

**FACTORS INFLUENCING CUSTOMERS' SATISFACTION WITH HEALTH-CARE
SERVICES: A CASE OF PRIVATE MEDICAL PRACTICES IN THULAMELA
LOCAL MUNICIPALITY**

by

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Mini dissertation submitted in partial fulfilment of the degree

MASTER OF BUSINESS ADMINISTRATION

in the

FACULTY OF MANAGEMENT AND LAW

(Turfloop Graduate School of Leadership)

at the

UNIVERSITY OF LIMPOPO

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2023

DECLARATION

I declare that the dissertation hereby submitted to the University of Limpopo, for the degree of Master of Business Administration has not previously been submitted by me for a degree at this or any university; that it is my work in design and execution, and that all material contained herein has been duly acknowledged.

.....

Signature

.....

Date

DEDICATION

This work is dedicated to my father, Tshiphiri Samuel Ramalata, my late mother, Fhatuwani Esther Ramalata, and my late uncle, Tuwani Justice Nekhavhambe.

ACKNOWLEDGMENTS

This dissertation would not have been in its format without the efforts of everyone who generously invested their time and energy in its preparation. I, particularly, would like to thank the following individuals:

Firstly, to God for the gift of academic flair.

Professor Maupi Letsoalo (Centre for Academic Excellence, UL) for caring me through the process of conducting research and for all of his time he dedicated to my development.

My family. In particular to my wife Carol Makhadzi Maboholo and our children for their support, encouragement, and compromise

The MBA teaching staff, at the Turfloop Graduate School of Leadership (TGSL), for encouragement. Particularly, a word of "Thank you" to my study supervisor, Professor J Musandiwa, for his patience and guidance.

The doctors who allowed me to interact with their patients, and for their acceptance to participate in the study.

TABLE OF CONTENTS

DECLARATION.....	ii
DEDICATION	iii
ACKNOWLEDGMENTS.....	iv
TABLE OF CONTENTS	v
ABSTRACT	vii
LIST OF TABLES.....	viii
Chapter 1	Error! Bookmark not defined.
INTRODUCTION AND BACKGROUND.....	Error! Bookmark not defined.
1.1 Introduction	Error! Bookmark not defined.
1.2 Problem Statement	Error! Bookmark not defined.
1.3 Aim, Objectives and Researcher Questions...	Error! Bookmark not defined.
1.3.1 Aim of the Study	Error! Bookmark not defined.
1.3.2 Research Objectives.....	Error! Bookmark not defined.
1.3.3 Research Question	Error! Bookmark not defined.
1.4 Significance of the Study.....	Error! Bookmark not defined.
1.5 Definition of Concepts.....	Error! Bookmark not defined.
1.6 Outline of the Study	Error! Bookmark not defined.
Chapter 2	Error! Bookmark not defined.
LITERATURE REVIEW.....	Error! Bookmark not defined.
2.1 Introduction	Error! Bookmark not defined.
2.2 Concept of Service.....	Error! Bookmark not defined.
2.3 Service Quality.....	Error! Bookmark not defined.
2.4 Service Quality Dimensions	Error! Bookmark not defined.
2.4.1 Tangible.....	Error! Bookmark not defined.
2.4.2 Reliability	Error! Bookmark not defined.
2.4.3 Responsiveness	Error! Bookmark not defined.
2.4.4 Assurance.....	Error! Bookmark not defined.
2.4.5 Empathy.....	Error! Bookmark not defined.
2.5 Factors that Influence Patient Satisfaction with Healthcare Services.....	Error! Bookmark not defined.
2.5.1 Practice-Related Factors	Error! Bookmark not defined.
2.5.2 Staff and Doctor-Patient Relationship.....	Error! Bookmark not defined.
2.6 Receptionist Competency	Error! Bookmark not defined.
2.7 Technical Care/Doctor Competency	16
2.8 Continuity of Care	17

2.9 Physical Environment.....	18
2.10 Accessibility	18
2.11 Location, Operation Time and Waiting Time	18
2.12 Price and Affordability	19
2.13 Customer Related Factors	19
2.14 Patient/Customer Satisfaction.....	20
2.15 Customer Perception	22
2.16 The South Africa Health Care Environment	23
2.17 Conclusion	24
CHAPTER 3	25
RESEARCH METHODOLOGY	25
3.1 Introduction	25
3.2 Research Design	25
3.3 Study Area	26
3.4 Population.....	27
3.5 Sampling and Sample Size	27
3.5.1 Sampling Method.....	27
3.5.2 Sample Size.....	27
3.5.3 Inclusion Criteria.....	28
3.5.4 Exclusion Criteria.....	28
3.6 Data Collection.....	29
3.7 Data Analysis	29
3.8 Ethical Considerations.....	30
3.8.1 Permission and Ethical Clearance for Conducting the Study.....	30
3.8.2 Informed Consent	30
3.8.3 Confidentiality and Right to Privacy	31
3.8.4 Protection from Harm.....	31
3.8.5 Honesty with Professional Colleagues.....	31
3.9 Conclusion	31
CHAPTER 4	33
RESULTS AND INTERPRETATION	33
4.1 Introduction	33
4.2 Biography of respondents	33
4.3 Factors influencing the practice environment.....	36
4.3.1 Reliability test.....	33
4.3.2 Practice area.....	33

