?                                                             | 9   | 50.0 | 9  | 50.0 |
| 5. Are patients allowed to participate in their treatment decisions?                                                        | 7   | 38.9 | 11 | 61.1 |
| 6. Are members of the public given an opportunity to complain about unsatisfactory service?                                 | 11  | 61.1 | 7  | 38.9 |
| 7. Are investigations made on all issues that have been raised with the department by community members?                    | 7   | 38.9 | 11 | 61.1 |
| 8. Cost-effective measures have been devised to provide faster, better services at lower costs.                             | 9   | 50.0 | 9  | 50.0 |
| 9. Are patients treated in a manner that does not compromise their dignity and humanness as responsible members of society? | 12  | 66.7 | 6  | 33.3 |
| 10. Are services delivered in an ethical manner?                                                                            | 14  | 77.8 | 4  | 22.2 |

An overwhelming 77.8% of respondents agreed with the statement that services are delivered in an ethical manner. The delegates were then requested to respond to the same set of questions again after some discussion and clarity seeking process, and the following responses were then recorded on the flip chart:-

TABLE 5.13. SECOND ROUND OF QUESTIONS

| QUESTION                                                                                                 | YES |      | NO |      |
|----------------------------------------------------------------------------------------------------------|-----|------|----|------|
|                                                                                                          | n   | %    | n  | %    |
| 1. Are citizens consulted about the service standards before they are developed?                         | 6   | 33.3 | 12 | 66.7 |
| 2. The service standards published in the service delivery improvement plan are met.                     | 4   | 22.2 | 14 | 77.8 |
| 3. Are Services accessible to all members of the public?                                                 | 14  | 77.8 | 4  | 22.2 |
| 4. Is adequate information about services provided to patients?                                          | 7   | 38.9 | 11 | 61.1 |
| 5. Are patients allowed to participate in their treatment decisions?                                     | 6   | 33.3 | 12 | 66.7 |
| 6. Are members of the public given an opportunity to complain about unsatisfactory service?              | 11  | 61.1 | 7  | 38.9 |
| 7. Are investigations made on all issues that have been raised with the department by community members? | 7   | 38.9 | 11 | 61.1 |
| 8. Cost-effective measures have been devised to provide faster, better services at lower costs.          | 3   | 16.7 | 15 | 83.3 |

|                                                                                                                             |    |      |   |      |
|-----------------------------------------------------------------------------------------------------------------------------|----|------|---|------|
| 9. Are patients treated in a manner that does not compromise their dignity and humanness as responsible members of society? | 13 | 72.2 | 5 | 27.8 |
| 10. Are services delivered in an ethical manner?                                                                            | 13 | 72.2 | 5 | 27.8 |

Only 16.7% of the respondents agreed with the statement that cost-effective measures have been devised to provide faster, better services at lower costs.

After a structured discussion of each point, delegates were further requested to select the most important issues based on the questions by voting. The group decision was eventually reached by mathematically pooling the outcome of the individual votes.

TABLE 5.13. WEIGHTED RATING OF RESPONSES

| QUESTION                                                                                                                    | Importance<br>Rating<br>(Rating X No. of<br>delegates) |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. Are citizens consulted about the service standards before they are developed?                                            | 70                                                     |
| 2. The service standards published in the service delivery improvement plan are met.                                        | 90                                                     |
| 3. Are Services accessible to all members of the public?                                                                    | 30                                                     |
| 4. Is adequate information about services provided to patients?                                                             | 40                                                     |
| 5. Are patients allowed to participate in their treatment decisions?                                                        | 20                                                     |
| 6. Are members of the public given an opportunity to complain about unsatisfactory service?                                 | 60                                                     |
| 7. Are investigations made on all issues that have been raised with the department by community members?                    | 40                                                     |
| 8. Cost-effective measures have been devised to provide faster, better services at lower costs.                             | 30                                                     |
| 9. Are patients treated in a manner that does not compromise their dignity and humanness as responsible members of society? | 60                                                     |
| 10. Are services delivered in an ethical manner?                                                                            | 50                                                     |

## **CHAPTER SIX: DISCUSSIONS, INTERPRETATION, CONCLUSION AND RECOMMENDATIONS**

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### **6.1. Introduction**

From the data presented in the previous chapter, one may conclude that despite the various interventions introduced as service delivery improvement initiatives, the department has not actually reached the maximal level of customer satisfaction. Indeed this research study intended to explore whether the interventions of Batho-Pele had any meaningful impact on the patients' level of satisfaction, but judging from the findings presented in Chapter 5, it really becomes apparent that more programmes still have to be put into operation for patients to feel satisfied.

### **6.2. Discussion Based On The Patients' Questionnaire**

Questionnaires were administered to patients to solicit their perception of the adherence to Batho-Pele Principles by the Mafikeng Provincial Hospital. The questionnaire was divided into two sections, the first being for biographic data and the second being for Batho Pele principles.

### 6.2.1. Section A: Biographic Data

The questionnaire was divided into two parts. The first part is biographical data, and the second part is based on Batho- Pele principles.

#### 6.2.1.1. Age

It can be deduced from the data that 90% of the respondents were adults of ages above 20 years, as depicted in the following diagram (Refer to Table 5.1 on page 65).

