# AN INVESTIGATION INTO WAITING TIME IN PUBLIC HEALTH CARE FACILITIES IN THE CAPRICORN DISTRICT, LIMPOPO PROVINCE

BY

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# DECLARATION

I, <u>Mabunda Gilbert Skhukhuza,</u> hereby declare that the mini-dissertation "Investigation into Waiting Time by Patients in Public Health Care Facilities in the Capricorn District, Limpopo Province" is my own work. This work was not previously submitted for assessment to another university for any qualification.

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Signature                                                                                    Dates

# ACKNOWLEDGEMENTS

# DEDICATION

This mini-dissertation is dedicated to my mom and dad for providing me with an opportunity to enrol for a university degree when they themselves could not read or write. Without your unselfishness, I would not be where I am today.

# ABSTRACT

The purpose of the study was to determine the factors that cause extended waiting time in public health care facilities. The study was conducted in the Capricorn District, Limpopo Province.

The study was guided by three objectives:

- To describe the average waiting time for patients in public health care centres.
- To assess the arrangements in place for outpatients in public health care facilities.
-  The recommend ways to reduce waiting period

This study is significant because those in authority may use it to formulate and/or improve existing policies and strategies that would contribute in reducing long waiting time. The patients, general public and the Department of Health will be the most beneficiaries of the study. This will culminate in the improvement of healthcare services in public clinics.

The population of the study was made up of the total number of clinics in Capricorn District, Limpopo Province. The sample size was 10% of the total population of clinics in Capricorn District.

Semi-structured questionnaire was used during data collection from sampled health care facilities in Capricorn District. The questionnaire was used as a data collection instrument, where managers of the health care facilities were asked to complete it.

The study found that shortage of staff, among other factors, was the main cause behind long waiting time in public health care facilities in the district. The study hereby recommends the recruitment and appointment of sufficient staff in order to reduce waiting time is done sooner than later. This will improve access to health care services which is aligned to the objectives of the National Health Insurance in South Africa and the National Development Plan.

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# CHAPTER ONE: INTRODUCTION TO THE STUDY

## 1.1 INTRODUCTION

On June 2, 2016, Statistics South Africa published a report of a survey titled "*General Household Survey 2015*". The report indicated that 92.8% of the households in South Africa used the closest health care facility of its kind for medical attention. However, there were those that preferred to travel further to access other health care facilities elsewhere. From those that travelled further, General Household Survey (2015) shows that 18.9% presented long waiting time as a reason for securing services beyond their normal catchment areas. It is important for health care facilities to put systems in place to manage long queues and therefore reduce long waiting time.

The report further outlined that the majority of the South African population consulted public health care facilities rather than private health care facilities for medical attention. The General Household Survey (2015) supported this by the fact that an average of 70.5% of the households went to public clinics and public hospitals first when a household member fell ill or got injured. This is compared to 25.3% of the households who visited private health care facilities for the same reason. According to the report, this was the situation for the past 10 years, (2004 and 2015).

Consultation in public health care facilities by majority of the South African population and long waiting time led to the conceptualisation of this research study. It was with an understanding that the study would describe the main drivers behind long waiting time in the public health care facilities. After describing the main drivers, recommendations were made.

## 1.2 BACKGROUND OF THE STUDY

After a careful consideration of the evolution of public administration and the development of Public Administration as a discipline, several observations were made. A research study titled "Frederick Taylor as a Contributor to Public Administration" by Myrick, (2012) questioned the extent to which the industrial scientific management principles has been adopted in the discipline of Public Administration. The question

was in light of poor service delivery that was experienced in South Africa, according to the study above.  During the first generation of Public Administration, Lorenz von Stein argued that Public Administration should adopt scientific methods among other principles. The second phase of the development of Public Administration was known as the scientific phase. That was when the scientific management approach emerged. Frederick Taylor and Henri Fayol were the most popular management scientists, (Brevis, Vrba and de Klerk, 2001:39). According to Brevis *et al.* (2001) those management scientists also ran with the second phase in the development of Public Administration. To a large extent, they aligned themselves with Lorenz von Stein as they argued for Public Administration to adopt the scientific method. It is in the scientific method where we have Quantitative Management which integrates Mathematical Statistics and Mathematics amongst other disciplines. Under those disciplines, queuing theory and simulation are found, which can be used to reduce waiting time and long queues in public health care facilities.

Among other things the queuing theory is used in the management of queue where clients/customers wait for a service. This is mostly used in the private sector. On the other hand, Woodrow Wilson (in the second phase), who had much influence in the development of Public Administration, argued that for the public to receive basic services, government must operate like the private sector. The National Development Plan of South African indicates that "The national health system as a whole needs to be strengthened by improving governance and eliminating infrastructure backlog". In this context, this research study considered queue management in the public health care facilities as a governance issue that needed attention.

## 1.3 PROBLEM STATEMENT

The main problem in this study was to investigate long waiting time in public health care facilities in Capricorn District Area. The Public Service Commission in South Africa published a report titled *"Consolidated Report on Inspections of Primary Health Care Delivery Sites in 2010"*. For this report, the Commission inspected 58 selected clinics in South Africa. The report indicates that from the public clinics that were inspected, one common challenge that patients faced was long waiting time before

they received attention. In some of the clinics, patients indicated that they were turned back without receiving the services that they needed. This happened because nurses were not ready to assist them after hours. Some of the reasons that caused long waiting time were the shortage of staff, which led to overcrowding in clinics. Overcrowding happened because the available staff members were unable to manage the high number of patients in the clinics. The report further indicates that it took long to close a vacant position in some of the clinics. Considering that public clinics provide Primary Health Care services, which are actually essential services, it means that those patients were denied access to essential services. This lack or poor access to public health care services contradicts the Constitution of the Republic of South Africa of 1996. In particular, section 27(1) (a) of this 1996 Constitution states that, "Everyone has the right to access health care services including reproductive health care". In fact, one can even say it is a violation of the rights of the patients because the Constitution is the supreme law of the country.

There were two clinics in Limpopo Province where the average waiting time was not given by the report. However, the average waiting time from seven clinics ranged between 1 and 7 hours. One of the recommendations by the Public Service Commission was that service delivery should be improved in public clinics so that waiting time is reduced. Based on the report by the Public Service Commission, long waiting time in the public health care facilities is a problem. It needs to be investigated, so that it gets resolved.

## 1.4 RATIONALE FOR THE STUDY

Waiting time is one amongst the six critical areas that were identified by the National Department of Health in the National Core Standards for Health Establishments in South Africa. The public sector must consider reducing waiting time as a means to meet the expectations of patients. The National Department of Health expects managers of public health care facilities to comply with this priority. Therefore, this investigation was an attempt to examine if long waiting time is being resolved. The main drivers behind long waiting time were described and recommendations were made.

## 1.5 SIGNIFICANCE OF THE STUDY

A common acknowledgement by the National Department of Health in South Africa, General Household Survey 2015 Statistical Report, patients and some of the research outcome was that there is a long waiting time in the public health care facilities in the country. Therefore, a study of this nature becomes significance because practically it could describe the extent of waiting time and its impact in public health care facilities, from the management perspective. Practically, it is important to understand the challenges that management of health care facilities face from time to time. The study of this nature could also contributes in assessing whether some relevant legislative frameworks and the Principles of *Batho Pele* are put into practice. According the General Household Survey Statistical Report 2015, released by Statistics South Africa, only 8.5% of individuals in Limpopo had Medical Aid coverage. Practically, individuals without medical aid coverage rely entirely on public health care facilities for any medical attention. Therefore, it is important that access to health care services is effective and efficient. As such, this study could be used to assess effective and efficient delivery of health care service.

Theoretically, this study could address the existing gap in the body of knowledge, particularly in relation to the topic of the study. This study is significant because those in authority could use it to formulate and/or to improve policies and strategies that may assist in reducing long waiting time. In the end, citizens are the most beneficiaries of this study and those in authority could benefit in terms of accountability.

## 1.6 AIM OF THE STUDY

The study undertook to determine the factors that cause extended waiting time in public health care facilities.

## 1.7 OBJECTIVES OF THE STUDY

1.7.1 To describe the average waiting time for patients in public health care centres.

1.7.2 To assess the arrangements in place for outpatients in public health care facilities.

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1.7.3   To recommend ways to reduce waiting period.

## 1.8 RESEARCH QUESTIONS

1.8.1 What is the average waiting time for patients in public health care facilities?

1.8.2 Are there arrangements in place for outpatients in public health care facilities?

## 1.9 CLARIFICATION OF CONCEPTS

1.9.1 Waiting time:  Waiting time was defined as the time from arrival of the patient in the unit until the start of the consultation by the medical practitioner. (Rauf, Blitz, and Geyser and Rauf, 2008)

1.9.2 Health services: these are services such as provision of treatment, diagnosis and preventive care of sickness, physical injuries or other ailments at a reasonable cost. (Hong, Shang, Arumugan and Yusuf, 2013)

1.9.3 Health care facilities: these are clinics and hospitals within communities which are first contact for health care. (Sokhela, Makhanya, Sibiya and Nokes, 2013)

## 1.10 STUDY AREA

The study area was in Capricorn District Area, this is one of the five district areas in Limpopo Province. Capricorn District shares its boarders with Botswana and Zimbabwe from the North Western side of the Republic of South Africa; it is also surrounded by Mopani, Vhembe, Sekhukhune and Waterberg Districts as seen on the figure below.

**Figure 1: Representation of Limpopo Province per district municipality**
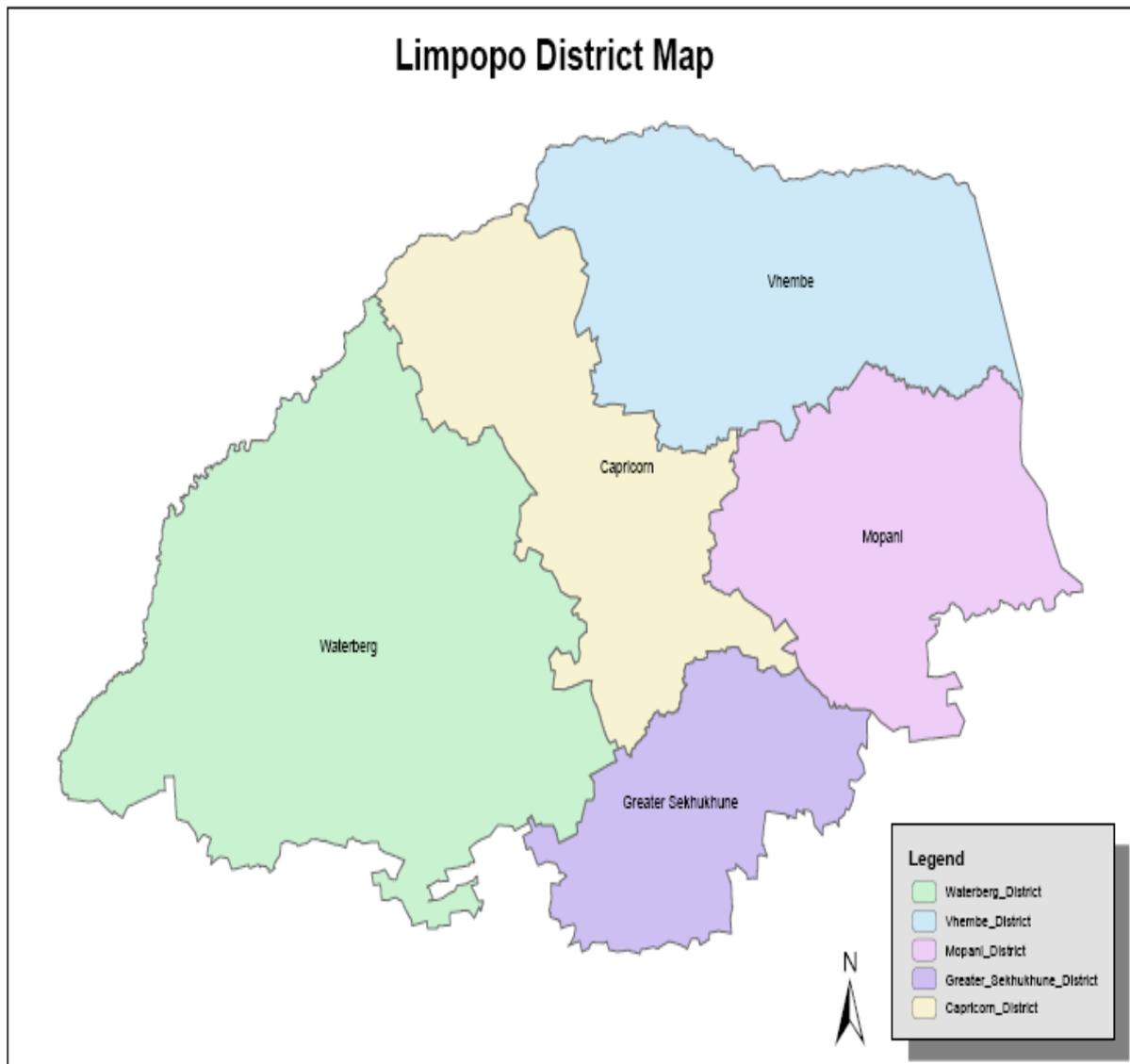


According to Statistics South Africa, Community Survey 2016, Capricorn District Area was the second largest district municipality after Vhembe District in Limpopo Province in terms of population. It was the eleventh largest district after five metropolitan areas and five districts in South Africa. The district had four local municipalities, namely: Blouberg, Lepelle-Nkumpi, Molemolle and Polokwane. It has to be stated that when the study was conceptualised, there were five local municipalities.