4.3.3 Reception area	Error! Bookmark not defined.
4.3.4 Doctor's area	Error! Bookmark not defined.
4.3.5 General Satisfaction	4Error! Bookmark not defined.
4.4 Relationship between patients attitude and satisfaction	Error! Bookmark not defined.
4.2.1 Practice area and satisfaction.....	48
4.3.2 Reception area and satisfaction.....	49
4.3.3 Doctor's area and satisfaction.....	49
4.5 Patients suggestions.....	Error! Bookmark not defined.
4.6 Conclusion	Error! Bookmark not defined.
CHAPTER 5	52
SUMMARY CONCLUSION AND RECOMMENDATIONS	52
5.1 Introduction	52
5.2 Summary of Key Results.....	52
5.2.1 Demographical Information of the Participants	52
5.2.2 Medical Practice Surrounding	523
5.2.3 Receptionist Area	533
5.2.4 Doctors Area	54
5.2.4 Patient Satisfaction	54
5.2.5 Relationship between patient attitude and satisfaction	56
5.3 Conclusion of research findings	56
5.3.1 What Factors Influence Customers' Satisfaction in Private Medical Practices in Thulamela Local Municipality?	566
5.3.2 What is Suggested as Better Health Care Customer Care	58
5.4 Recommendations	58
5.5 Limitations.....	59
5.6 Further Study	59
5.7 Conclusion of the Chapter.....	59
REFERENCES LIST	75
APPENDIXES	75
Appendix A: Consent Form	75
Appendix B: Survey Questionnaire	76
Appendix C: Editor's Confirmation Letter	96
Appendix D: Ethical approval	97

ABSTRACT

Health care services are vital to the nation, and the improved quality of care is the foundation of every progressive country. In particular, the private health care industry in South Africa has become more competitive, making customers to have a wide range of selection of providers to choose from when seeking for medical health services. It is thus important that private medical care service providers be more responsive to their patients' needs and preferences for creating satisfied loyal customers. The purpose of this article is to understand factors that affect quality service delivery and customer perceptions in the private medical sector and thereby propose strategic intervention that private medical practitioners can adopt to improve services level provision for customers' satisfaction. The research study focuses on determining factors that influence customers' satisfaction with private healthcare services in the Thulamela Local Municipality, Limpopo, South Africa; and also, to investigate the relationship between patient attributes and the factors that influence customer satisfaction. Analysis of the quality health care services from the patients' viewpoint has beneficial implications for private health care services sector.

In the study conducted, a philosophical approach adopted was positivism perspective in line with the quantitative method. The target population included all patients visiting the private health care service providers in the Thulamela district municipality of Limpopo, South Africa. A total of 242 customers (patients) were selected using a convenience sampling method. A self-administered questionnaire was used to collect data and the analytical tools included the descriptive analysis method. The study concludes that quality service and customer satisfaction are influenced by various determining primary factors including medical practice surrounding, receptionist's conduct and medical doctor competencies. Further, the private medical practitioners operating in the rural areas in particular need to take cognisance of those factors that affect customer satisfaction in order to effect required changes for customer service improvement and satisfaction.

LIST OF TABLES

Table 4.1: Visit to the medical practice

Table 4.2: Customers' Gender

Table 4.3: Period as a Customer to the Practice

Table 4.4: Customers' Ages

Table 4.5: Highest Education Level

Table 4.6: Distribution of Customers according to Occupation

Table 4.7: Medical Aid

Table 4.8: Employer Categories

Table 4.9 Patients response regarding the medical practicing area (n=242)

Table 4.10 Patients attitude towards the reception area (n=242)

Table 4.11 Patients attitude towards the medical doctor's area (n=242)

Table 4.12 Patients overall satisfaction with the medical practice (n=242)

Table 4.13 the correlation between medical practice area and satisfaction

Table 4.14 the correlation between reception area and satisfaction

Table 4.15 the correlation between doctor's area and satisfaction

CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

Consumer satisfaction is becoming increasingly important in the evaluation and shaping of healthcare systems. Particularly, quality measurement is fundamental to the systematic improvement of the healthcare system, and one of the most commonly measured patient attitudes is satisfaction with medical care (Burger & Christian, 2020). Research in this area has grown significantly in the last decade. At the moment, doctors are divided on the role satisfaction should play in determining care quality (Basu, Andrews, Kishore, Panjabi and Stuckler, 2012). Nonetheless, several researchers and policymakers believe it plays an important role (Bellio & Buccoliero, 2021).