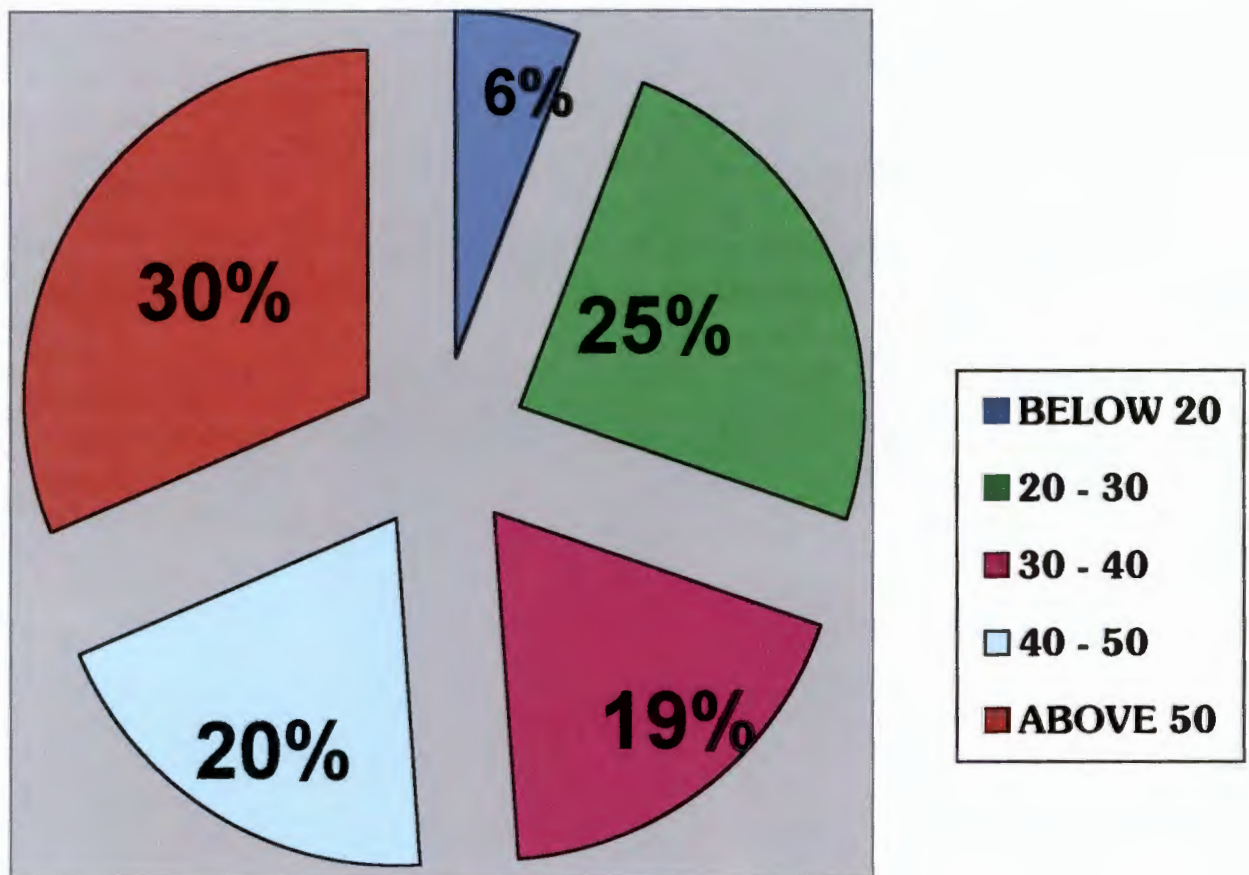


FIGURE 6.1. Age Categories

#### 6.2.1.2. Gender

It is further evident that a larger percentage of the respondents, i.e. 60% were female as depicted hereunder.

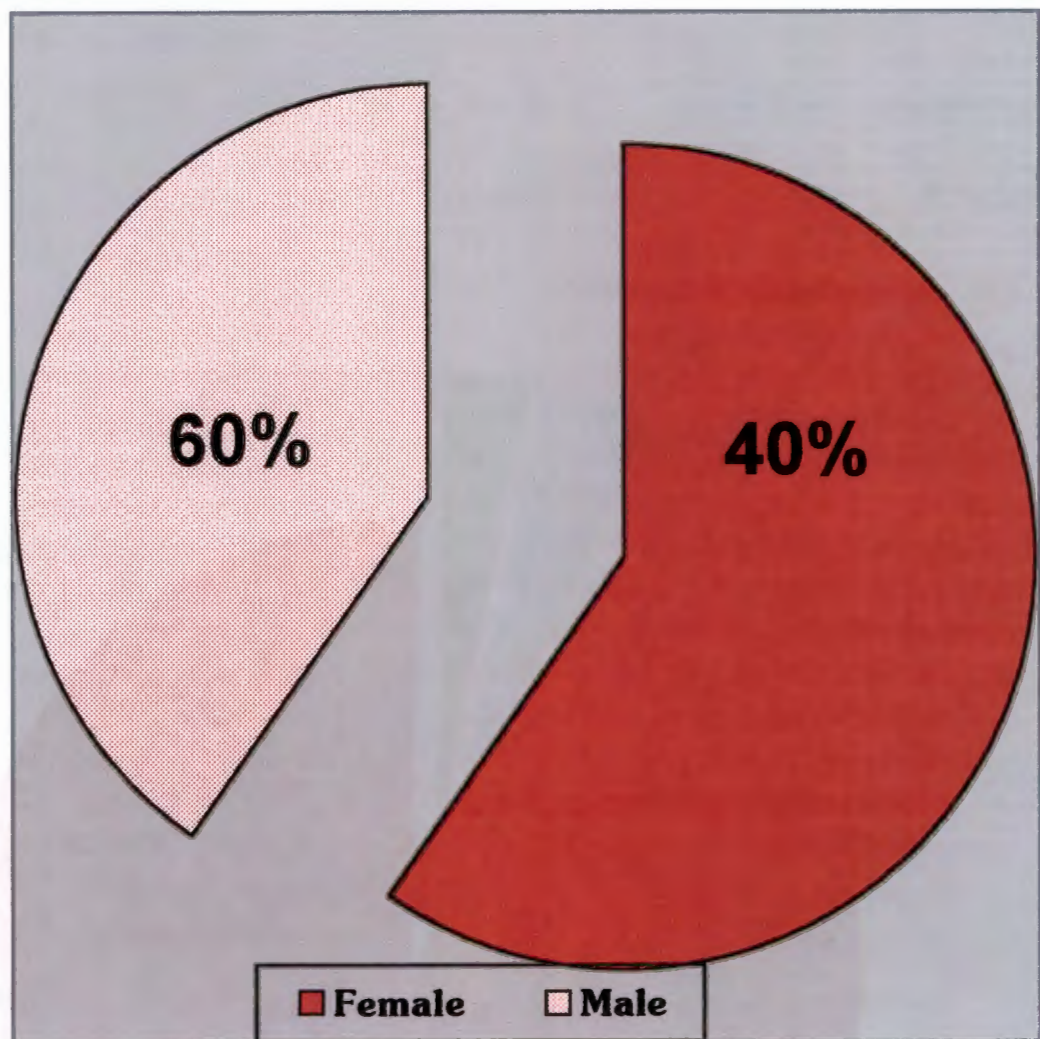


FIGURE 6.2. Gender of Respondents

### 6.2.1.3. Race

The majority of the respondents are of an African pedigree. The reason behind this could be that the Mafikeng Provincial Hospital itself is located in an area of predominantly African people.