**Table 1.1 Population distribution of Capricorn per local municipality**

| Name of municipality | Population |
|---|---:|
| Blouberg | 172 601 |
| Lepelle-Nkumpi | 235 3880 |
| Molemole | 125 327 |
| Polokwane | 797 127 |
| Total | 1 330 436 |

**Source: Statistics South Africa, Community Survey 2016**

Table 1.1 above depicts the population distribution of Capricorn District per local municipality according to Statistics South Africa, Community Survey 2016. Amongst the four municipalities, Polokwane municipality had the largest population of about 797 127 of the 1.3 million people in Capricorn District. This means almost 60% of the population of Capricorn District resided in Polokwane Local Municipality. It is also important to note that Polokwane local municipality was the second largest local municipality in South Africa after Emfuleni local municipality in Gauteng Province.

## 1.11 POPULATION

Section 1.9 dealt with the area of the study, whereas this section focussed on the population of the study. The population of the study was made up of the total number of clinics in Capricorn District Area. According to the Limpopo Public Health Professionals and Support Staff Census 2013, Capricorn District Municipality had 99 clinics; therefore the population of the study was 99 managers of the clinics. The population was distributed per local municipality.

**Table 1.2 Population distributions of clinics per local municipality**

| Name of municipality | Population | Number of nurses |
|---|---:|---:|
| Blouberg | 25 | 372 |
| Lepelle-Nkumpi | 23 | 933 |
| Molemole | 07 | 195 |
| Polokwane | 44 | 1 856 |
| **Total** | **99** | **3 356** |

**Source: Statistics South Africa, 2013**

Table 1.2 above depicts the population distribution of the 99 clinics in Capricorn District per local municipality. The table shows that the Polokwane local municipality had the largest number of clinics and the largest number of nurses as compared to the other three local municipalities. The proportional representation of the number of clinics in Polokwane was 44.4% with the least proportion (7.1%) of clinics in Molemole Local Municipality. Lastly, looking at Table 1.2 above, one can observe that the distribution of clinics is directly proportional to the general population of local municipalities. This means the higher the population, the higher the number of clinics and vice versa.

## 1.12 SAMPLE

Section 1.10 dealt with population of the study. This section focussed on the sample size which was drawn from the population, it also looked into the sampling method. The number of clinics from the district was sampled in proportion to the total number of clinics per local municipality. This is to say that a municipality with a large number of clinics had a large number of clinics in the sample and vice versa. The sample size was 10% of the total population of clinics in Capricorn District. The 10% of the sample was constituted by ten clinics from 99 clinics as per Limpopo Public Health Professionals and Support Staff Census, 2013. The 10 clinics were sampled in the following manner: from Molemole municipality, 1 clinic was sampled. From Blouberg and Lepelle Nkumpi municipalities, 2 clinics were sampled from each of the municipality and 5 clinics were sampled from Polokwane Municipality. Furthermore, the sample was made of clinics from rural areas and urban areas of the municipality. As indicated earlier, Capricorn District Municipality had four local municipalities; therefore, each clinic in the sample represented the cluster of clinics within that local municipality. The cluster sampling method was used. This method is regarded as two-stage sampling method under probability sampling, under which each element of the population had a positive probability of being drawn as an element of the sample. Then from each clinic, a clinic manager was contacted for the purposes of administering the questionnaire. The distribution of clinics in the sample was to ensure proportional representation of the population. In conclusion, one clinic which was inspected by the Public Service Commission was part of the sample. According to that report, the waiting time in that clinic was 1 hour. About 7 of the 10 clinics were operating on 8hour

basis. These were regarded those that were likely to be impacted by long queues and waiting time because they would like to close once working hours of the day elapsed.

## 1.13 DATA COLLECTION

Before the commencement of data collection, permission was sought from the Provincial and District Department of Health. This was part of the protocol that was supposed to be followed. The District Department of Health was the one that informed the respondents about the research study which was underway. The study collected primary data from the sampled public clinics in Capricorn District using data collection instrument (questionnaire). The questionnaire was administered by the respondents. The manager of the institution was the main respondent, but where he/she was not available, a proxy was used. This was done in the presence of the researcher so that any clarification may be provided where necessary. The presence of the researcher during data collection contributed to the quality of data. Statistics South Africa (2010:2) defines quality of data in terms of fitness for use. The quality of data has accuracy, relevance, timeliness and interpretability among other quality dimensions.

During data collection, the objectives of the study were outlined. A semi-structured questionnaire was used. Questions such as: What is an average waiting time by patients in the facility? Does the facility experience long queues by patients? What are the factors that contribute to long waiting time? How does a particular facility deal with long queues and long waiting time? Does the management of the health facility knows about the lean method? Both the inductive and deductive methods on interpretation of collected data were used.

## 1.14 DATA ANALYSIS

Mouton (2001:108) describes data analysis as the process of breaking up the data into manageable themes, patterns, trends and relationship. Since the study is descriptive in nature, descriptive statistics were used to describe and summarise the data set. Measures of locality, being the mode, median and mean were determined. Microsoft Excel 2010 was used for data analysis. It was at this phase of the study

where data was edited to eliminate inconsistencies where possible. The validity, reliability, correctness, biasness and accuracy of collected data were reported at this stage of the research. Comparative analysis was done manually to establish the similarities or differences in the methods that were used to deal with long waiting time in sampled clinics.

## 1.15 ETHICAL CONSIDERATIONS

Although the study did not require clinical information, ethical consideration and protocol were observed throughout the study. Special attention was given to permission from the Department of Health at both the provincial and district level. Special attention was also given to consent and confidentiality under ethical considerations.

## 1.16 RESEARCH OUTLINE

This study comprised six chapters. Chapter one introduced the study in general and also gave the background of the research study. It outlined the purpose of the study and the problem statement. Lastly, it was in this chapter where the study area of the research was outlined in brief with its general population.

Chapter two was about the literature review. This is where the study looked into what other scholars said about matters related to this study, particularly the waiting time in public clinics. The study used this chapter to reveal the types of gaps that exist from previous research studies related to the research problem under study.

Chapter three considers some relevant legislative frameworks in relation to the investigation.

Chapter four dealt with the research design and methodology. It was in this chapter where detailed sampling method and targeted population were outlined.

Chapter five outlines the findings and made recommendations.

Chapter six considers conclusions and recommendations. In this regards reflective approach is undertaken on the work of the preceding chapters.

## 1.17 RESEARCH LIMITATIONS

One of the limitations of the present research is that there are no standards that determine the waiting time in the public health care facilities. This limitation has reference to the publication by the National Department of Health (2011). As such it was problematic when it comes to conclusions and generalisation. However, it was possible to come up with suggestion and recommendations as to what would be an acceptable waiting period in public health care facilities.

## 1.18 CONCLUSION

This chapter dealt with introduction of the research study. It went further to give a short background of the study. The problem statement was outlined in this chapter. The rationale for the study was given. The aim and three objectives of the research study was outlined. Key concepts, being waiting time and healthcare facilities were clarified. The area where the study took place was clearly described. The population of the study and sample was described. Data collection and data analysis were outlined in brief. In the next chapter literature review is presented in details.

# CHAPTER TWO: LITERATURE REVIEW

## 2.1 INTRODUCTION

This chapter is about the literature review of the research undertaken. According to Mouton (2001:87) a literature review, which he preferred calling it "scholarship review" is about learning from other scholars: how they have theorised and conceptualised on issues. It is about one's interest in the most recent, credible and relevant scholarship in one's area of interest. Some of the reasons why a review of the existing scholarship is so important are: to ensure that one does not merely duplicate a previous study, to discover what the most recent and authoritative theorising about the subject is, to find out what the most widely accepted empirical findings in the field of study are, to identify the available instrumentation that has proven validity and reliability and to ascertain what the most widely accepted definitions of key concepts in the field are. Therefore, following this explanation, this chapter will do just what was explained in Mouton (2001:87).

Following Mouton's (2001) explanation of literature review, this chapter reviewed quite a number of researched studies related to the topic under investigation. This was done in order to find-out what other scholars' findings were in terms of the research problem under consideration, in particular about the waiting time in public health care facilities. It was also to identify gaps that may exist from the reviewed research studies that and this study was an attempt to close the existing gaps.

## 2.2 LITERATURE REVIEW ON THE INVESTIGATION OF LONG WAITING TIME IN PUBLIC HEALTH CARE SERVICS

A research study by Tracey, Barron and Schneider (2011), indicates that "South Africa spends about 8.6% of the gross domestic product (GDP) on health". However, South Africa has not been able to achieve the health outcomes that would be expected from such an investment. This is compared to other countries that spend less of their GDP and still achieve better health outcome. The study by Tracey *et al* (2011) did not indicate names of other countries they compared South Africa with. Among other factors that were attributed to failure to achieve the expected outcome were limited governance, management capacity and limited human resources. These factors can

contribute to long waiting time as it was alluded to in the significance of the study. The researcher reckons that 8.6% of the total GDP is an enormous investment, when the expected outcomes cannot be achieved, this should be a cause for concern from all stakeholders. It was for this reason that this study was conceptualised so that it could contribute to the achievement of the expected outcome from such an investment.

A research titled "Lean thinking yields results in hospitals" by Faull (2011) was also reviewed. In the study, it was mentioned that the premise of Lean Thinking was that by observing a situation, they understood what was value-adding and what was not, and why challenges or bottlenecks occurred. Then they identified simple steps that could lead to improvement of the situation and implemented them. The paper shows that from about three hospitals where the Lean Management was piloted, hospital staff lacked appropriate support, while doctors and nurses were hardworking and dedicated, but management did not always display the same level of engagement. This was also recognised by government according to this study. That is why the minister of health in South Africa, laid the blame on the poor performance of the health care sector on factors such as inadequate managerial skills and failure to act on known deficiencies and poor accountability. According to Faull, lean thinking can play a major role in revolutionising service delivery with little effort and extra ordinary impact.

One other point that the paper highlighted was resistance to change. People in the health sector believe that they are doing things right even if the results speak otherwise. Following the arguments by Tracey *et al (*2011) and Faull (2011), one can deduce that with such an investment and the implementation of lean management approach, expected outcome in the health sector are likely to be achieved.

A study by Draai and Raga, (2011) focused on the client satisfaction and trust in the South African public service. The study defined client satisfaction as the opportunity to secure accurate service without any inconvenience at the first contact. The study was conducted in both rural and urban service points of identified government departments. Among other government departments, the Department of Health was part of the sample. Some of the drivers of client satisfaction included in the study are facilities, timeliness, knowledge and competence of staff. Among other findings, the study shows that the respondents showed less satisfaction in the Department of Health when it comes to timeliness. They cited unreasonable long breaks that officials

often took during office hours. Respondents were also less satisfied with the facilities in the Department of Health. Lastly, the Department was rated last on staff's knowledge and competence. The study shows that the Department of Health faced critical skills shortage which often account for the poor performance in timeliness. Although the Department of Health is not a health care facility, where the research under study was investigating long waiting time, it remains the enabler for service delivery. It is for that reason that the study by Draai and Raga, (2011) remains relevant in this literature review.

A research paper titled "The quality of health care for older person in South Africa", Kalula (2011) formulated an acronym, STEEP. The acronym STEEP was created to define quality health care. The letter S is for safety in health care, T is for timely, E is for effective, E is for efficient and P is for patient-centred. The paper shows that 90% of the population of South Africa was served at the Primary Health Care clinics, 8% was served or treated at secondary level community hospitals and 2% referred to tertiary hospitals. The paper asked an important question which said: Is there quality care? The letter "T" in the acronym is for timely. According to the study, this is to say that if unnecessary waits and harmful delays are minimised, then the provision of quality health care would be improved. The paper went further to argue that older clients' dissatisfaction with health care services has been documented widely. Points of dissatisfaction among others were long waiting times, overcrowded and understaffed clinics.

According to "The quality of health care for older person in South Africa", Kalula (2011), in overcrowded Primary Health Care facilities, elderly clients avoided seeking health care for conditions perceived to be minor. The overcrowding led to long queues, resulting in long waiting time. Consequently, they tend to approach the health care facility when their illness is at an advanced stage. As such, they miss an opportunity for management of the illness when the chances of reversing the conditions would be optimal.