Health entails more than the absence of sickness. It is a state of being that enables a person to live a full and happy life. In South Africa, the provision of health care is the responsibility of the government. The government provides both primary and secondary health care through clinics and health centres, as well as district and provincial hospitals.

The private health sector provides more than 50% of all health care in sub-Saharan Africa and more than 80% in Asia outside China (Basu, et al., 2012). The importance of private sector is increasingly appreciated by the health ministries of low and middle-income countries as well as by donors, global health initiatives and researchers. Many private health providers in developing countries operate as independent for-profit provider (Basu, et al., 2012).

Private health industry closes the gap that is left by public health sector to meet some of the widely accepted social responsibilities. While it is the role of the government to provide quality health care to all its citizens, however in South Africa like in many other developing countries, the state is failing to meet its social and health responsibilities. In South Africa, majority of health facilities are in urban area, and the poor rural

communities are forced to choose between two options: locally available private health care provider or doing without health care services altogether. Private health care provider always fills the gap where there is health care market failure and government failure. International and local organisation committed to providing health services to the poor have been using private sector methods and leveraging existing private sector providers in developing countries for nearly 50 years (Montagu, Goodman, Berman, Penn and Visconti, 2016). Thus, the private sector is an inextricable component of the health system in South Africa, and it has an integral role to play in increasing access to health care services.

The limited human resources available to government's necessitate a strategy of a greater involvement with the private sector. An increase in government services, when and if it comes, will not be sufficient to increase diagnosis and entry into treatment to reach the rates set by the millennium development goals (Booyesen & Gordon, 2020). Health franchising which brings the private health care provider to partner with governments is very necessary in sub-Saharan Africa to expand the access to basic health care services.

The issue of access to health care is especially serious in rural municipalities in South Africa. According to SAHR (2011), 15% of impoverished rural households live more than an hour away from the nearest clinic, while 20% live more than an hour away from the nearest hospital.

With the expansion of private health care facilities, particularly in the Thulamela local municipality and adjacent municipalities, it is critical to analyze the quality of services provided by these facilities. It is very crucial to assess the quality of services provided by private medical practices in Thulamela Local Municipality, if these institutions are compromising quality, it necessitates a re-evaluation of policy measures to redefine their role, growth, and coverage, as well as the pursuit of appropriate interventions to ensure that these institutions are more quality-focused and better able to meet the needs of their patients.

1.2 Problem Statement

The spectrum of service delivery in the Primary Health Care business has seen significant changes during the last decade. Healthcare providers should acknowledge factors which include customer expectations for better service, technological advancements, and easier access to health-related information for competitive and improved quality service (Sahoo & Ghosh, 2016). Customers and service providers are among the stakeholders who find it challenging to evaluate the technical skills of healthcare services. These aspects include how the practitioner execute their daily operations. On the other hand, it is relatively easier to evaluate the physical aspects of the service. These may include the facilities, buildings, equipment and so on.

According to Pong et al. (2010), a new customer-focused healthcare service structure has emerged. It places a higher emphasis on the design of healthcare facility units' atmospheres. To improve Primary Health Care services, facilities need to track their health results, including successes and failures. According to Adhikary et al. (2018), there are not enough indicators to accurately reflect South Africa's healthcare quality. In the lack of quality indicators for private medical practices, customer satisfaction analysis is critical, as it frequently aids in assessing the quality of healthcare and the efficiency of the healthcare system. Client satisfaction reflects empowerment, commitment to treatment, and adherence to prescribed management, all of which contribute to improved health outcomes (Adhikary et al., 2018). Customer satisfaction also aids in the improvement of service delivery and the prioritisation of needs for capacity expansion and resource deployment (Adhikary et al., 2018). Understanding customers' demands and complaints and how the service provider addresses or resolve customers' challenges has become critical to the success of private medical providers. The challenges include no doctor syndrome, no medications, excessive wait-times, poor management of patient concerns, and insufficient medical attention. Meanwhile, Patient Satisfaction is significant to practitioners in the private sector due to its importance in patient retention and loyalty, hence its long-term impact on business profitability and growth.