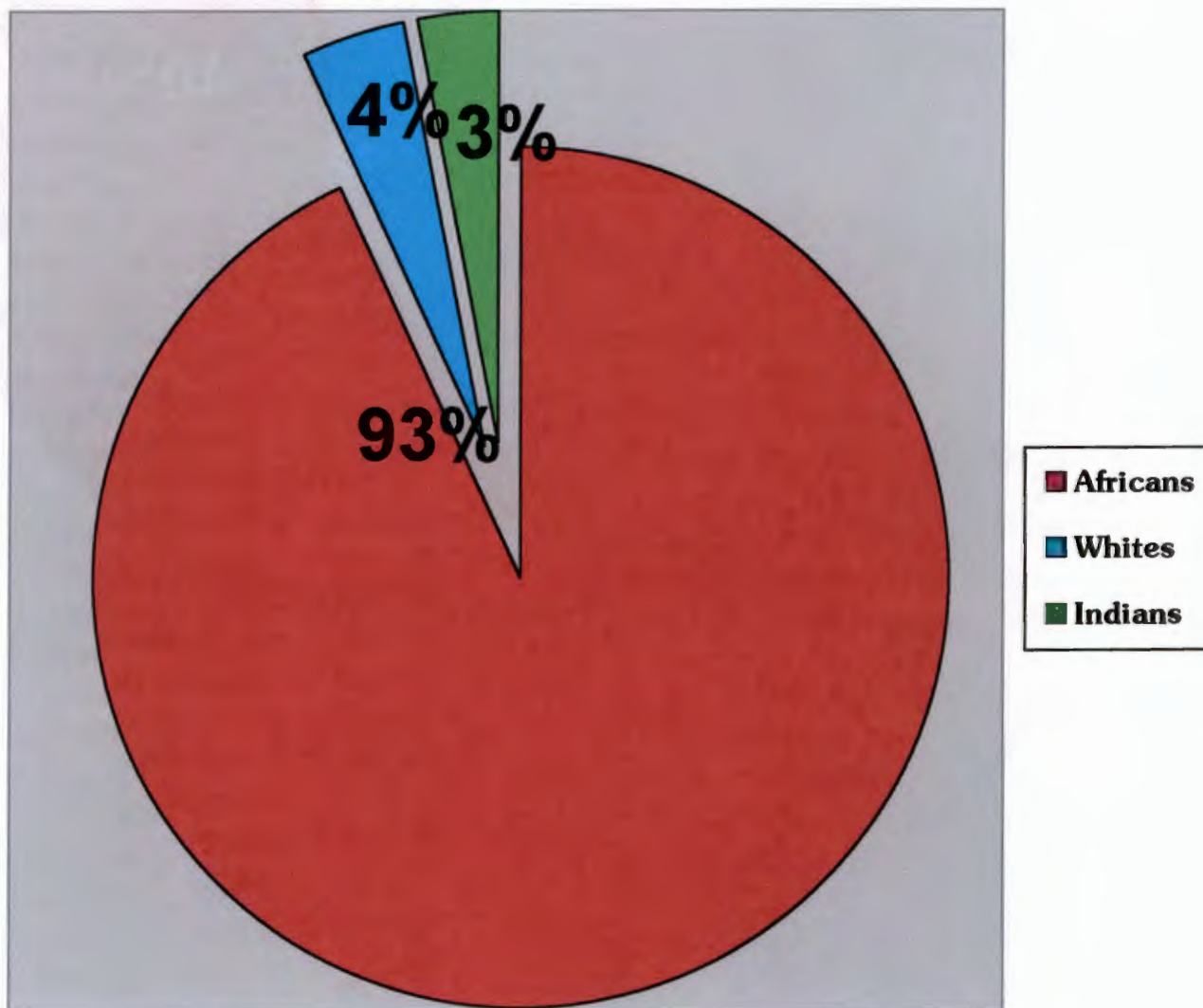


FIGURE 6.3. RACIAL CLASSIFICATION

### 6.2.2. Section B: Batho Pele Principles

The second part of the questionnaire was centred on the eight Batho-Pele principles. The following is an interpretation of the results as reflected in Chapter 5.

#### ◆ Consultation Principle

According to table 5.4 on page 68, 59.8% of the respondents strongly disagree with the statement that the community is involved in developing hospital service standards. This reflects non-adherence of the principle of consultation by the hospital. It is extremely essential that community members be consulted when service standards are set so that whatever decision is taken should be informed by the needs of the community.

## RESPONSES ON CONSULTATION

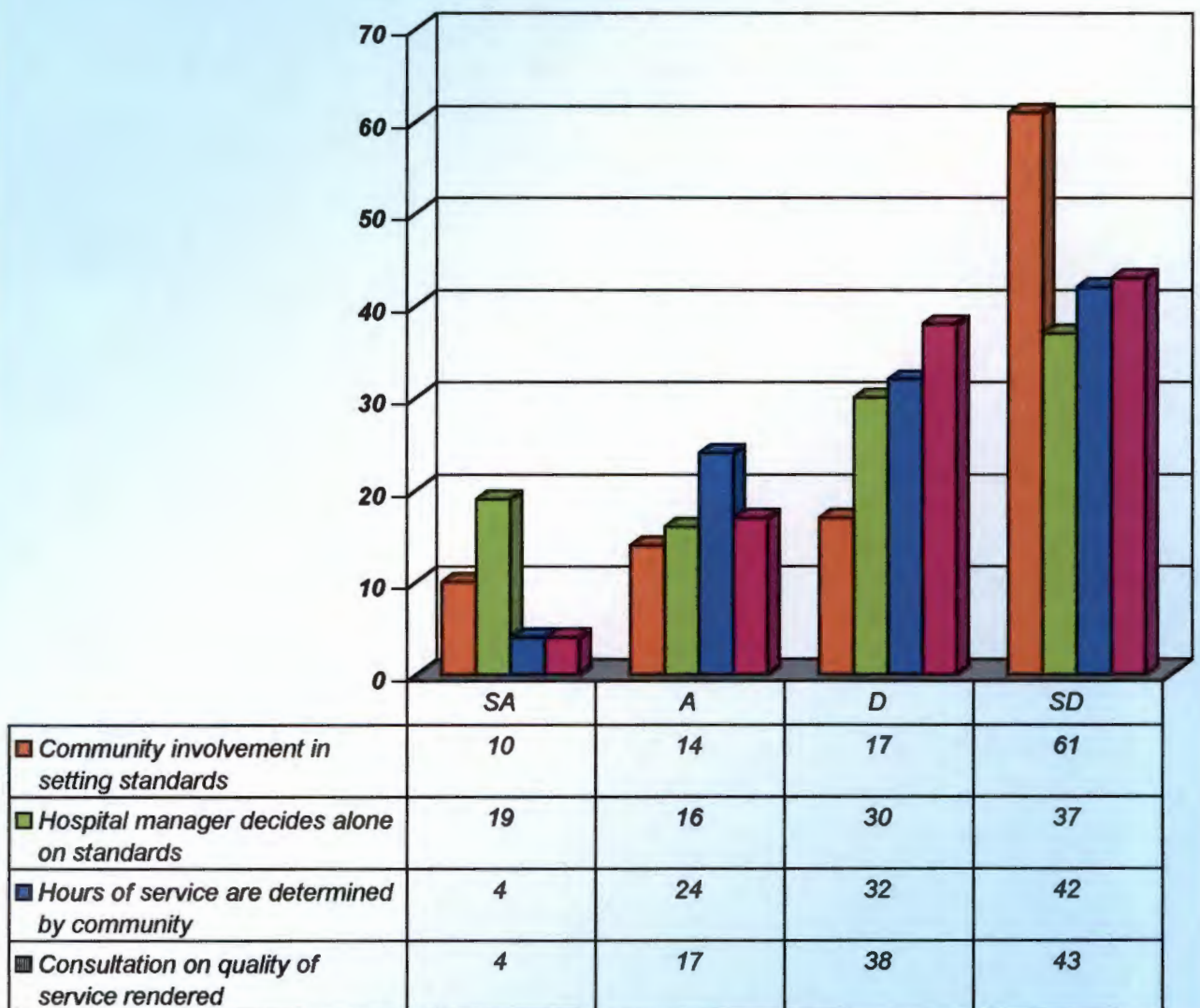


Figure 6.4. Responses on Consultation

### ◆ Service Standards

45% of the respondents strongly disagree with the statement that services are rendered according to the quality standards as promised, and further strongly disagree with the statement that says that community members are free to

insist that promises on service standards be kept. (Refer to Table 5.5. on page 69). This shows that even though service standards have been launched and displayed, the challenge remains to adhere to promised service standards, as they serve as yardsticks with which the community measures service delivery.