According to the paper, the appointment system required clients/patients to queue from as early as 04:00 in the hope of being attended to on that day. Surely this amounts to much longer waiting time in the facility. Although this study stressed more on the lack of special skills in the  management of older population, Faull (2011)

emphasised on governance and management capacity as some factors that lead to long waiting time. Lastly, the research under study took an initiative to focus on Capricorn District Area.

Plaks and Simone, (2012) conducted a research titled "Access to public healthcare in South Africa". As the title states, their point of focus was access to healthcare. The aim of the study was to consider how affordability, accessibility, accommodation, availability and acceptability influence the utilisation of public health services in South Africa. They defined access in terms of areas of congruence between patient and provider.

From the five areas that were covered in the aim of the study by Plaks and Simone, (2012), this study focussed on accommodation and availability for relevance purposes. According to the study, accommodation refers to the manner in which health care facilities meet the patient's need for care and the patient's satisfaction with the facilities' management, including the way in which healthcare providers arrange their organisation in order to accommodate patient's preferences and constraints. Lastly availability refers to availability of drugs and professional staff.

Their study found that the general barriers to access to healthcare were long waiting time, unavailability of drugs and rude staff. When looking at the aim of their study and the findings, long waiting time was associated with accommodation while unavailability of drugs was associated with availability. The unavailabiity of drugs in clinics led to chronic patients having to spend their resources in finding alternate treatment options. As a result, patients would frequently bypass lower level health care facilities seeking treatment at higher-level because they percieve that quality of care is better at higher level. According to the study this was mostly found in the rural parts of South Africa. Consequently, when patients perceived that they would rather consult in a different health care facility than the one that they are supposed to, they put a strain on the alternative facility. This will result in the unavoidable long waiting time in the alternative health care facility.

A paper by Matsotso and Fryatt, (2013) on "National Health Insurance: The first 18 months" was published. The paper provided a summary of the progress made in preparing for the National Health Insurance in South Africa. It also outlined some of

the challenges to be overcome in implementing the National Health Insurance and way forward. Among other things in the progress made so far was the establishment of Facility Improvement Team aimed at reducing waiting time. This was done in Sedibeng, Gauteng Province, it is for that reason that the research under study focused on the Capricorn District Area.

Waiting time was identified as one of the challenges that patients faced in health care facilities. It was seen as one challenge that would fail the implementation of the National Health Insurance. It should be acknowledged that the policy objective of the National Health Insurance is to ensure that everyone has access to appropriate, efficient and quality health services in South Africa. This Facility Improvement Team focused on the worst performing facilities according to the national audit and used the best performing facilities as local benchmarks for comparison. With long waiting time in health facilities, part of the objective of the National Health Insurance would not be achieved. According to the research under study access and efficiency of health services would not be realised if long waiting time was not resolved.

In the situational assessment of "Where we are short and are we short of?" George, Quinlan, Reardon and Aguilera (2012), it was revealed that in South Africa, for every 100 000 of the population there were 436 professional nurses. It was further argued in the same study that for the population of 100 000 in Limpopo Province, there was 365 professional nurses. According to the article quoted above, it was clear that the ratio met the norms and standards as set by the World Health Organisation. According to the World Health Organisation, for every population of 100 000 there should be 200 nurses. The article also depicted the vacancy rates in South Africa per province and in general, there was 19 277 vacant positions. Limpopo Province had a vacancy rate of 68% on health care professionals in general. However, this vacancy rate is not explicitly on the nurses but all health care professionals. The research did not disaggregate the ratio to the level of a district. South Africa has three spheres of government and that is national, provincial and local government. Limpopo Province is comprised of five districts. Therefore, there could be a possibility that some of the districts contributed a higher number of nurses than other districts. In that regard, the ratio of 100 000:365 could mislead policy makers to conclude that the entire province or even country at large met the standards as set by the World Health Organisation.

The high vacancy rate alluded to in this study was in agreement with the study by Kalula (2011). What is not coming out clearly from the study is that if the ratio of patients to nurses is fine, what causes the vacant positions.

A quantitative descriptive study titled "Professional nurses' perceptions regarding psychological needs in the context of a shortage of nurses in orthopaedic units in East London, South Africa", Bolo and Yako (2013) revealed that some of the reasons for dissatisfaction of staff included the high nurse-patient ratio. The study focused on the professional nurses' perception regarding psychological needs in the context of the shortage of nurses in orthopaedic units in East London. The high nurse-patient ratio meant that there was a large number of patients and a low number of nurses. Another reason for dissatisfaction of staff was increasing work pressure due to long working hours and poor working environment. They also argued that due to a shortage of nurses, staff members were stressed which often led to staff burnout and consequently resulted in low performance and ultimately poor service delivery. The study also indicated that patients were dissatisfied as well. However, the study did not indicate as to how high or low the ratio was, as much as the other two studies above, they only indicated understaffing without quantification. The fact that the study concentrated much on the orthopaedic nurses should not be an issue, the focus remains on the ratio of nurses and patients. Furthermore, it is the responsibility of any institution to ensure that its clients are satisfied with the kind of services that are provided. That is why some organisations go as far as conducting customer satisfaction surveys just after a service was rendered.

This study had similar findings with "Where we are short and are we short of?" George *et al.* (2012). Low numbers of nurses with high number of patients is likely to lead to long queues by patients, resulting in long waiting time.

A descriptive study "Experience of newly qualified nurses of University of Limpopo, Turfloop Campus executing community services in Limpopo Province, South Africa", Thopola, Kgole and Mamogobo (2013) identified some of the challenges met by newly qualified nurses. The study focussed on experiences of newly qualified nurses at the University of Limpopo. These newly qualified nurses were executing their community services in Limpopo Province. The challenges were identified when newly qualified nurses were placed for their compulsory community services in some hospitals. One

of the challenges from the newly placed staff encountered was that they were not properly orientated in the workplace. The reason behind that was they were mainly appointed to curb the shortage of staff. The researchers highlighted that the shortage of human resources was the result of decade of underinvestment in the health worker education, training, wages, working environment and management. The study went further to argue that the shortage of staff particularly nurses, contributed to the decrease in quality of care as nurses were overworked. Nurses sacrificed by caring for more patients despite inappropriate ratio and long working hours.

The failure to properly orientate newly qualified nurses in their new responsibilities is regarded as lack of management capacity. This is in agreement with what was alluded to by Tracey *et al.* (2011) and Faull (2011), when Faull indicated that staff does not get full support from management. Argument about the shortage of staff was in agreement with the study by Bolo and Yako (2013).

In the "Challenges HIV/AIDS poses on the nursing workforce in rural health setting in Vhembe district, Limpopo Province, South Africa", Ramathuba and Davhana-Maselesele (2013), they quoted the South African Nursing Council's estimation of number of nurses practicing in South Africa to be 49 991 300. If this is the case it means South Africa should not experience critical shortage of nurses in line with the international guidelines. When considering that the population of South Africa was 55 653 654 as per Community Survey 2016, it means the ratio of patients to nurses would be almost 1:1. This argument is contrary to a study by Thopolo *et al.* (2013), Bolo and Yako (2013) when they argued about the shortage of nurses. The study showed that in Limpopo Province, the ratio of professional nurses to patients was 606:1 and enrolled category was 1 141:1 and auxiliary nurses was 649:1. The study further argued that by using population projections, Limpopo was experiencing a dire shortage of nurses, even though South Africa was said not to be experiencing shortages. The study indicates that this was attributed to urban-rural disparities in manpower distribution. However, the study did not disclose by how much the shortage of nurses was in Limpopo, let alone in Capricorn District. The study concluded that South Africa does not have a shortage of nurses, but the disproportionate distribution of nurses is seen largely in the rural provinces with large populations.

This conclusion was contrary to the study by Bolo *et al.* (2013) when they argued that the shortage of staff was a contributing factor towards long waiting time in some public clinics. The proportional distribution of the current number of nurses perhaps requires the application of scientific management approach which was mentioned in the background of this study. This is in agreement with what was mentioned by Tracey *et al.* (2011) and Faull (2011), when they attributed challenges in public health care centres as mainly due to lack of management capacity and governance.

A study by Tshitangano (2013) found about twelve factors contributed to the public sector nurses' turnover in Limpopo Province. The study explored and described factors that contributed to nurses' turnover in Limpopo province. That was done by assessing public sector nurses' job satisfaction in relation to common determinants of job satisfaction. Factors such as staffing, career development and hours of work were highlighted as the main contributor to high turnover. Of the three contributing factors mentioned above, staffing was leading in terms of dissatisfaction of staff members and it then led to turnover of nurses. Although the study was able to establish that staffing was one of the factors that contributed to staff turnover, the study could not indicate how the shortage of staff was.

Their finding was contrary to the conclusion by Ramathuba and Davhana-Maselesele (2013), when they argued that South Africa suffered from disproportionate distribution of existing nurses rather than shortage. Proportional distribution of resources is a management function. In Quantitative management; they refer to this management function as rationalisation of resources. Proportional distribution of nurses throughout South Africa, will deal with the perception of shortage of nurses.

A research study by Sokhela, Makhanya, Sibiya and Nokes (2013) found that long waiting time is a real problem in public health care facilities. The aim of their study was to describe the experiences of the users of the Fast Queue in order to better understand how to effectively implement the Fast Queue strategy and thus, improve health care delivery and enhance user satisfaction. In their study, one participant said that she ended up leaving the queue because she was rushing for work because the waiting time was long. In this instance, the waiting time was due to long queue. The respondent was in the facility for family planning consultation. The study argued that

if clients met such an experience, it might suggest that long queues and waiting time might have a negative impact on many other spheres of life, including work environment. The study argued that queue management is about ensuring that there is fairness and demonstrating to clients that they are waiting in a planned environment, whilst reassuring them that they will be attended to timeously. The study by Sokhela *et al.* (2013) was in agreement with the "Primary Health Care in South Africa since 1994 and implications of the new vision for Public Health Care Re-engineering", Tracey *et al.* (2011) as both concluded that long waiting time was a cause for concern in public health care facilities. One study further touched on limited governance and management incapacity.

A research study "Reasons patients leave their nearest healthcare service to attend Karen Park Clinic, Pretoria North", Masango-Makgobela, Govender and Ndimande (2013), investigated the reasons given by patients for attending Karen Park Clinic rather than the clinic closest to their homes. The study revealed that long waiting time and long queues were some of the reasons why patients preferred visiting health care facilities far from the ones closest to them to access health care services. The study also revealed that patients move from one clinic to another because they were dissatisfied with the services they received. Some of the patients that participated in the study indicated that they would not return to the clinic where the interview was conducted, precisely because of long waiting time and long queues. The study also found that one contributing factor towards long queues and long waiting period was shortage of staff in clinics. It was also argued that the long travelled distances made follow-up consultations by patients to be almost impossible. The research study concluded that it is necessary to reduce long queues, thus reducing long waiting time. The study showed that this can be achieved by having adequate, satisfied health care providers to render quality service and by organising training for management according to this study. The study did not indicate how long the waiting time was.

The dissatisfaction of patients due to long waiting time and long queues in health care facilities was in agreement with the argument by Sokhela *et al.* (2013) above. When it comes to the shortage of staff (nurses) as one of the contributing factors, this was contrary to "Where we are short and are we short of?" George *et al.* (2012) where they argued that the ratio of population to nurses met the standard as set by the World

Health Organisation. This was alluded to by the study by Ramathuba and Davhana-Maselesele (2013). However, there was an indication of high vacancy rate in South Africa and in Limpopo Province. This may require a rigorous and vigorous verification from the public health sector in South Africa as different studies came up with different conclusion in the same country at almost the same period.

Hong, Shang, Arumugam and Yusuff (2013) conducted a study in the Department of Mechanical and Manufacturing Engineering at the University of Putra in Malaysia. The study was titled "The use of simulation to solve outpatient clinic problems". In their study they argued that the problems of long waiting period led to dissatisfaction of clients. According to their study, the queueing theory which is found in simulation and modelling can be used to understand and improve operations such as waiting time and queueing. They also argued that a congested clinic increased the workload of its staff members and increased the chances of the clinic overrunning its usual session. Overrunning of usual session is based on the fact that certain clinics operate for a particular number of hours as compared to the 24-hour operation. As a result, long working hours also demotivate the clinical staff, which resulted with inefficient use of resources and time. The study by Hong *et al.* (2013) focused mostly on mathematical modelling, as a tool that can be used to solve real life problems such as the reduction of long waiting time in health care facilities. Although this study did not apply Mathematical model, it was necessary to indicate that the scientific management approach in public administration which was highlighted in the introduction, was seen as an answer to real life problems in health care facilities. Mathematical modelling falls under scientific management approach, the discipline is Quantitative Management which encompasses Mathematics, Statistics, Accounting and other fields of studies. When considering the arguments in the research studies by Hong *et al.* (2013) and the study by Ramathuba *et al.* (2013), it becomes clear that scientific management can resolve the problems of long queues, long waiting time and satisfaction or dissatisfaction by clients/patients.