As past studies have demonstrated, long wait-times, frequent shortages of medicines and poor attitudes among Primary Health Care service providers towards customers

all contributed to poor service quality and, as a result, patient dissatisfaction with primary care (Essiam, 2013). South Africa's health-care system is challenging and complex. A lack of critical resources, such as X-rays, oxygen, vital sign monitors, and trained staff, are a few of the current healthcare system's challenges (Maphumulo & Bhengu, 2019). There is paucity of literature that discusses the healthcare challenges in Limpopo Province's Thulamela Local Municipality. Hence the impetus of this study. Private Medical Practices in the Thulamela Local Municipality appear to be facing consumer discontent with services. Some customers commute significant distances for better Health Care services, while other facilities are experiencing being overburdened by customers. As a result, this study investigates factors influencing Customer Satisfaction in private Medical Practices in the Thulamela Local Municipality.

1.3 Aim, Objectives and Researcher Questions

1.3.1 Study Aim

This investigative study was aimed at investigating factors influencing customers' satisfaction with private healthcare services in the Thulamela Local Municipality.

1.3.2 Research Objectives

- To explore factors influencing customers' satisfaction with private healthcare services in the Thulamela Local Municipality.
- To investigate the relationship between patient attitude and the factors influencing Customer Satisfaction.

1.3.3 Research Question

- What factors influence customers' satisfaction with private healthcare services in the Thulamela Local Municipality?
- What is the relationship between customers attitude and the influential factors of Customer Satisfaction?

1.4 Significance of the Study

In today's competitive market, a medical service provider should take considerable care in understanding and satisfying consumers' needs and demands. Peer and

Mpinganjira (2012) have noted that Customer Satisfaction drives and determines the (long-term) performance of a Medical Practice. As Mahamad and Ramayah (2010) pointed out, “customer satisfaction and service quality are (highly) correlated conceptions”. In particular, the researchers have indicated that satisfaction is significantly dependent on service quality.

Service quality can be described as providing ideal service or meeting customer expectations broadly (Mahamad & Ramayah, 2010). Peer and Mpinganjira (2012), on the other hand, defined quality of service as the customer's overall perception or evaluation of an organization's weak performance or competence in its services. To satisfy customers' service quality standards, businesses must have a system to identify and meet their customers' exact service requirements (Alhashem, et al., 2011).

The private medical industry has become more competitive (Peer & Mpinganjira, 2012). Hence, customers have a wide selection of providers when seeking medical services. As a result, a provider's inability to deliver appropriate quality of service and customer unhappiness are more likely to result in crucial consumer behaviors such as switching medical providers and adversely affecting others' perceptions of a provider's quality of service. (Essel, 2021). Furthermore, as pointed out in Pong, Nwankwo and Dason (2010), changing medical providers may endanger consumers' health by creating treatment disruptions or non-compliance. As a result, medical care providers must be more responsive to their patients' needs and preferences.

Customer or Patient Satisfaction is of enormous value to private Medical Practitioners due to its impact on patient retention, loyalty, and its long-term effects on business profitability and growth. It is, therefore, critical for service providers to provide services that are acceptable and meet or exceed customers' expectations. This study's contribution is expected to add value to the current body of information, helping service providers to at least satisfy their consumers' needs and desires. Since myriad factors impact quality service delivery and customers' perceptions, there is a need to understand those influential factors from customers' perspectives. The study could reveal how customers feel about private Medical Practices. Furthermore, it is intended that this study's findings may help fine-tune policies in Primary Health Care services, as it is customary to leave patients' perceptions out when guidelines are developed.

Health Care services are vital to the nation, and improved quality of care is the foundation of every progressive country. Consequently, the current study intends to identify factors influencing customers' satisfaction in private Medical Practices. To maintain Customer Satisfaction, healthcare practitioners may be encouraged to monitor healthcare quality using specified quality parameters regularly and to implement continuous quality improvement programs that consider the concerns and priorities of various healthcare stakeholders.

It is envisaged that the study results will provide helpful information for academics, business practitioners, and policymakers. General Practitioners (GPs) and Ministry of Health policymakers can focus on and improve if they are conversant with these factors influencing Customer Satisfaction (the aspects customers care about most). Academics can redesign their training interventions and curricula to address perceived critical contributors to Customer Satisfaction. The interventions will be relevant to the private practice's owners and redeem them from relying on more generic interventions only. The study will assist individuals who own/manage private medical procedures, including those who intend to start knowing how and being aware of what to avoid ensuring sustainability.