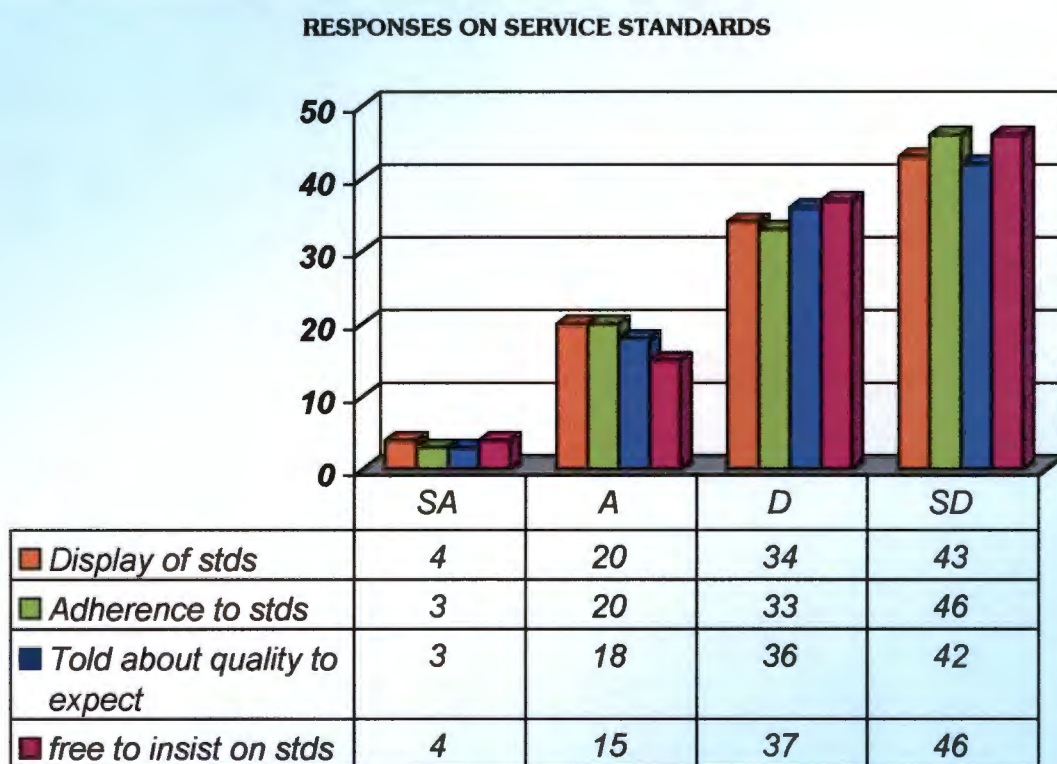


**FIGURE 6.5. Service Standards Principle**

#### ◆ Access

52% of the respondents agree with the statement that hours of consultation favour all people (Refer to table 5.6. on page 70). Despite this good element, however, it is notable that a substantial percentage of respondents, i.e. 42%, indicated that it takes more than one hour and also more than R7, 00 to get to the hospital. This implies that accessibility of services is biased against community members who either stay far from the hospital, or those who cannot afford travelling costs.

## RESPONSES ON ACCESS

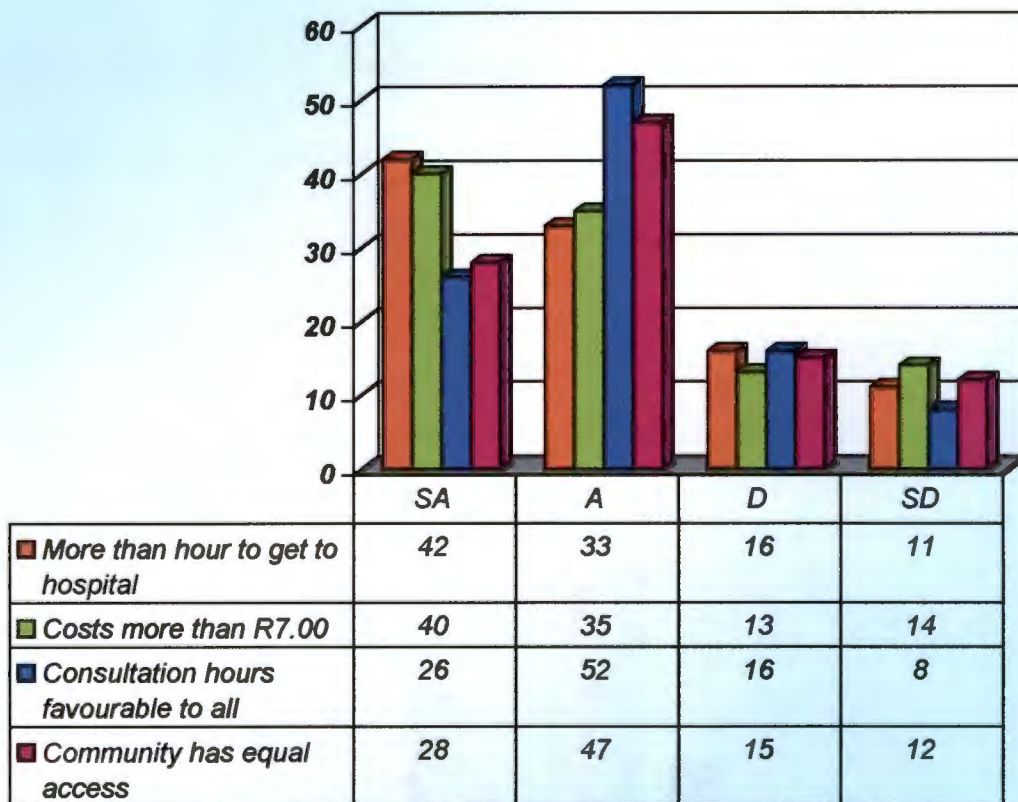


FIGURE 6.6. The Access Principle

### ♦ Courtesy

71% of the respondents strongly agreed with the statement that doctors display the willingness to help all patients. 72% strongly agree with the statement that nurses give the best service towards the patients. These two responses therefore reflect that the principle of courtesy is observed and adhered to by both doctors and nurses in the hospital. It must be noted,

however, that only 13% of the respondents strongly disagreed with the statement that nurses treat people with disrespect. Even though 13% seems to be an insignificant percentage, it further reflects an area that requires improvement. Disrespect is a very negative element that should be discouraged at all costs since it has the potential of denting the image of the department, irrespective of the nature of the health service provided.

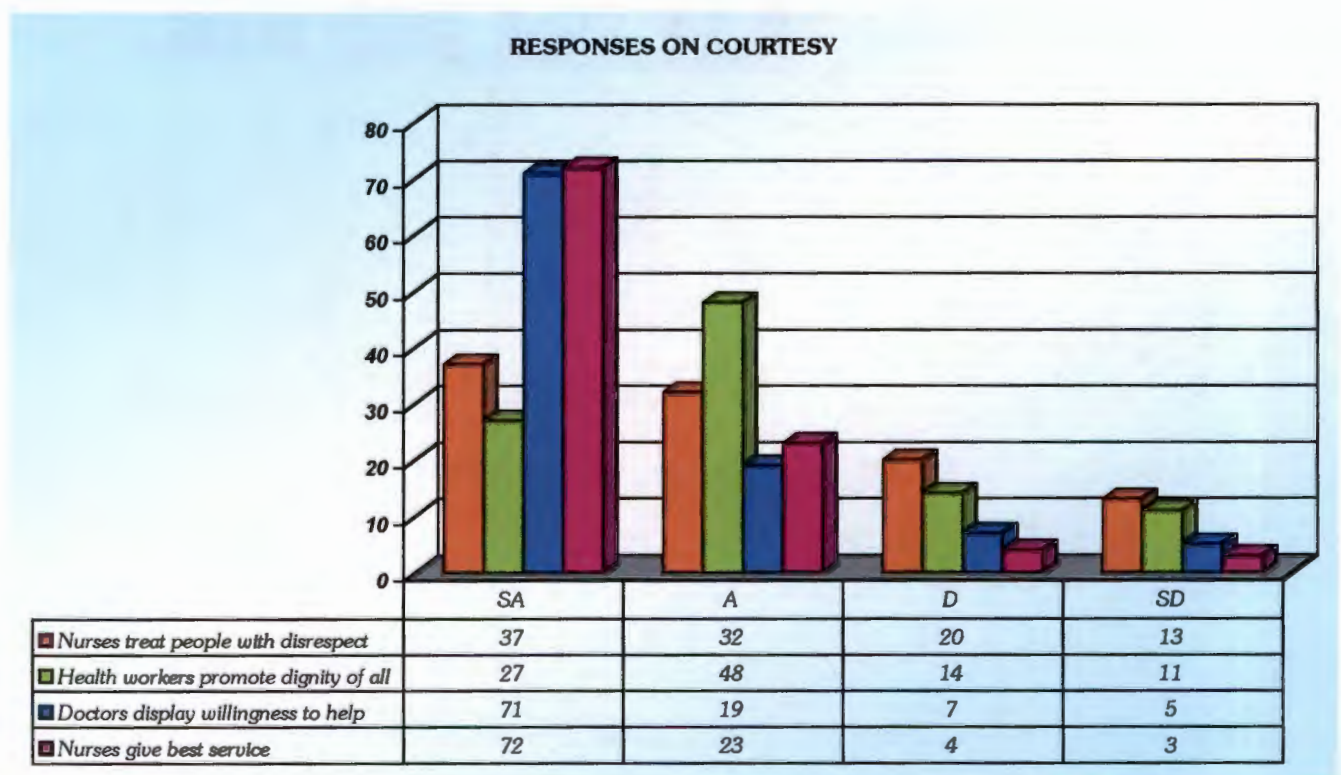


FIGURE 6. 7. The Courtesy Principle

#### ◆ Information

Whilst 28% of the respondents strongly agree with the statement that the hospital provide full information to all, 42% agreed with the statement that