A case study "Lean Management in South African public health sector", Price (2013) in the New Somerset Hospital in Cape Town showed that the Lean Management Method was seen to reduce waiting time quite significantly. The aim of the study was

to reduce patient waiting time in the clinic, and improve patient satisfaction. In the study, Price explained Lean Management as a "methodology to organise complex processes to get the right patient to the right place for the right treatment at the right time". It was indicated that the Lean Management Method originated from the corporate sector, which was described by Ohno (2013) in the running of the Toyota motor vehicle company in Japan. According to Ohno (2013), "all we are doing is looking at the timeline from the moment a customer gives us an order to the point when we collect the cash. And we are reducing that timeline by removing the non-value-added wastes". Upon the application of the Lean Management Method in the Somerset Hospital according to the study, the initial results showed a reduction of patients waiting time by 39.4%, Price (2013). At a three-month follow-up, another reduction was achieved according to the study.  According to the study, this method contributed to the satisfaction of both patients and staff, without additional funding. The study argued that South Africa faced many challenges, including a growing patient load and limited resources (e.g. funding, staff, equipment, bed space). Patients were required to spend many hours waiting for medical care, whether to see a health care professional or to receive medication.

In this study there was a bit of inconsistency in the sense that, the study was conducted in a hospital, but the aim of the study was to reduce waiting time in the clinic. However, specific management method to deal with waiting time and client/patient satisfaction came out clear just like in the study by Hong *et al.* (2013).

A research study "Attitudes of nurses towards patient care at a rural district hospital in the KwaZulu-Natal Province of South Africa", Haskins, Phakathi, Grant and Horwood (2014) was conducted in Kwa-Zulu Natal Province, South Africa. The aim of the study was to explore nurses' attitudes towards providing care to patients in one rural district hospital in Kwa-Zulu Natal. Although their study focussed more on staff members attitude to patients' care, during data collection, they interviewed some of the patients that were in the hospital at the time. Among other issues, the study revealed that some patients disliked the hospital due long hours of waiting. This indicated that long waiting time was not only happening in clinics, but in some hospitals as well. According to the study, a number of nurses were discontent with the kind of support from management of the hospital. One nurse indicated that lack of management support affected the quality of care provided to patients.  The nurse went further to say "If you treat me

badly, what am I going to do with my patients?" Although the nurses did not clearly indicate the type of support they needed from management, it can be deduced that the management of the health care facilities in general was an issue, as it was argued in the study by Price (2013).The study did not indicate what were the main reasons behind long hours of waiting by patients, but from the perspective of staff within the hospital, one could deduce that shortage of human resources led to staff burnout, which could be the main driver behind long hours of waiting by patients. Once more, the issue of management is highlighted in this study just it was brough up in some studies above.

A research study conducted by Bezuidenhout, Ogunsanwo and Helberg (2014) in the province of Mpumalanga, South Africa sought to explore and describe the general satisfaction or dissatisfaction of patients with accredited ART hospital sites at public health care facilities in Gert Sibande District. The study also sought to identify factors contributing to either satisfaction or dissatisfaction; it was conducted in six hospitals and 300 patients were sampled. Long waiting time by patients before they got any attention was mentioned by the majority of the patients as a contributing factor to dissatisfaction of patients. According to the study, the long waiting time was a result of shortage of human resources such as nurses and doctors in the clinic instead of the hospitals, which was a bit confusing because it was indicated that the study was conducted in hospitals. Nonetheless, waiting time was investigated in public clinics in this study. One important point that the study highlighted was that the majority of the people in the sample were between 31 and 45 years of age. It is common knowledge that this age group is a subset of the economically active population in South Africa.

The argument from this study was similar to the study by Sokhela *et al.* (2013) where one of the patients had to leave the queue because she had to report for duty. It is apparent that economically active patients have crucial contributions to make in the economy of the country. Therefore, patients were supposed to be given quality health care service in the shortest possible time from the health care facility so that they could go and perform their duties.

A descriptive qualitative research study was conducted by Scheffler, Visagie and Schneider (2015) in the Western Cape. The aim of the study was to explore how service delivery impacts on access to health care for the vulnerable groups in an urban Primary Health Care setting in South Africa. The vulnerable groups were defined as social groups who have an increased relative risk or susceptibility to adverse health outcome. This includes poor people and groups who experience stigma, discrimination and intolerance, and/or political marginalisation, and those whose human rights are violated. The study found that patients had to wake up as early as 04:00 AM due to first come first served method which was used by the sampled clinics at some stage. The first come, first served method actually increased long waiting time for patients because they arrived at the clinic a long time before the opening time of the clinic. Waking up at 04:00 AM was risky to lives of patients as one patient was quoted in the study as saying: "I almost got killed" in the early hours of the day. The research also attributes long waiting time to the lack of systematic management of patient load in the public health care facilities. This study is in agreement with the other studies above in that they all point out to the management of workload, management of queue.

## 2.3 SUMMARY OF THE LITERATURE REVIEW

This part of chapter two is to pass some brief summary about the literature review that was done in relation to the research problem and literature review. Literature review reveals that there was a general consensus with regard to challenges faced by patients upon visiting some public clinics in South Africa. One of the challenges was long queues which resulted in long waiting periods before patients received any attention. Different studies with different objectives were reviewed and some reached similar conclusions whereas some reached different conclusions on the same matter. The summary goes as follows:

The study "Primary Health Care in South Africa since 1994 and implications of the new vision for Public Health Care Re-engineering", Tracey *et al.* (2011), pointed out that lack of governance, human resources and management capacity compromised the achievement of expected outcomes despite the huge investment allocated in public health sector.

In a research paper by Professor Faull (2011), he indicated that the Minister of Health in South Africa laid the blame on the poor performance in the public health sector due to inadequate managerial skills and poor accountability. Resistance to change was echoed by Faull because where lean management was used, it showed a tremendous improvement in shortening waiting time with less effort.

The research "The quality of health care for older person in South Africa", Kalula (2011) found that if unnecessary waits and harmful delays can be minimised, the provision of quality health care services can be improved. But those delays cause dissatisfaction by patients which is the unexpected outcome in the health sector. Delays in this context referred to prolonged waiting time by patients in health facilities.

A research study by George *et al.* (2012) indicated that Limpopo had a vacancy rate of 68% in 2010. The vacancy rate existed despite the fact that South Africa met the standard as set by international body on health matters, the World Health Organization in terms of patient-nurse ratio. Of course the World Health Organization focuses on issues of health on its member states.

The study by Plaks and Simone (2012) focused on access to public healthcare in South Africa. They defined access in terms of areas of congruence between patient and provider. The aim of the study was to consider how affordability, accessibility, accommodation, availability and acceptability influence the utilisation of public health services in South Africa. This study focussed on accessibility, accommodation and availability for the purpose of relevance.

A review paper by Matsotso and Fryatt (2013) on National Health Insurance provided a summary of the progress made in preparing for the National Health Insurance in South Africa. The policy objective of the National Health Insurance is to ensure that everyone has access to appropriate, efficient and quality health services in South Africa.  It also outlined some of the challenges to be overcome in implementing the National Health Insurance. One of the challenges was long waiting time that was seen as a challenge in the implementation of the National Health Insurance.

The study "Professional nurses' perceptions regarding psychological needs in the context of a shortage of nurses in orthopaedic units in East London, South Africa", Bolo and Yako (2013) found that the high ratio between patients and nurses resulted in low performance by staff. Ultimately, poor service delivery. This led to patients' dissatisfaction. The finding was contrary to the study by George *et al.* (2013), particularly on the ratio between patients and nurses.

The study by Thopolo *et al.* (2013), found that there was failure to properly orientate newly qualified nurses as they were placed to perform their community services after completing their studies. Failure to orientate newly qualified professionals is a management function. The same sentiments were shared in the study by Tracey *et al. (*2011)*,* Faull (2011) and others.

The research study "Challenges HIV/AIDS poses on the nursing workforce in rural health setting in Vhembe district, Limpopo Province, South Africa", Ramathuba and Davhana-Maselesele (2013) argued that South Africa does not have a shortage of nurses, but a disproportionate distribution of nurses across the country was the main challenge. When looking at studies by Tracey, Faull and others, proportional distribution of nurses across the country is a management issue at high level in the National Department of Health in the country.

The research study by Tshitangoni indicated that long hours of work by nurses caused staff turnover and shortage of staff in public health care facilities.

The research study "Experiences of Fast Queue health care users in Primary Health Care facilities in eThekwini district, South Africa", Sokhela *et al.* (2013) found that long waiting time does not only affect patients, but it had effects on economic activities because other clients who visited clinics to get health related services had to return to their daily economic activities. But long waiting time forced such clients to leave the queue before they were served because of work commitment.

The research study titled "Reasons patients leave their nearest healthcare service to attend Karen Park Clinic, Pretoria North", Masango-Makgobela *et al.* (2013) found that some patients had to access health care services from health care facilities that were far than using the one closer to them, due to long waiting time.

The research study "Use of simulation to solve outpatient clinic problems" Hong *et al.* (2013) found that the mathematical model can be used in allocation of resources. This scientific management approach would curb the challenge of disproportionate distribution of nurses in the country. The study by Hong *et al.* (2013) was also linked up with the study by Masango-Makgobela *et al.* (2013). Their study shows that long queues and long waiting time in some clinics was one reason why patients consulted the far away health facilities than the closest ones. It was also linked to the study by Sokhela *et al.* (2013) where they argued about the Fast Queue Strategy which was implemented in 2001 with the aim of improving the accessibility, availability, affordability, equity and acceptability.

A case study titled "Lean Management in South African public health sector", Price (2013) found that the Lean Management approach was an answer to the improvement or reduction of long queues in public clinics. Lean management was used in the corporate world and led to client satisfaction, which is an expected outcome in all institutions.

A research study titled "Attitudes of nurses towards patient care at a rural district hospital in the KwaZulu-Natal Province of South Africa" Haskins, Phakathi, Grant and Horwood (2014) explored nurses' attitudes towards providing care to patients in one rural district hospital in Kwa-Zulu Natal. Although their study focussed more on staff members attitude to patients' care, among other issues, it revealed that some patients disliked the hospital due long hours of waiting. The study did not indicate what were the main reasons behind long hours of waiting by patients, but from the perspective of staff within the hospital, one can conclude that shortage of human resources which led to staff burnout could be the main driver behind long hours of waiting by patients.

A research study titled "Patient satisfaction at accredited antiretroviral treatment sites in the Gert Sebande District", Bezuidenhout *et al.* (2014) concurred with the study by Sokhela *et al.* (2013). Majority of the respondents in their study were people that were regarded as economically active, these are people that are between 31 and 45 years of age. When such people spend most of their valuable working time in the queue it means economical activities are compromised.

The review of literature was closed with "The impact of health services variables on healthcare access in a low resourced urban setting in the Western Cape, South Africa", Scheffer *et al.* (2015) who found that lack of systematic management of patients load was the main driver behind long waiting time in public clinics. It is for the reason that the current study found it befitting to investigate the causes of long waiting time from the management perspective.

## 2.4 CONCLUSION

As far as literature review is concerned, what came out clear and as a cause for concern from literature is the seriousness in the lack of queue management, which results in long waiting period by patients. The lack of queue management is the result of poor governance and management incapacity in the public clinics. The disproportional distribution of nurses in the country (South Africa) is a management competency. The application of relevant management approaches such as mathematical modelling; simulation and lean management approach that are largely under scientific management style can curb the problem of long queues which led to long waiting period. This can only be achieved through continuous monitoring of all the health care facilities in the application of those methods. Of course monitoring and evaluation are management functions.

In the context of South Africa's situation, where public demonstrations and strikes are prevalent due to service delivery issues, patients and/or criminal might end up setting alight health care facilities if long waiting time and long queues are not addressed. A typical example in the South African context was university students who literally burned university buildings and other facilities because they demanded zero increase to fees and free high education.

This study suggests that the application of scientific management approach can contribute to the realization of what is stated in the Constitution of South Africa. Particularly section 27(1) of the Constitution of the Republic of South Africa (1996), it stipulates that everyone has the right to access health care services, including reproductive health care. Lastly, managers in the Public Administration should

manage the staff in a way that would enhance effectiveness and efficiency. The ethos of "*Batho Pele"* should be put into practice.

# CHAPTER THREE: RELEVANT LEGISLATIVE FRAMEWORKS

## 3.1 INTRODUCTION

The previous chapter focused on literature review, this chapter focuses on some relevant legislative frameworks that are in place in South Africa. The background of the study outlined the extent of how scientific management is able to deal with governance issues. Governance issues are also covered by some of the legislative frameworks to be discussed briefly in this chapter. Implementation of these legislative frameworks will ensure that the access to quality health services becomes a reality. Some recommendations are outlined at the end of the chapter.

## 3.2 LEGISLATIVE FRAMEWORKS

Above all the legislative frameworks in the Republic of South Africa that were established, there is the Constitution of the Republic of South Africa, 1996. The Constitution is regarded as the supreme law of the Republic; law or conduct inconsistent with it is invalid, and the obligations imposed by it must be fulfilled. In relation to this study, Section 27(1) (a) of this 1996 Constitution states that, "everyone has the right to access health care services including reproductive health care". Therefore, it is a constitutional mandate for health care facilities to ensure that access to health care services is made to be real.