only one official language is used for communication. This in itself shows that this is also an area that requires improvement. Considering the fact that not all customers understand one official language, it may be concluded that the use of one language serves as an inhibiting factor in terms of effective communication.

### RESPONSES ON INFORMATION

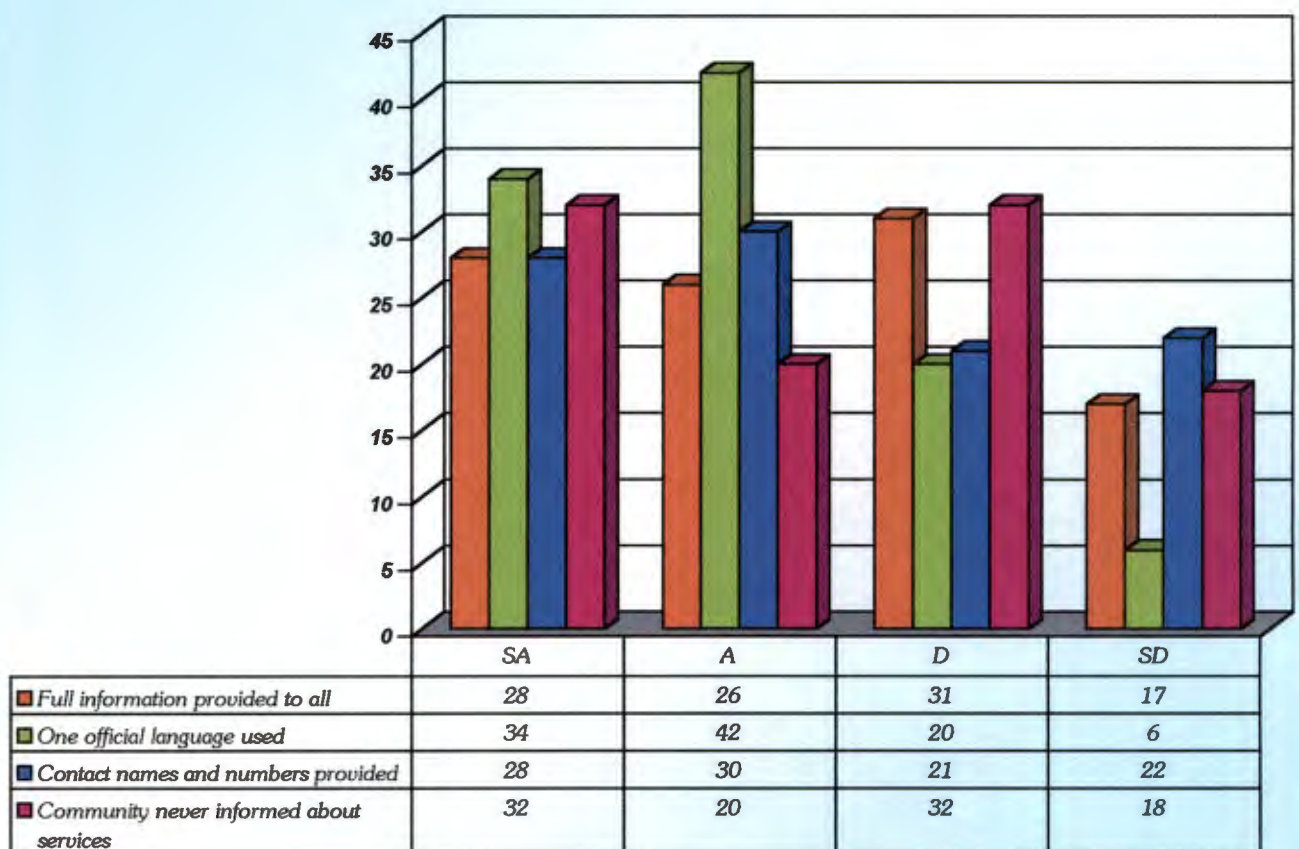


FIGURE 6.8. The Information Principle

#### ◆ Openness And Transparency

Only 15% of the respondents strongly agree with the statement that staff numbers are publicised, and 31% strongly disagree with the same statement. It is striking to note that 73% of the respondents strongly disagree with the statement that they have ever seen a citizen's report.

The citizen's report is a very important document that each institution and department should publicise to its customers annually to shed information about its administration. If such a large percentage (73%) has never seen this report, the hospital cannot therefore claim to have openness and transparency. This is one factor that reflects that the hospital cannot be labelled to be running an open-book administration.

## RESPONSES ON OPENNESS & TRANSPARENCY

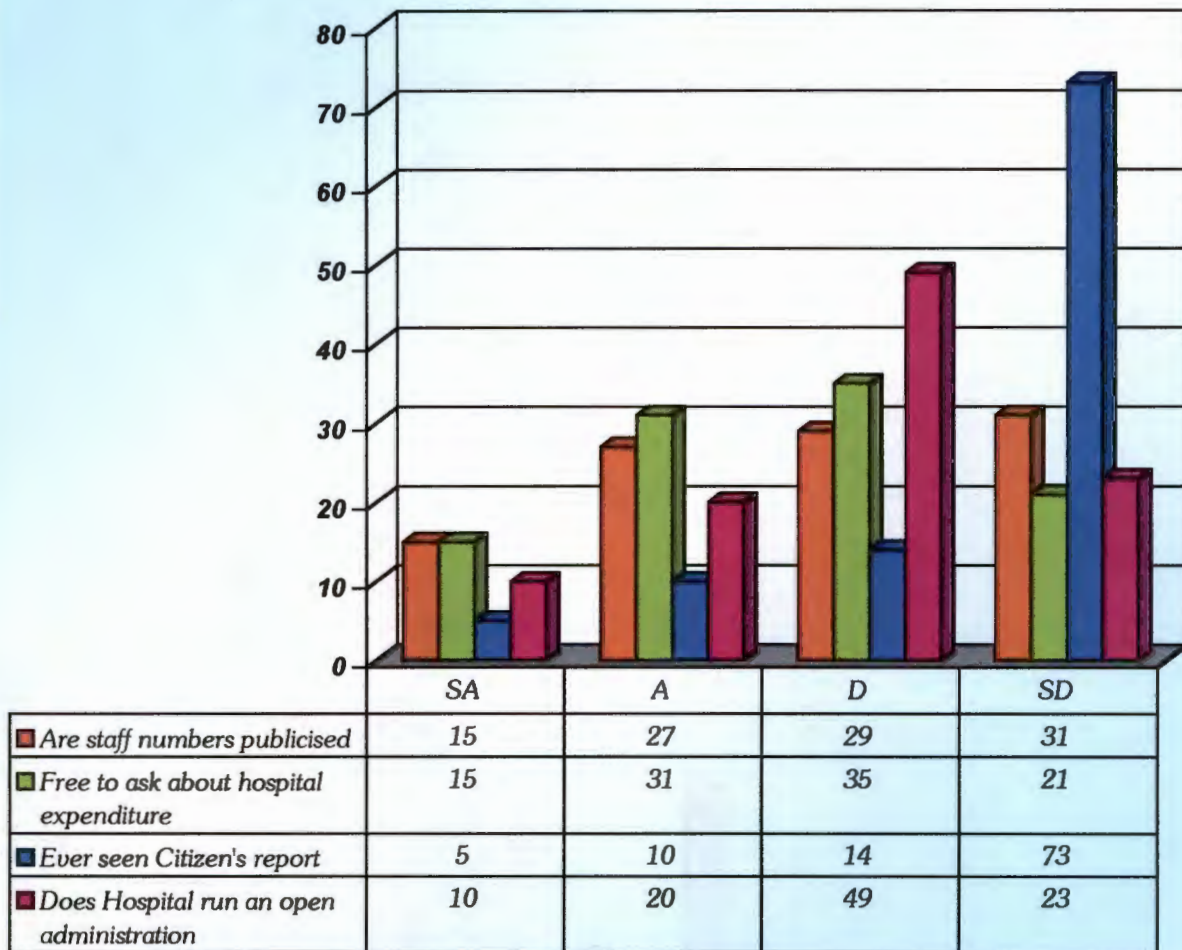


FIGURE 6.9. The Openness and Transparency Principle

### ◆ Redress

Only 25% of the respondents strongly agree with the statement that they are allowed by the hospital to complain about poor services. In the same light, only 11% of the respondents strongly agreed with the statement that they do get feedback after they have complained about poor services.

13% of the respondents strongly agreed with the statement that they would complain about poor service. It may be concluded therefore that not sufficient measures were taken to encourage redress mechanisms within the hospital.

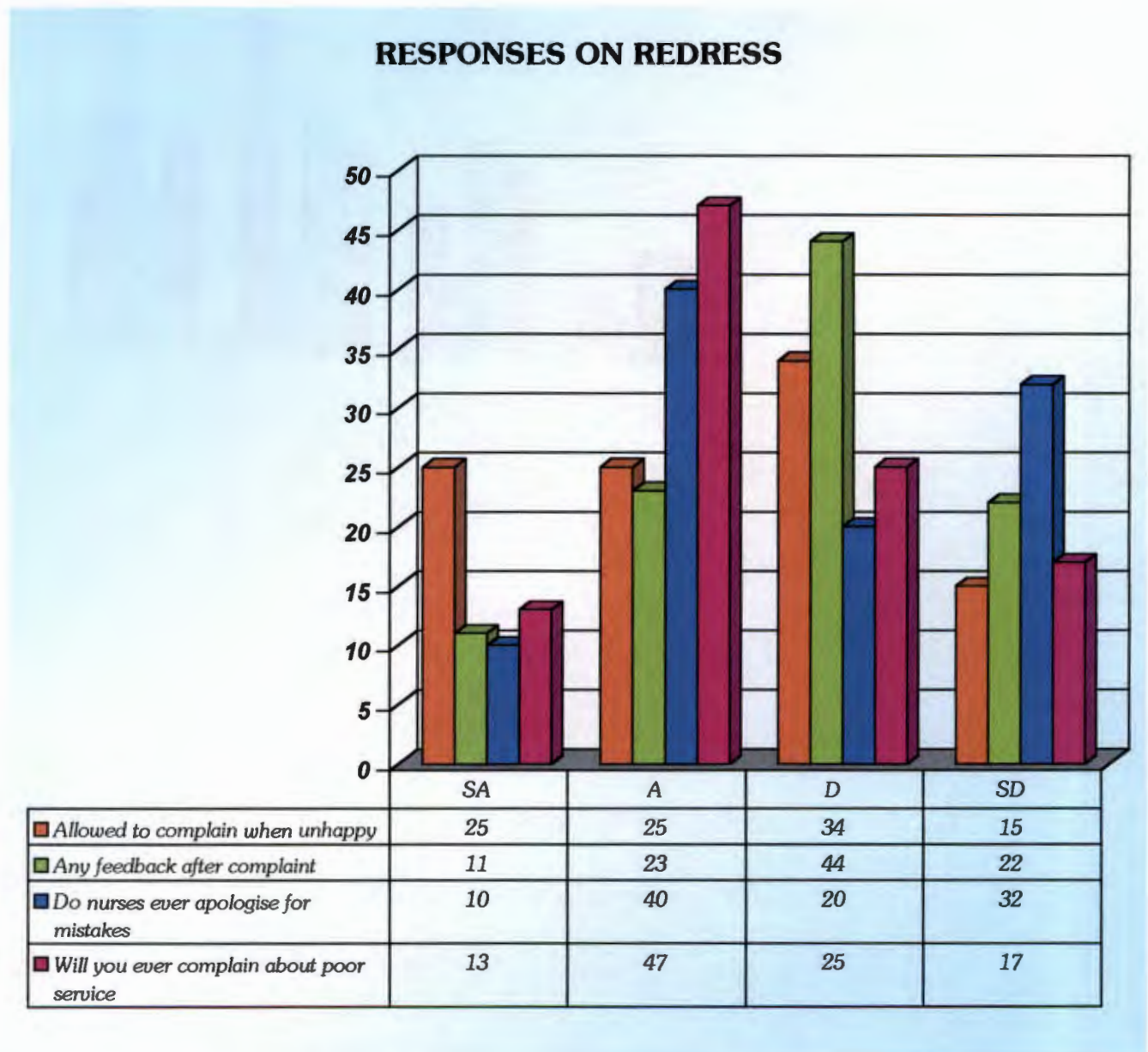


FIGURE 6.10. The Redress Principle

#### ◆ Value For Money

54% of the respondents strongly disagreed with the statement that the hospital saves on costs, 76% strongly disagree with the fact that they receive savings reports from the hospital.

60% strongly disagreed with the statement that they receive valuable service for the rates that they pay. This also reflects an area that requires urgent improvement because cost effectiveness is one element that has a direct correlation with improved service delivery.