The first legislative framework is the National Health Act, No. 61 of 2003. This Act provides for a structured uniform health system within the Republic of South Africa, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. And to provide for matters connected therewith. The National Health Act, No. 61 of 2003 provides for the functions of the National and Provincial Departments of Health. Chapter five of the Act provides for the establishment of the District Health System and this is where the study is focusing on.

In the year 2009, the White Paper for the transformation of health systems in South Africa was published. The 2009 White Paper puts more emphasis on the district health system which in turn would increase access to services by making the Primary Health Care available to all citizens. Two of the goals of the White Paper are: to improve health sector planning and monitoring of health status and services, the other one is to promote equity, accessibility and utilisation of health services. These are not the only objectives in the White Paper; they were only selected on the basis of their relevance to this study. The White Paper further outlines the functions of the National, Provincial and the District Departments of Health. For instance, the National Department of Health is responsible for providing leadership in quality assurance, including the formulation of norms and standards. The Provincial Department of Health is responsible for the provision of quality control of all health services and facilities. Lastly, one of the roles and responsibilities of the District Department of Health's is planning and human resources. The above mentioned responsibility of the District Department of Health is critical in this study.

In 2017, the White Paper on the National Health Insurance was signed. It is intended to move South Africa towards Universal Health Coverage by ensuring that the population has access to quality health services and that it does not result in financial hardship for individuals and their families. The move towards the universal coverage is based on Section 27(1) (a) of the Constitution of the Republic of South Africa, 1996. Some structural problems in the health system of South Africa were spelled out in the 2017 White Paper. Chapter six of the White Paper focuses on the reorganisation of the health care system and services under National Health Insurance. One section of this chapter talks about improving leadership and governance as well as health workforce. The same chapter further indicates that strengthening the Primary Health Care is critically dependent on improved management at the clinics, community health centres and the district level. It is for this reason that this study seeks to investigate the causes of waiting time from the management point of view.

Other than the legislative frameworks and the White Papers  mentionned above, the National Development Plan which was briefly cited in the background of the study is in place. The National Development Plan is described as a plan for the country to

eliminate poverty and reduce inequality by 2030 through uniting South Africans, unleashing the energies of its citizens, growing an inclusive economy, building capabilities, enhancing the capacity of the state and leaders working together to solve complex problems.

Chapter ten of the National Development Plan is dedicated to health matters in a broader sense. The introductory part of the National Development Plan states that for South Africans to become a healthy nation, they need to make informed decisions about what they eat, whether or not they consume alcohol, and their sexual behaviour, among other factors. In the National Development Plan, about nine long-term goals are outlined. Amongst the nine goals, goal seven talks about Primary Health Care teams providing care to families and communities.

The plan emphasises Primary Health Care which globally endorsed values such as universal access, equity, participation and integrated approach. According to the plan, the South African health system is underpinned by the principles of Primary Health Care and the district health system. The Primary Health Care emphasised in the National Development Plan was also mentioned in the 2017 White Paper of the National Health Insurance.

The plan further outlines six important elements as identified by the World Health Organisation. These elements are important in achieving equity and quality, responsiveness, social cohesion, financial risk protection and better efficiency in health care. Amongst the six elements, good leadership and governance is one of them and it was identified for its relevance to this study. This element was also stated in the 2009 White Paper on the reorganisation of the health care system and in the 2017 National Health Insurance. This emphasises how critical is good leadership and governance in the health sector.

Lastly, the National Development Plan included three major recommendations that are specifically relevant to South Africa from the report of the World Health Organisation Commission on the Social Determinants of Health. One of the recommendations that look so relevant to this study specifically is: to measure the problem, evaluate actions, expand the knowledge base, develop a trained workforce in the social determinants of health and raise public awareness. In the context of this study, the intention is to measure the problem of long waiting time and recommend actions that can reduce

long waiting time. Again, in line with this study, management of the health care facilities will assist in describing the factors that contributed to long waiting time in Capricorn District Area. The intention is to improve access to health care services in an efficient manner.

## 3.3 *BATHO PELE* PRINCIPLES

In addition to the legislative frameworks that were discussed above, in South Africa there are Principles of *Batho Pele* that were formulated in the public service in general. Those principles were formulated to kick-start transformation of service delivery. Amongst those principles, there are two that are more relevant to this research study, they are under service standards and access.

Under service standards, the principle is, "You should be told what level and quality of public service you will receive so that you are aware of what to expect". Under this principle, it is also indicated that "All national and provincial government departments will be required to publish service standards for existing and new services. Standards may not be lowered. They will be monitored at least once a year and be raised progressively". There is some link between the principle above and a research study titled "Assessing the impact of a waiting time survey on reducing waiting times in primary care clinics in Cape Town, South Africa" by Daniel (2015). The study shows that the quality of service is mainly defined by customers' perception. The study further indicates that if waiting time by patients is too long, patients develop a negative perception of their experience and relate it as poor quality service. That will be the perception even if patients are generally satisfied with the general and clinical services.

Under access, the principle is, "You and all citizens should have equal access to the services to which you are entitled". It was also indicated that departments should implement special programmes for improved service delivery to physically, socially and culturally disadvantaged persons.

In the study titled "The Implementation of *Batho Pele* Principles in the Greater Tzaneen Local Municipality", Mboweni (2013) found that there was lack of enforcement of *Batho Pele* Principles by both employees and their supervisors amongst many other findings.

In the same study, it was found that there was a lack of understanding of the Principles of *Batho Pele* by employees.


## 3.4 CONCLUSION

A number of legislative frameworks, policies and White Papers were developed in the Department of Health. The intention of developing those official documents is to improve access to health care services and to provide guidelines so that intended goals are achieved. Some of the legislative frameworks give roles and responsibilities to different spheres of the Departments of Health. For instance, norms and standards have to be formulated by the National Department of Health, whereas District Department of Health is responsible for planning and human resources.

Finally, governance and monitoring of systems in the public health care facilities need to be strengthened in order to meet the objectives of the legislative frameworks and all other official publications. This will lead to satisfaction of clients with quality of services received in public health care facilities and public service in general. This conclusion is in agreement with the study by Hong *et al.* (2013) which concluded that reduction of waiting time would lead to the overall satisfaction in outpatient clinics.
The need to strengthen governance and monitoring is confirmed by the study where it was found that there was lack of enforcement and understanding of *Batho Pele* Principles by employees and their supervisors.

# CHAPTER FOUR: RESEARCH DESIGN AND METHODOLOGY

## 4.1 INTRODUCTION

Chapter three of this study focussed on some relevant legislative framework and the main focus of chapter four is research design and research methodology. Mouton, (2001:55-56) describes a research design as a plan or blueprint of how one intends conducting the research whereas the research methodology was described as the research process and the kind of tools and procedures to be used. Therefore this chapter is about both the research design and methodology; it also outlines in details the research design which was descriptive and quantitative in nature. The study by Mokgoko, (2013) further argues that research methodology is concerned with the specific ways that one can use to try and understand the world better and the practice of coming to know how to study this practice.

## 4.2 RESEARCH METHODOLOGY

The present study is both quantitative and qualitative in nature. The rationale behind choosing the quantitative method was to enable the study to quantify the extent of waiting time by patients in public health care facilities. A research study "The roles of work-integrated learning in achieving critical cross-field outcomes in a hospitality management programme", Jacobs and Teise (2015) argues that quantitative research is about determining the relationship between dependent and independent variables. In this regard, the two variables were long queue and waiting time. The long queue was the independent variable and waiting time was the dependent variables. The quantitative research was chosen on the basis of its relevance in this study as "it emphasises the measurement and analysis of causal relationship between variables". According to Jelsma and Clow (2005), quantitative research would ask questions such as how much and how many. As such, this study used semi-structured questionnaire as data collection instrument. Samuelsen, Norgaard and Ostergaard (2012) describe quantitative studies' as research studies aimed at identifying common trends across population. Thus, after data collection and analysis this study identified the extent of waiting time experienced by patients in the public health care facilities. Lastly,

quantitative research allows the researcher take the results of the sample and generalise it to a targeted population. As such, the results of the sampled health care facilities was generalised to the targeted population of 99 health care facilities.

It was indicated above that the study is also qualitative in nature, the rationale behind was to explain why the waiting time is what it is. Jacobs and Teise (2015) argue that qualitative research allows the researcher to analyse unstructured information from respondents. In this study, respondents were asked some unstructured question regarding causes of waiting time, as such qualitative information was collected and analysed.

## 4.3 RESEARCH DESIGN

The research design used in this study was descriptive. The study by Woodbridge (2015) describes the purpose of descriptive research study as follows: Firstly, it observes, describes and document aspects of the situation as it naturally occurs. Secondly, it examines a phenomenon that is occurring at a specific place and time. Thirdly, it presents an opportunity to fuse both the quantitative and qualitative data and lastly it usually describes one or more characteristics of the population. The descriptive study achieves this by asking questions such as "what is happening on the ground at the moment?" It also asks what the causes of the situation on the ground were.

Following the above description, this study was able to capture observations, describe and document aspects of the situation as it occurred. This was done by allowing the managers of the health care facility to provide information. The research study examined and described the current status of the identified variables, long queues and waiting time from different public health care facilities. By means of the descriptive research design, this study was able to ask questions that addressed causes of the status on the ground. Special focus was on the causes of long queues and long waiting time. The aim and objectives of the study were addressed by means of the descriptive research design. Qualitative and quantitative data was fused because the data collection instrument was semi-structured; as such, it provided for such an opportunity. The descriptive research design was able to describe the characteristics of the population. Lastly, the descriptive research design described the effects of long waiting time by patients.

In the research study "Epidemiological research methods", Botha and Yach (1986) the descriptive research study was used to quantify the extent of a health problem in a population. In this research study, the descriptive study was used to measure the extent of waiting time in health care facilities. The descriptive study was also used to compare methods that were used by different health care facilities in dealing with long waiting time. The descriptive method was used to determine whether long queues by patients were current in the health care facilities.

## 4.4 TARGETED POPULATION

A research study by Adams (2009) describes the target population as a specific group of people whom the researcher wants to conduct a research study on. Following the description above, this study considered the managers of the health care facilities to be the population. As indicated in the introduction, the targeted population of the study was managers of public health care facilities within Capricorn District Area. This study was interested in investigating waiting time from management perspective. It is for that reason why managers are the targeted population. The population size of this study was 99 managers of public health care facilities. This is according to the Limpopo Public Health Professionals and Support Staff Census, (2013) conducted by Statistics South Africa.

## 4.5 SAMPLE SIZE

Section 4.4 focussed on the population and this section focussed on sample which was drawn from the population. In the case of this study, the sample was a group of public health care facilities. Within the health care facilities, managers were contacted from sampled public health care facilities for questionnaire administration purposes. A research study by Oche and Adamu (2013), on waiting time used a sample size of 100 from a population size less than 10000. With reference to the research article above, this study opted for a sample size of 10 managers of health care facilities from a population of 99 public clinics. This constituted about 10% of the population. The breakdown of the number of clinics per municipality was detailed in chapter one. The

ten clinics were sampled in the following manner: From Molemole municipality, 1 clinic was sampled, from Blouberg and Lepelle Nkumpi municipalities, 2 clinics were sampled from each municipality and 5 clinics were sampled from Polokwane municipality. Furthermore, the sample was made of 7 clinics from rural areas of the municipalities and 3 clinics from urban areas of the municipality.

## 4.6 SAMPLING METHOD

Section 4.5 dealt with sample size whereas this section focuses on the sampling method. Schnetler, Stoker, Dixon, Herbst and Geldenhuys (1989:117) defined sampling as the process by which the sample is drawn from the population. Capricorn District Municipality had four local municipalities when the study was conceptualised; therefore, each clinic in the sample represented a cluster of clinics within the local municipality. This sampling method is regarded as two-stage sampling method under probability sampling, according to Schnetler, *et.al* (1989). By using the probability sampling method, each element of the population had a positive probability of being part of the sample. Then from each clinic, a clinic manager was contacted for the purpose of administering the questionnaire. One clinic which was inspected by the Public Service Commission was part of the sample. The distribution of clinics in the sample was made to ensure representation of the population. In conclusion, about 7 clinics in the sample were those clinics that operate on 8 hours per day. The study assumed that these facilities were likely to be affected by long queues when staff members knock off as the facility closes for the day.