## RESPONSES ON VALUE FOR MONEY

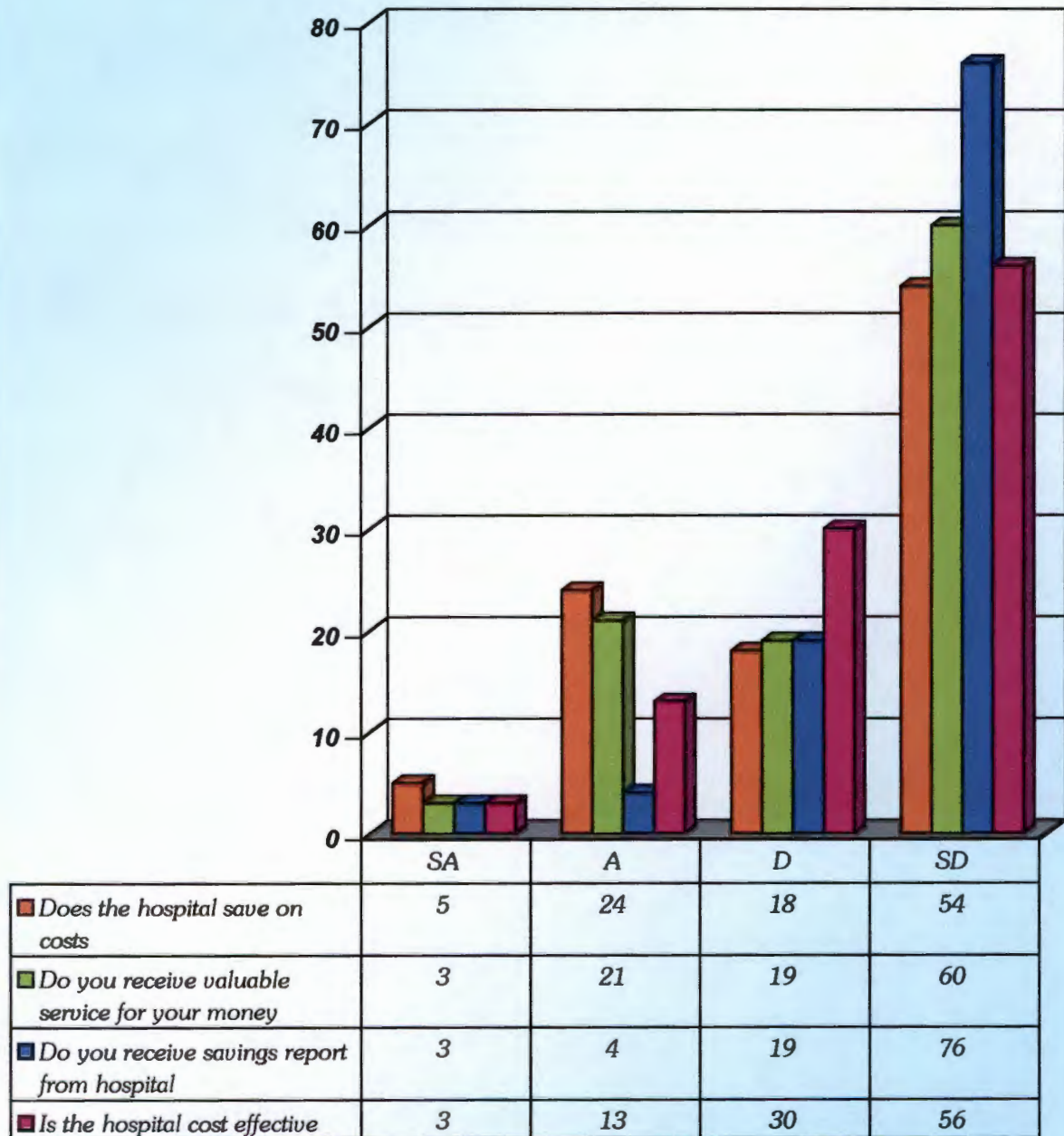


FIGURE 6.11 The Value For Money Principle

### 6.3. Discussion Based On The Health Workers' Questionnaire

According to Table 5.13 on page 78, 67% of the health workers confirmed that citizens are not consulted about service standards before they are developed. 78% of the respondents said that the service standards published in the service delivery improvement plan are not met.

61% of the respondents said that the hospital does not provide adequate information to the customers. A striking 83% of the respondents said that the hospital has not devised cost effective measures to provide faster, better services at lower costs.

On a positive note, 78% indicated that the services are accessible to all community members, thus reflecting equity. 61% said that patients are allowed to complain about unsatisfactory service. 72% of the respondents also said that patients are treated in a dignified manner, and the same percentage also said that services are delivered in an ethical manner. This is one crucial quality factor that usually determines the satisfaction of

dissatisfaction of customers, and is it commendable that it is reflected on the positive side.

#### 6.4. Conclusion

It can be deduced from the responses of both the patients and health workers that, notwithstanding the efforts taken under the Batho-Pele auspices, there are still several areas that require improvement in order for Batho-Pele to have an impact both within the department and towards its customers.

It is worthy to note that the responses received from the patients have been confirmed by those received from the health workers, thus confirming the reliability of the data collected. One may safely conclude on the basis of the data collected that Batho-Pele was not entirely a waste of time, in the sense that there are positive elements that have been brought about by this intervention. These positive elements include ethical conduct of doctors and nurses, treatment of all people with dignity and respect as well as extended accessibility of services to members of the community.

It is furthermore notable that there are areas that require improvement, and these are:

- ◆ consultation of community members
- ◆ standard setting,
- ◆ adherence to service standards,
- ◆ redress measures as well as
- ◆ cost-effective service delivery measures.

6.5. Answer To Management Questions

The management questions mentioned on pages 54 - 55 can safely be answered as follows, on the basis of the findings as presented in Table :-

Table 6.1. Answers to Management Questions

| QUESTIONS                                                                           | ANSWERS |          |
|-------------------------------------------------------------------------------------|---------|----------|
|                                                                                     | %       | Result   |
| 1. Citizens are consulted about the service standards before they are developed     | 50%     | Disagree |
| 2. The service standards published in the service delivery improvement plan are met | 61%     | Disagree |
| 3. Services are accessible to members of the public                                 | 55.6%   | Agree    |
| 4. Adequate information about services is provided                                  | 50%     | Disagree |

|                                                                                                                            |       |          |
|----------------------------------------------------------------------------------------------------------------------------|-------|----------|
| 5. Citizens are allowed to participate in their treatment decisions                                                        | 61%   | Disagree |
| 6. Members of the public are given an opportunity to complain about unsatisfactory service                                 | 61%   | Agree    |
| 7. Investigations are made on all issues that have been raised with the department                                         | 61%   | Disagree |
| 8. Cost effective measures have been devised to provide faster, better services at lower costs                             | 50%   | Disagree |
| 9. Patients are treated in a manner that does not compromise their dignity and humanness as responsible members of society | 66.7% | Agree    |
| 10. Services are delivered in an ethical manner                                                                            | 77%   | Agree    |

From the foregoing, it is evident that while the Hospital is adhering to two of the eight Batho-Pele Principles (i.e. Access and Courtesy), it is evident that adherence to other six principles (Consultation, Service Standards, Information, Openness & Transparency, Redress and Value for Money) still need to be improved. It is therefore on this basis that the following recommendations are made.

## 6.6. Recommendations

The following recommendations are made with the purpose of strengthening the process of service delivery improvement in the Mafikeng Provincial Hospital:

- 6.6.1. Adequate consultative measures should be established, implemented and monitored so as to maximise the involvement of community members in the development of service standards.
- 6.6.2. Operational Plans should be aligned to the service delivery improvement plans, so that implementation of these plans should be possible.
- 6.6.3. An annual Citizen's report should be published for community members in line with the requirements of the White Paper on the Improvement of Service Delivery.

6.6.4. Information that is provided to community members should be translated into commonly used languages in the Mafikeng area so as to create better understanding.

6.6.5. All customer complaints should be investigated and feedback be made available to the complainants about the results of investigation. This will strengthen the rapport between the hospital and its customers.

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## BATHO - PELE QUESTIONNAIRE

### ANNEXURE A

*The management of the Department of Health is committed to providing qualitative services to the community at all times, and therefore continually strive towards improving these services for the benefit of its most valued customers.*

*You are therefore requested to inform us about your assessment of the Batho-Pele concept in this Hospital, so that we may know which areas you need us to improve on. The responses you provide will be used strictly for the purposes of service improvement and quality assurance. You may therefore remain anonymous.*

### SECTION A

#### **Biographic Data**

Please answer the following questions by putting a cross (X) on the appropriate number in the box

#### **1. Your age category in years**

- |      |          |                          |
|------|----------|--------------------------|
| 1.1. | Below 20 | <input type="checkbox"/> |
| 1.2. | 20 – 30  | <input type="checkbox"/> |
| 1.3. | 30 – 40  | <input type="checkbox"/> |
| 1.4. | 40 – 50  | <input type="checkbox"/> |
| 1.5. | Above 50 | <input type="checkbox"/> |

#### **2. Gender**

- |      |        |                          |
|------|--------|--------------------------|
| 2.1. | Female | <input type="checkbox"/> |
| 2.2. | Male   | <input type="checkbox"/> |

#### **3. Race**

- |      |          |                          |
|------|----------|--------------------------|
| 3.1. | African  | <input type="checkbox"/> |
| 3.2. | White    | <input type="checkbox"/> |
| 3.3. | Indian   | <input type="checkbox"/> |
| 3.4. | Coloured | <input type="checkbox"/> |

## SECTION B

**Please indicate the level to which you agree or disagree with the following issues on Batho-Pele facing patients:-**

**Draw a circle around the appropriate number using the following key:-**

|                          |               |
|--------------------------|---------------|
| <b>Strongly Agree</b>    | <b>4 - SA</b> |
| <b>Agree</b>             | <b>3 - A</b>  |
| <b>Disagree</b>          | <b>2 - D</b>  |
| <b>Strongly Disagree</b> | <b>1- SD</b>  |

| <b>4. CONSULTATION</b>                                                                                  | <b>SA</b> | <b>A</b> | <b>D</b> | <b>SD</b> |
|---------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| 4.1. The community is involved in developing hospital service standards.                                | 4         | 3        | 2        | 1         |
| 4.2. The hospital manager decides on the service standards alone                                        | 4         | 3        | 2        | 1         |
| 4.3. Services are rendered at hours determined by community members                                     | 4         | 3        | 2        | 1         |
| 4.4. You have been consulted by the department about the quality of services rendered by the department | 4         | 3        | 2        | 1         |

| <b>5. SERVICE STANDARDS</b>                                                           | <b>SA</b> | <b>A</b> | <b>D</b> | <b>SD</b> |
|---------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| 5.1. Service standards have been displayed in visible areas in the hospital           | 4         | 3        | 2        | 1         |
| 5.2. Services are rendered according to quality standards as promised.                | 4         | 3        | 2        | 1         |
| 5.3. You have been told about the quality of services you should expect.              | 4         | 3        | 2        | 1         |
| 5.4. Community members are free to insist that promises on service standards be kept. | 4         | 3        | 2        | 1         |

| <b>6. ACCESS</b>                                                   | <b>SA</b> | <b>A</b> | <b>D</b> | <b>SD</b> |
|--------------------------------------------------------------------|-----------|----------|----------|-----------|
| 6.1. It takes more than 1 hour to get to the Hospital.             | 4         | 3        | 2        | 1         |
| 6.2. It costs more than R7,00 to get to the Hospital.              | 4         | 3        | 2        | 1         |
| 6.3. The hours of consultation favour all people.                  | 4         | 3        | 2        | 1         |
| 6.4. Community members have equal access to all services rendered. | 4         | 3        | 2        | 1         |

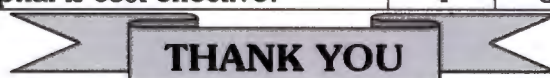
| <b>7. COURTESY</b>                                                 | <b>SA</b> | <b>A</b> | <b>D</b> | <b>SD</b> |
|--------------------------------------------------------------------|-----------|----------|----------|-----------|
| 7.1. Nurses in this Hospital treat all people with disrespect.     | 4         | 3        | 2        | 1         |
| 7.2. Health Workers promote the dignity of all patients.           | 4         | 3        | 2        | 1         |
| 7.3. Doctors always display the willingness to help all people.    | 4         | 3        | 2        | 1         |
| 7.4. Nurses at the dispensary gave you the best, friendly service. | 4         | 3        | 2        | 1         |

| <b>8. INFORMATION</b>                                                                                       | <b>SA</b> | <b>A</b> | <b>D</b> | <b>SD</b> |
|-------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| 8.1. All patients are provided with full accurate and up-to-date facts about services they are entitled to. | 4         | 3        | 2        | 1         |
| 8.2. Information is provided in one official language only.                                                 | 4         | 3        | 2        | 1         |
| 8.3. Documents of the Hospital contain names and contact numbers of relevant officers.                      | 4         | 3        | 2        | 1         |
| 8.4. Members of the community are never given any information about services.                               | 4         | 3        | 2        | 1         |

| <b>9. OPENNESS &amp; TRANSPARENCY</b>                                             | <b>SA</b> | <b>A</b> | <b>D</b> | <b>SD</b> |
|-----------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| 9.1. Does the Hospital publicise its staff numbers?                               | 4         | 3        | 2        | 1         |
| 9.2. Do you feel free to ask staff members about the expenditure of the Hospital? | 4         | 3        | 2        | 1         |
| 9.3. Have you ever seen a Departmental Citizen's Report?                          | 4         | 3        | 2        | 1         |
| 9.4. Do you think that the Hospital runs an open administration?                  | 4         | 3        | 2        | 1         |

| <b>10. REDRESS</b>                                                        | <b>SA</b> | <b>A</b> | <b>D</b> | <b>SD</b> |
|---------------------------------------------------------------------------|-----------|----------|----------|-----------|
| 10.1. Are you allowed to complain if you are not happy with the Hospital? | 4         | 3        | 2        | 1         |
| 10.2. When you complain, do you receive any feedback?                     | 4         | 3        | 2        | 1         |
| 10.3. Have you ever heard any nurse apologising for a mistake?            | 4         | 3        | 2        | 1         |
| 10.4. Will you ever complain about poor services?                         | 4         | 3        | 2        | 1         |

| <b>11. VALUE FOR MONEY</b>                                   | <b>SA</b> | <b>A</b> | <b>D</b> | <b>SD</b> |
|--------------------------------------------------------------|-----------|----------|----------|-----------|
| 11.1. Do you think that the Hospital saves costs?            | 4         | 3        | 2        | 1         |
| 11.2. Do you receive valuable service for the money you pay? | 4         | 3        | 2        | 1         |
| 11.3. Does the Hospital provide you with savings reports?    | 4         | 3        | 2        | 1         |
| 11.4. Do you think the Hospital is cost effective?           | 4         | 3        | 2        | 1         |



## BATHO-PELE QUESTIONS FOR HEALTH WORKERS

ANNEXURE B

1. Are citizens consulted about the service standards before they are developed?

|     |    |
|-----|----|
| Yes | No |
|-----|----|
2. The service standards published in the service delivery improvement plan are met.

|     |    |
|-----|----|
| Yes | No |
|-----|----|
3. Are Services accessible to all members of the public?

|     |    |
|-----|----|
| Yes | No |
|-----|----|
4. Is adequate information about services provided to patients?

|     |    |
|-----|----|
| Yes | No |
|-----|----|
5. Are patients allowed to participate in their treatment decisions?

|     |    |
|-----|----|
| Yes | No |
|-----|----|
6. Are members of the public given an opportunity to complain about unsatisfactory service?

|     |    |
|-----|----|
| Yes | No |
|-----|----|
7. Are investigations made on all issues that have been raised with the department by community members?

|     |    |
|-----|----|
| Yes | No |
|-----|----|
8. Cost effective measures have been devised to provide faster, better services at lower costs.

|     |    |
|-----|----|
| Yes | No |
|-----|----|
9. Are patients treated in a manner that does not compromise their dignity and humanness as responsible members of society?

|     |    |
|-----|----|
| Yes | No |
|-----|----|
10. Are services delivered in an ethical manner?

|     |    |
|-----|----|
| Yes | No |
|-----|----|