## 4.7 DATA COLLECTION

A research study titled "Qualitative Research: Data Collection, Analysis and Management", by Sutton and Austin (2015) describes data collection as the process that involves the generation of large amounts of data. Following the description above, a certain amount of data was collected. Data was collected from sampled public health care facilities from the 28th of September 2017 to the 2nd of October 2017. A questionnaire which was administered by managers of the sampled health care facilities was used. The questionnaire consisted of questions with cross boxes where the participants could cross or tick applicable response. Of the 19 questions that the

questionnaire had, 10 questions were related to waiting time and long queues. Appointments were telephonically setup with managers of the sampled health care facilities. The contact numbers of the respective health care facilities were sourced from the Department of Health in Capricorn District. The purpose of appointments was to secure their availability so that they can administer the questionnaire. During data collection, the researcher introduced himself to the manager of the respective health care facility. This was followed by reading and signing the consent form. Subsequent to that, the questionnaire was completed. The managers of all the sampled health care participated with great interest in the study. After the completion of the questionnaire, the managers' participation was appreciated. Any form of clarification was provided by the researcher as and when need arose. In conclusion, the response rate for data collection was 100%.

## 4.8 ETHICAL CONSIDERATIONS

Although the study did not require clinical information, ethical consideration and protocol were observed throughout. Special attention was given to permission, consent and confidentiality under ethical considerations. Akaranga and Makau (2016) refers to ethics as "ethos or way of life, social norms for conduct that distinguishes between acceptable and unacceptable behaviour". They went further to explain the reasons why ethical norms need to be maintained while conducting research. One reason that is in line with the research under study is that "research involves great efforts which require the cooperation and coordination among many people and researchers. It is therefore vital for the researchers and consumers to trust each other, respect the views of other scholars and treat them fairly and are accountable to their research endeavours".

An ethical clearance certificate was sought from the Research and Ethics Committee of the University of Limpopo, South Africa. The ethical clearance certificate was then used to seek permission to conduct the study from the Department of Health in Limpopo Province. After the approval by the Provincial Department of Health in Limpopo Province, the letter was submitted to District Department of Health as guided by the provincial department. The District Department of Health was also provided with

a list of sampled health care facilities in Capricorn District Area. The District Department of Health then provided contact details of the manager of each health care facility. There was no action of any kind by the researcher that could lead to the disruption of services during the study. This was indicated in the approval letter from the Provincial Department of Health. The approval letter was given to the researcher for introductory purposes during administration of the questionnaire.

It was indicated to the health care facility manager that participation in the study was voluntarily, as such they were not forced to participate; however, the importance of participating in the study was critical.

For the assurance of confidentiality, the names of the health care facilities and personal details of the health care facilities managers were not included in the questionnaire. Instead, each sampled clinic was allocated a unique number known only by the researcher. It was also emphasised that the information would not be given to any third party and the information was for research purposes only.

Part of the protocol and ethical consideration was to register the research proposal on the National Health Research Database and uploading the full proposal on their platform. This was done without fail.

## 4.9 CONCLUSION

In this chapter, the detailed research methodology and research design were outlined. Furthermore, the targeted population, sample size and sampling method were discussed. The chapter ended with ethical considerations. In the next chapter, Data Analysis, Findings and interpretation are presented. The next chapter will actually reveal what the situation is on the ground particularly when it comes to waiting time in public health care facilities.

# CHAPTER FIVE: DATA ANALYSIS, FINDINGS AND INTERPRETATION

## 5.1 INTRODUCTION

The previous chapter focused on research design and methodology. This chapter focuses on data analysis, findings and interpretation. It is in this chapter where data was converted into useful and meaningful information. This is where descriptive statistics, bar graphs and Microsoft tools were used to depict and compare the extent of waiting time in the health care facilities. Lastly, it is in this chapter where achievement of the aim and objectives of the research study became apparent.

This study undertook to determine the factors that cause extended waiting time in public health care facilities. This was guided by the following objectives:

- To describe the average waiting time for patients in public health care centres.
- To assess the arrangements in place for outpatients in public health care facilities.
- To recommend ways to reduce waiting period.

## 5.2 DATA ANALYSIS

According to Mouton (2001:108), data analysis involves the "breaking up" the data into maneageble themes, pattrens, trends and relationships. As such, this section "broke up" data into different themes, patterns, trends and relations as extracted from the responses of the data collection instrument.

In this study, collected data was broken into themes, patterns and relationships. As descriptive research design was used, relationship between variables was determined. All the themes, patterns and relationships were extracted from data collection instruments as outlined in Mouton (2001:108).

Before data analysis, all the responses of questions that relate to waiting time and long queues were coded. For instance, if a response to a question was yes or no, yes was coded as 1 and no was coded as 0. Then the responses were captured on Microsoft Excel version 2010. By coding and capturing data on Microsoft Excel, it made it simple

to apply descriptive statistics, which is applicable in quantitative research. Microsoft Excel version 2010 was used to describe the data set that was collected as outlined in chapter one and four respectively. The descriptive statistics were applied on the average waiting time by patients in the ten sampled health care facilities. Two bar graphs were used to represent waiting time and possible causes of long waiting time by patients in the health care facilities.

Figure 5.1 below represents waiting time in the ten sampled health care facilities for this study. The vertical axis of the graph represent waiting time and the horizontal axis represents health care facilities.

Figure 5.1 Representation of waiting time per health care facilities
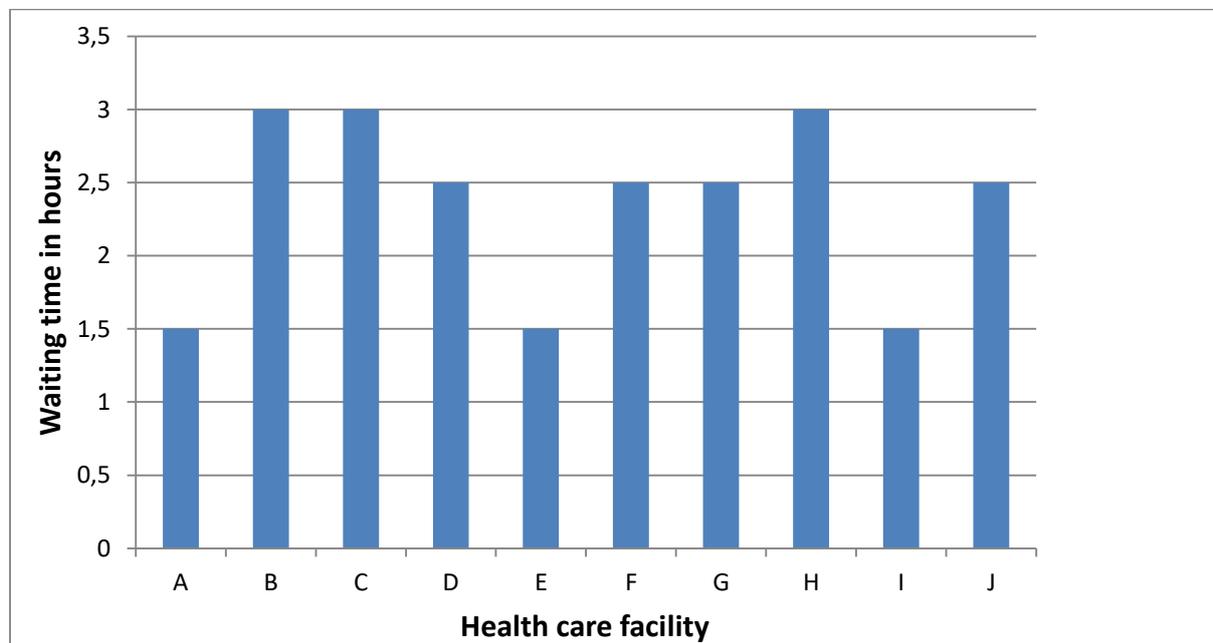


**Source: Responses from ten health care facilities**

Figure 5.1 above depicts the estimated waiting time by patients in the ten sampled public health care facilities. It is apparent that the longest waiting time in the health care facilities was 3 hours and above. The least waiting time in the health care facilities was 1½ hours. Four health care facilities indicated that the average waiting time was 2½ hours. Three health care facilities indicated 1½ hours as their average waiting time and three health care facilities indicated 3 hours was their estimated waiting time. Considering that each patient in the health care facility needs to be given sufficient time in the consulting room, the expected waiting time can be anything between 30 minutes and one hour.

The figure below is a graphical representation of the possible causes of waiting time. The vertical axis of the graph represents the number of managers that respondent to the different factors that contributed to long waiting time.

Figure 5.2     Representation of the possible causes of long waiting time
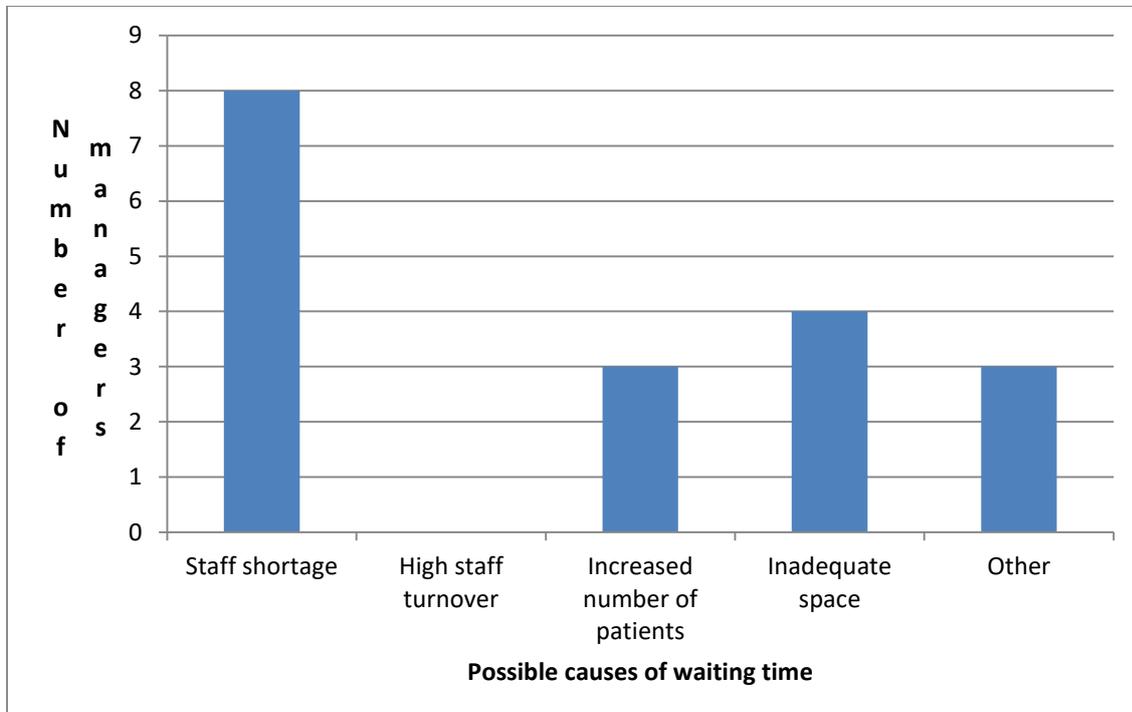


**Source: Responses from ten health care facilities**

Figure 5.2 above shows the five possible causes of long waiting time by patients versus the number of managers in the ten health care facilities. From Figure 5.2, shortage of staff, inadequate space, long queues and other factors were identified as the possible factors that contributed to the long waiting time. It can be seen that high staff turnover never contributed to long waiting time from the sample. The figure above indicates that 8 managers of health care facilities indicated shortage of staff was contributing to long waiting time. Four managers of health care facilities indicated inadequate space as contributing factor to long waiting time and three managers of health care facilities indicated increased number of patients as the contributing factor to long waiting time. A research study titled "Improving waiting Times and Patients Experience in a Medical Retina Clinic", AlKhani (2015), found that the high demand of services by patients contributed to long waiting time. This finding is in agreement with Figure 5.2, an increase in the number of patients' leads to an increase in the waiting time by patients.

There were other factors that contributed to long waiting time and they are discussed under Section 5.3 findings and interpretation.

## 5.3 FINDINGS AND INTERPRETATION

The descriptive statistics showed that mode was 2½ hours, median was 2½ hours, the mean was 2½ hours and the standard deviation was 0,626. De Villiers, Fick and Olivier (2003) describe the mode, median and standard deviation as follows: The mode refers to the most frequently occurring value from an ordered series of data. The median refers to the middle value of a data set after all the values have been ordered in sequence. In simple terms, the mean refers to average of the data set. Lastly, the standard deviation tells how far away the observed values are from the mean. Looking at the descriptive statistics above and estimated waiting time by patients from the ten sampled health care facilities, the following was found. Most health care facilities had indicated 2½ hours as the estimated waiting time. The middle value which is called the median was 2½ hours. The mean (average) waiting time of the data set was 2½ hours and the standard deviation was 0,626 in the ten health care facilities. This means the average waiting time is not far from the observed values from the data set. This standard deviation was seen to be close to zero. A standard deviation that is close to zero is more reliable than the high standard deviation.

This implies that from the sampled health care facilities, patients have to wait mostly for 2½ hours before they get any attention from a health professional. This is supported by the fact that some patients arrived at the health care facility much earlier when the facility starts at 07:30 AM. One of the reasons why some patients arrived much earlier was because they used public transport that they were not supposed to miss, otherwise they would not consult.

It was mentioned earlier that the expected waiting by patients was anything between 30 minutes and one hour, but Figure 5.2 shows one and half hours as the minimum waiting time. It is apparent from Figure 5.2 above that long waiting time was caused mostly by shortage of staff, followed by inadequate space and increased number of patients followed by other factors. It is also apparent that high staff turnover was never a contributing factor to long waiting time, although this contradicts the finding from the

study by Tshitangano (2013) in chapter two. Other factors that contributed to long waiting time were extended catchment areas, patients not honouring their appointments and emergency services.

Extended catchment area: In one of the health care facilities, doctors' availability and medication attracted patients from outside the catchment area of the health care facility. This contributed to long queues, resulting in long waiting time because the same health care facility indicated that there was shortage of staff. This means the ratio of patients is not proportional to staff.  In another health care facility, patients used public transport to visit a particular health care facility and the patients were from outside the catchment area of the facility. This contributed to an increased number of patients in the health care facility, which resulted in extended waiting time.

Emergency cases:  In another health care facility, the indication was that during emergency case(s), priority is given to the emergency case(s). Ultimately, waiting time for patients who were in the long queue would be extended further because there was shortage of staff to deal with all those patients at the same time.

Patients not honouring their appointments: In another health care facility, arrangements were made with patients to collect chronic medication on specific days. Those arrangements were aimed at curbing long queues and waiting time. However, some of the patients did not honour their appointments. When chronic patients failed to honour appointments it resulted in long queues and extended the waiting time during their subsequent visit. Health care facilities that operated on a 24-hour basis experienced long queues and long waiting time due to extended catchment area.  A research study titled "Improving waiting Times and Patients Experience in a Medical Retina Clinic", AlKhani (2015), initiated Outpatient Appointment Reminder System (OARS) to help in rescheduling the appointment which succeeded in decreasing the non-attending rate from 30.2% to 21.3%

In one health care facility, some patients wanted to be given preferences in the queue due to work commitment. This finding was in line with the study by Bezuidenhout *et al.* (2014). The majority of the respondents in their study were people that were regarded as economically active, patients who consulted the health care facility to

collect medication and then go to work. When such people spend most of their valuable working time queueing, it means economic activities are compromised.

In one of the health care facilities, the respondent indicated that "Most of the nurses are demotivated because of the working conditions in the facility. Most of the clinics that I know are managed by acting operational managers". The respondent also indicated that bad management such as favouritism were causes of some of the challenges in the health care facility, including long waiting time. This finding confirms what was in the study titled "Attitudes of nurses towards patient care at a rural district hospital in the Kwazulu-Natal Province of South Africa", by Haskins *et al.* (2014). Their study found that lack of management support to nursing staff as they experience traumatic stress, for instance when a patient dies in their care. Bad treatment of nursing staff by management result in nurses not attending their patients because the nursing staff are still emotional. According to their study, it is not practical for nurses to go and meet patients whilst crying after a bad treatment from management. Their study further indicated that some patients' dislike to the hospital is attributed to long hours of waiting and that is what the current study is investigating. Issues of attitudes of nurses to patients needs full time, experience and/or qualified managers, not acting operational managers.

Again, all the ten respondents indicated that patients often experienced long waiting time in the health care facilities. However, the waiting times were not the same as seen from Figure 5.1 above. The longest waiting time that was experienced was 3hours, whereas the shortest waiting time was 1½ hours. All the ten health care facilities had some interventions to deal with queue management. From all the ten health care facilities patients' often experienced increased number of patients according to responses in the questionnaire. This can be seen from the descriptive statistics above. It was also found that patients were given attention and treatment even when they visited the health care facilities just before they closed for the day. This was applicable to facilities that were operating on an 8-hour basis; it was encouraging, but it was contrary to what was found in the report from the Public Service Commission Report published in 2010.

It is also important to highlight that all the health care facilities knew about the standards as set by the National Department of Health. This was observed when they responded to the question that asked about the National Health Core Standards. Some of the respondents wanted to go to an extent of showing the hard copy of the publication to the researcher.

## 5.4 CONCLUSION

As part of the conclusion, it can be mentioned that factors that contributed to long waiting were successfully identified. However, during data analysis, one inconsistency was found from some of the health care facilities. The inconsistency was that all health care facilities indicated that they experienced an increased number of patients, but increased number of patients was not mentioned as one of the possible causes of long waiting time.

Based on the data analysis and findings, the most contributing factors to long waiting time were determined. Those factors are shortage of staff, inadequate space and increased number of patients. Inadequate space confirms one finding in the study title "Access to public healthcare in South Africa", Plaks and Butler (2012). In their study, they indicated that studies in the US show that "accommodation can be a significant barrier to access and administration problems at primary health care level can result in the utilisation by patients of hospitals and higher-order health facilities instead". In the study at hand, inadequate space speaks to accommodation, this is administration process takes place in health care facilities. Indeed this contributed to long waiting time according to one respondent.

This study can confirm that some of the patients preferred to consult at health care facilities that were outside their area of stay. This further confirms what was mentioned during the literature review. In this study, some patients preferred a particular health facility because they knew that they would get medical treatment from a doctor. Availability of medication was another reason why patients consulted a particular health care facility than the one from their area of residence. Ultimately, more patients with shortage of staff, resulting in long queues that in turn caused long waiting time in this particular facility.

In conclusion, services from health care facilities are meant to cater for the needs of the patients of a particular health care facility. It is the responsibility of the health care facility to satisfy the needs of its patients. But with the factors that were identified, it might be impossible to meet the demands and needs of the patients. This directly contradicts the Constitution of the Republic of South Africa of 1996. In particular, section 27(1) (a) of this 1996 Constitution states that, "Everyone has the right to access health care services including reproductive health care". This is a violation of the rights of the patients because the Constitution is the supreme law of the country.

# CHAPTER SIX: DISCUSSION OF THE STUDY

## 6.1 INTRODUCTION

The previous chapter dealt with data analysis, findings and interpretation. This chapter will briefly reflect on the research study as a whole. It focuses on limitations of the study. It also focuses on how the research objectives were addressed and how the research questions were answered. Last but not least, this chapter deals with recommendations and conclusion.

## 6.2 REFLECTION OF THE WHOLE STUDY

In the introduction of this research study, the consultation for medical attention was outlined. It was mentioned that the majority of the South African population consulted public health care facilities more than private for medical attention.

In the problem statement of this research study, one common challenge that patients faced was outlined. The common challenge was long waiting time before patients received any attention from some health care facilities. The problem statement also indicated that in some clinics, patients were turned back without receiving the services that they needed. This happened because nurses were not ready to assist them after hours. Some of the reasons that caused long waiting time were the shortage of staff, which led to long queues and overcrowding in clinics. This was the case because the available staff members could not manage the high number of patients in the clinics.

The conceptualisation of the study aimed at determining the factors that contributed to long waiting time in public health care facilities. The study was conducted in Capricorn District. Before the commencement of the study, ethical clearance certificate was sought from the Research and Ethics Committee of the University of Limpopo. The ethical clearance certificate was then used to seek permission to conduct the study from the Limpopo Department of Health. The approval letter from the Provincial Department of Health was then taken to the District Department of Health. It was only after this whole process that data collection could start. A semi-structured questionnaire was used to collect data that would be used to determine factors that contributed to long waiting time. This was done from ten sampled health care facilities;

the managers administered the questionnaire on their own. The clustered sampling method was applied.

Collected data was captured on Microsoft Excel version 2010 and analysed. Finding and interpretations were made. The quantitative method was used in this study. The relationship between two variables was determined. The variables were long queue and waiting time. It was found in this study that all the ten sampled health care facilities experienced long queues. Those long queues contributed to long waiting time. The average waiting time was 3 hours and above for three health care facilities and 2½ hours for four health care facilities. As such, conclusion can be drawn that the longer the queue, the longer the waiting time. The other contributing factor to long waiting time was shortage of staff. Where there is a long queue of patients with less staff members attending the patients, the waiting time will naturally be extended.

The study was able to quantify and describe the waiting time by means of the research design. Furthermore, the study was able to make some observation of how long was waiting time in some health care facilities, the subject of observation was a patient. This is in line with the purpose of a descriptive study by Woodbridge (2015), where it was argued that the descriptive study observes, describes and document aspects of the situation as it naturally occurs.  In this regard, an observation of 5½ hours of waiting was observed, although this was not done in one of the sampled health care facilities. By means of the research design, quantitative and qualitative data was fused. This was provided for by the use of a semi-structured questionnaire. The questionnaire allowed respondents to provide any other information that was relevant to the study but was not included in the questionnaire.

## 6.3 LIMITATION OF THE STUDY

It was mentioned early in the study that there is no standard waiting time that was clearly outlined either by managers or policy makers.  From the reviewed literature, none of the research studies could state what the standard waiting time is. From the National Health Core Standards, no standard waiting time was indicated. As such it becomes very difficult to come up with a convincing conclusion.

This was confirmed by an original research paper by Sanmartin and the Steering Committee, (2002) of the Western Canada Waiting List Project. Their study was

conducted after the realisation that access to health care services had become a primary concern for most of the Canadians at that time. They defined waiting time in both within Canada and internationally, using various definitions. The study shows three distinct waiting times: waits to see the specialist, waits to receive hospital-based services and total waiting time. This study focused on the waits for receivimg health care facility based services. Despite these various times that were defined, the standard waiting time could not be put in place.

Perhaps this is where the scientific management style can come handy in determining the standard waiting time.

## 6.4 WERE THE RESEARCH OBJECTIVES ADDRESSED

The study was guided by the following objectives
- To describe the average waiting time for patients in public health care centres.
- To assess the arrangements in place for outpatients in public health care facilities.
- To recommend ways to reduce waiting period.

The first objective was addressed by the research design and some of the questions in the questionnaire. The research design was descriptive and the questionnaire allowed the respondents to describe the average waiting time in their respective health care facilities. The respondents described the waiting time by choosing the average waited time from the options that were given in the questionnaire. During data analysis it was found that the average waiting time was 2½ hours before the patients are seen by a nurse.

The second objective was addressed by the research design and the questionnaire also. The questionnaire allowed the respondent to describe any arrangement that was in place for outpatients in public health care facilities. For instance, the question asked whether there were interventions in place to deal with queue management. It also asked as to how the health care facilities dealt with patients that consulted almost at the knock off time. The response to patients that consulted during the knock off time was that they get attended. Of course this question was applicable to facilities that operated on 8 hours basis. Respondent also indicated that there were arrangements

in place for outpatients in different health care facilities. For instance, patients who had to consult again later in the day or the following day were given a priority on the queue.

The third objective was addressed by the responses from respondents. They indicated that if adequate staff can be recruited and appointed, increased number of patients could be managed and therefore reduce the waiting time.

## 6.5 WERE THE RESEARCH QUESTIONS ADDRESSED

The study had the following two research questions:

- What is the average waiting time for patients in public health care facilities?
- Are there arrangements in place for outpatients in public health care facilities?

The study was able to determine the average waiting time for patients in public health care centres, this answered the first research question. As indicated in the findings, the average waiting time is 2½ hours. This was long as compared to the expected waiting time of between thirty minutes and one hour.

The study was also able to assess the arrangements in place for outpatients in public health care facilities. It was found that there were arrangements in place for outpatients in public health care facilities. For instance, appointments were made for patients on chronic medication. Fast queue was used for family planning patients. Other methods were used in order to ensure that outpatients were attended to as fast as possible. Never the less, long waiting time still persisted despite the arrangements and interventions in place. The main contributing factor to long waiting time was the shortage of staff.

## 6.6 RECOMMENDATIONS

This study came up with some recommendations based on the key findings of the study. The key findings and their recommendations are outlined below.

Shortage of staff: It is recommended that an adequate number of health professionals be recruited and appointed in the public health sector. The health care facilities may have all medication and sufficient space, but if there is shortage of staff, long queues and long waiting time will not be resolved. Another recommendation to this finding is

that a much broader research study be conducted. The study will assess the ratio of health professionals against patients. The outcome of the study could be used for optimal distribution of resources. There is a standard ratio of nurses to population as set and recommended by the World Health Organization and South Africa is an affiliate of this international body.

Long queue: This finding is linked to the shortage of staff. The long queues in the health care facilities exist because there are insufficient staff members to attend the large number of patients. As such, if adequate number of health professionals are recruited and appointed, the long queues will be resolved. If there is adequate staff, close monitoring of staff by management of the health care facilities need to be conducted. Monitoring will deal with attitude of staff in the health care facilities in doing their job.

Long waiting time: It was highlighted that waiting time was caused by shortage of staff, resulting in long queues, whereby long queues caused long waiting time. It is therefore recommended that adequate staff members are recruited and appointed to all health care facilities. It was also highlighted in the limitation of the study that there are no standards in place for waiting time by patients in the health care facilities. It is therefore recommended that a scientific study is conducted for that purpose. A research study "Use of simulation to solve outpatient clinic problems: A review of the literature", Hong *et al.* (2013) indicate that mathematical modelling can be used to improve on the waiting time and achieve optimisation of problems in the outpatient clinics. The mathematical modelling is part of the scientific management style that was criticised during the evolution of public administration. Other than scientific study, a clear policy should be formulated to set standards for waiting time. In the short term, borrowing the management method used by private health care facilities would be appropriate.

Inadequate space: Some of the health care facilities indicated that they did not have sufficient space. This includes consulting rooms and administration space. It is recommended that the Department of Health perform some audit in that regard so that an improvement on infrastructure of the health care facilities is made. In one of the health care facilities, the issue of space was observed by the researcher during data collection. It was even difficult to share the space in the passage of the facility.

Other findings: Under some other causes of long waiting time, there was extended catchment area of some health care facilities. It was highlighted that this was caused by availability of doctors and medication. It is recommended that adequate and consistent supply of the required medication is done in all health care facilities. The consistent supply can only happen if the management of all the health care facilities is hands-on in monitoring their stock of medication.

Patients not honouring their appointments: It was highlighted that health care facilities are doing everything they can to deal with long queues and long waiting time. One of the interventions in place was to have appointments for patients on chronic medication on specific days. However, there were some patients in some facilities who did not honour their appointments. In this case it is recommended that the patients are trained about the importance of adhering to the agreements. Some of the patients might not adhere to the arrangement due to lack of knowledge and understanding, which is the reason training of patients becomes critical.

Emergency cases: Although emergency cases do not happen on a frequent basis, it is recommended that adequate staff be recruited and appointed. This will assist in the sense that all the cases in the health care facilities will be attended to concurrently. As a final recommendation, management issues such as nurses' attitude cited in by some research study should be resolved by managers of the health care facilities. Strengthening of governance and monitoring of service delivery in the public service can change things for the better. It is also recommended that a wide research study be undertaken to investigate the shortage and allocation of staff in South Africa.

## 6.7 CONCLUSION

The study was able to determine the factors that contributed to long waiting time in public health care facilities. The study found that shortage of staff was the main factor behind the extended waiting time.  The longer the patients stayed in the queue, the more they felt dissatisfied with the kind of services they needed.

As indicated in the introduction of this study, some patients would opt to travel to other health care facilities where waiting time is not long. The study also found that management of different health care facilities was doing all they could with what they have to reduce waiting time. Other government departments like Home Affairs and South African Revenue Service has systems that deal with queue management. In the health care facilities, even if the queue management system can be adopted, as long as there is shortage of staff, the system cannot resolve the long waiting time. As such, no matter how hard the available staff can work, if the number of staff is not proportional to the number of patients, long waiting time will never be resolved. Finally delivery of health care services will remain a problem. Lastly, it is probably essential that a wide research study at another level be conducted to determine the shortage and allocation of nursing staff in South Africa.

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# APPENDIX A

**SURVEY QUESTIONNAIRE FOR CLINIC MANAGERS**

**TOPIC: AN INVESTIGATION INTO WAITING TIME IN PUBLIC CLINICS**

This survey questionnaire was designed by Gilbert Skhukhuza Mabunda. It is for a Master's Programme in Public Administration at Turfloop Graduate School of Law and Management. The purpose of the study is to investigate the waiting time by patients in public clinics. The information and responses will be treated as confidential and it will only be used for the purpose of the study and nothing else. Participating health care facilities are provided with a unique number for confidentiality purposes.

**WRITE/TICK IN AN APPROPRIATE BOX PROVIDE IN ALL THE QUESTIONS**

1. How long have you been managing this health care facility? **Number of years** ☐

2. How many years of experience do you have as a manager? **Number of years** ☐

3. Do you have undergraduate qualifications? **YES** ☐ **NO** ☐

4. Do you have postgraduate qualifications? **YES** ☐ **NO** ☐

5. Does the health care facility open on a 24hours or 8 hours operation a day?
   **24 HOURS** ☐ **8 HOURS** ☐

6. Does the health care facility experience long queues? **YES** ☐ **NO** ☐

7. Are there interventions in place to deal with queue management?
   **YES** ☐ **NO** ☐

8. Is it often a case that patients experience long waiting time in this health care facility? **YES** ☐ **NO** ☐

9. In your experience, what is the average waiting time by patients in this health care facility before they could receive medical attention?

| | |
|---|---|
| **½ an hour** | |
| **1 hour** | |
| **1½ hrs** | |
| **2½ hours** | |
| **3 hours and above** | |
| **Do not know** | |

10. Which method does the health care facility use to reduce waiting time?

| |
|---|
| |

**11.** What are the possible causes of long waiting time: *you may tick more than one option*

| Shortage of staff | High staff turnover | Long queue | Inadequate space | Other, specify |
|---|---|---|---|---|
| | | | | |

12. Do you have any knowledge about the six fast track areas (e.g. values and attitudes of staff, cleanliness etc.) in the National Core Standards that managers are expected to comply with?     **YES**     **NO**

13. Do you have a publication titled "National Core Standards for Health Establishment in South Africa 2011" from the National Department of Health in South Africa?
**YES**     **NO**

14. When patient(s) visit this health care facility just before the facility closes for the day, how do you deal with such a situation?

| |
|---|
| |

15. If patient has to return the following day, will they be given first priority subsequently?     **YES**     **NO**

16. Are you aware of the lean management method which seeks to reduce waiting time?

17. Would     **YES**     **NO**     you like to mention any other information that was not asked in the   questionnaire but relevant to the investigation?

18. Name of the local municipality under which the health care facility is located

| Aganang | | Blouberg | | Lepelle-Nkumpi | | Molemole | | Polokwane | |
|----------|--|----------|--|----------------|--|----------|--|-----------|--|

19. Is the health care facility in Rural or Urban area?

| RURAL | | URBAN | |
|-------|--|-------|--|

20. **DO NOT ANSWER THIS ONE**. Unique number of the facility.

**END OF THE SURVEY QUESTIONNAIRE**
**THANK YOU FOR YOUR TIME AND CONTRIBUTION**

# APPENDIX B

## CONSET FORM FOR CLINIC MANAGERS

### AN INVESTIGATION INTO WAITING TIME IN PUBLIC HEALTHCARE FACILITIES IN CAPRICORN DISTRICT

I am Mabunda GS, student number 8801009 from Turfloop Graduate School of Leadership. I registered for Masters Programme with the above mentioned institution in Public Administration (MPA). As part of the programme (MPA), I have to conduct a research study. Therefore, my proposal has a title as stipulated above.

You are hereby requested to take few minutes of your valuable time to complete the questionnaire provided. You are further encouraged to provide accurate answers for all the questions because the answers will contribute to the reliability and validity of the research study. Above all, the research study will benefit the Department of Health and the patients that visit clinics within Capricorn District.

## CONSENT

- The aim and objectives of the proposed research study were clearly enlightened to me and the opportunity to ask questions and clarification was provided.
- I hereby give my consent to participate in this research project.
- I was not coerced to participate in the research project; as such I am freely participating in the study.
- Any question that I feel uncomfortable to answer, I will not answer because this is a voluntary participation

_____                    _____

**Signature of participant**                                    **Date**

**THE RESEARCHER**

- Any further clarification will be provided verbally during the administration of the questionnaire
- I will adhere to the protocol of as provided by the Department of Health

_____                    _____

Signature of the researcher                                    Date

# APPENDIX C

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

## TURFLOOP RESEARCH ETHICS
## COMMITTEE CLEARANCE CERTIFICATE

MEETING:                04 July 2017

PROJECT NUMBER:         TREC/105/2017: PG

PROJECT:

Title:          An investigation into waiting time by patients in public healthcare
                facilities in Capricorn District Area
Researcher:     Mr GS Mabunda
Supervisor:     Prof KG Phago
Co-Supervisor:  N/A
School:         Turfloop Graduate School of Leadership
Degree:         Masters in Public Administration

PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics
Council, Registration Number: REC-0310111-031

Note:
i)      Should any departure be contemplated from the research procedure as approved, the
        researcher(s) must re-submit the protocol to the committee.
ii)     The budget for the research will be considered separately from the protocol.
        PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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# APPENDIX D

**LETTER SEEKING PERMISION TO CONDUCT A RESEARCH PROJECT**

P.O Box 1777
GIYANI
0826
26 June 2017

The Department of Health
Capricorn District
Hans Van Rensburg Street
Polokwane
0699

Dear Sir/Madam

## APPLICATION TO CONDUCT A RESEARCH PROJECT IN SOME CLINICS WITHIN CAPRICORN DISTRICT.

I Mabunda GS, student number 8801009 at Turloop Graduate School of Leadership hereby request permission to conduct a research project in some sampled clinics within Capricorn District. I will need to administer a questionnaire with managers of sampled clinics within Capricorn District. Therefore, I need permission in order to gain access to the clinics and administer such a questionnaire.

Attached herewith is my l approved proposal, with its title, aim and objectives as well as ethical clearance certificate. It is in my opinion that the research project will be beneficiary to the Department of Health and me as a student. However, the most beneficiary will be the clients within the district.

Your fast-tracked processing of my request will make it possible for me to proceed with my study because the university need consent from the Department of Health.

I undertake to use very little of the managers time and will only use the information for research purposes.

Yours faithfully

Mabunda Gilbert Skhukhuza

_____

# APPENDIX E

## DEPARTMENT OF HEALTH

Enquiries: Stols M.L (015 293 6169)                                     Ref:4/2/2

**Mabunda GS**
**P.O. Box 1777**
**Giyani**
**0826**

Greetings,

**RE:**     **An Investigation into Waiting Time by Patients in Public Health Care facilities in Capricorn District**

The above matter refers.
1.   Permission to conduct the above mentioned study is hereby granted.

2.   Kindly be informed that:-

- Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.

- Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.

- In the course of your study there should be no action that disrupts the services.

- After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.

- The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

- The above approval is valid for a 3 year period.

- If the proposal has been amended, a new approval should be sought from the Department of Health.

- Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.
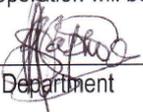
_____                          12/09/2017
Head of Department                                    Date
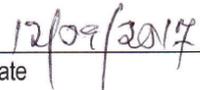
18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

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# APPENDIX F

P.O Box 1777
GIYANI
0826
18 September 2017

The Department of Health
Capricorn District
Hans Van Rensburg Street
Polokwane
0699

Dear Sir/Madam

**APPLICATION TO CONDUCT A RESEARCH PROJECT IN SOME CLINICS WITHIN CAPRICORN DISTRICT.**

I Mabunda GS, of ID number 6805255570083 and student number 8801009 at Turloop Graduate School of Leadership hereby request permission to conduct a research project in some sampled clinics within Capricorn District. I will need to administer a questionnaire with managers of sampled clinics within Capricorn District. The sampled clinics are:

1. Seshego Zone 4 Clininic
2. Sebayeng Clinic
3. Rethabile Clinic
4. Moletjie Clinic
5. Lebowakgomo Clinic
6. Moletlane Clinic
7. Blouberg Clinic
8. Dendron Clinic
9. Maraba Clinic
10. Matoks Clinic

Accompanying this request is a letter from the Provincial Department of Health in Limpopo Province.

Your fast-tracked processing of my request will make it possible for me to proceed with my study which will contribute in further development within the department, the province and country at large.

I undertake to use very little of the managers time and will only use the information for research purposes.

Yours faithfully

Mabunda Gilbert Skhukhuza

083 494 3065

gilbert@statssa.gov.za

# APPENDIX G

**LIMPOPO**
**PROVINCIAL GOVERNMENT**
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH**
**CAPRICORN DISTRICT**

| | |
|---|---|
| Enq | : Mashao M.E |
| Tel | : 015 290 9025 |
| From | : Primary Health Care |
| Date | : 26 September 2017 |
| To | : Mabunda G.S.<br>University of Limpopo<br>Turfloop |

Subject : **Research into waiting time by patients in Primary Health Care Facilities in Capricorn District.**

The above matter refers

1. Permission to conduct the above mentioned research is hereby granted.

2. Kindly be informed that :
   - In the course of your consultation there should be no action that disrupts the services.
   - After completion of the research, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Acting Director PHC

26/09/2010
Date

# APPENDIX H



**University of Limpopo**
School of Languages and Communication Studies
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3069, Fax: (015) 268 2868, Email:Lukas.Mkuti@ul.ac.za

To        :      Prof K.G. Phago

From     :      Dr L.D. Mkuti
                     Department of Languages

Date     :      **30 October 2017**

Subject   :      **EDITING LETTER FOR Mr G.S. MABUNDA (8801009)**

This letter serves as proof that I edited the dissertation of Mr G. S. Mabunda entitled *"AN IVESTIGATION INTO WAITING TIME IN PUBLIC HEALTH CARE FACILITIES IN THE CAPRICORN DISTRICT AREA".*

Kind regards
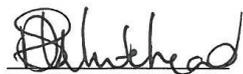
**for DR L.D. MKUTI**
**DEPARTMENT OF LANGUAGES, ENGLISH STUDIES UNIT**

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