1.5 Definition of Concepts

The following vital concepts shall mean the following in this study:

Service quality - described as provision of the ideal service or meeting customer expectations broadly (Mahamad & Ramayah, 2010). As described by Peer and Mpinganjira (2012), it is customer's total impression or judgment of an organisation's relative weakness or superiority in its services.

Private Medical Practice - Private Medical Practice is one in which any external policy does not govern the practitioner and his or her practice. Unless he is compensated through a partnership with other comparable practitioners, the practitioner is usually required to be self-employed.

Customer Satisfaction - Customer Satisfaction refers to how fulfilled a customer is with a person, firm, or organization's ability to deliver a product or service that meets their demands in the context in which they are aware of and utilizing the product or service (Leninkumar, 2017).

Private Primary Health Care - is an important care delivered to families and individuals [in the community] in a form that they accept, with their active inclusion, and at a fee that is affordable by the community and the nation. It is crucial to the nation's health system, the centre, and the community's general interests, such as social and economic development (Bitton et al., 2017). The service is provided by private General Practitioners, nurses, and institutions and is referred to as personal Health Care services.

1.6 The Study Outline

This study report is divided into five (5) chapters. The study outline is as follows:

Chapter 1: Background, research problem, and significance of the study. This chapter forms the backbone of the study. It provides the background of the study, research questions, objectives of the study, and the significance of the study.

Chapter 2: Literature Review. The chapter looks into South Africa's health system and the factors influencing Patient Satisfaction with private Health Care services.

Chapter 3: Research design and methodology. This chapter describes the research design, research method, studied population, sampling procedure, and data collection method. Ethical considerations are also addressed in this chapter. A quantitative, correlative approach examines factors affecting patient satisfaction with private health care services.

Chapter 4: Results and interpretation. Collected data are analysed and then interpreted. The final results help us to conclude on which factors contribute to Patient Satisfaction and that also guides us on recommendations.

Chapter 5: The findings and related conclusions are summarised in this chapter. This Chapter also concludes on specific recommendations based on the results and provide limitations and further study based on the findings.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter discusses literature on the historical background of factors that influence Patient Satisfaction in private practice. The chapter also discusses service quality and its components. A literature review is a search and evaluation of the corpus of information on the topic or problem of choice. It offers the latest recent data on the issue or problem being discussed. Reviewing existing literature is one of the first tasks before beginning a research investigation (Kumar, 2018).

2.2 Concept of Service

Service concepts are essential. This is because of the global impact it is having on businesses. Service is immaterial and is typically experienced simultaneously with production and consumption (Dontoh, 2016). Customers benefit from interactions between the seller and the customer. Susan and Reuben (2017) define service as “any act or performance that one party can provide to another that is essentially intangible and does not result in control of anything”. According to Kotler and Keller (2006), services are “a type of product consisting of activities, benefits, or gratifications offered for sale that are essentially intangible and do not result in ownership of anything”.

Services are essentially two-party relationships between a service provider and a service recipient. Most healthcare services are intangible, such as medical expertise, hospital environment, nursing staff, cleanliness, etc. However, occasionally it is a combination of intangible and tangible assets, such as glasses, prostheses, prescription drugs and laboratory reports and so on. Bundle forms the whole service. According to Mustafi et al. (2015), customers rate services based on their experience, which includes “successful surgery, hospital environment, room and ward cleanliness, special considerations from physicians, nurses, and support staff, and excellent follow-up care”.

2.3 Service Quality

In the recent past, practitioners and researchers have paid close attention to and raised awareness about service quality in the service quality literature (Irfan & Ijaz, 2011). Service quality is described as customer ratings of the level of service provided, whether high or low (Irfan & Ijaz, 2011). In general, quality of service is defined as “the difference between what customers expect and what they perceive” (Zeithaml, et al., 1990). Consumer judgment and significance are determined by comparing their expectations with the service provider's perception of genuine services (Zeithaml, et al., 1990), with any discrepancy referred to as a gap. For creating and maintaining good client connections, Service quality is frequently cited as a key requirement and determinant of competitiveness (Dontoh, 2016). According to a past study, service quality is assumed to influence Customer Satisfaction (Kibret & Dinber, 2016). A company's emphasis on service quality can “set it apart from the competition and provide it with a long-term competitive advantage” (Kibret & Dinber, 2016). Consumers choose high-quality service when pricing and other cost factors are constant (Dontoh, 2016). Service quality has evolved into a clear and necessary component of the product and service offering (Irfan & Ijaz, 2011). According to Mustafi, Islam and Isla (2015) , as referenced in Dontoh (2016), service quality adds to an essential competitive advantage by acting as a distinguishing factor. Most firms worldwide focus on becoming more customer-oriented (Kaffashi, et al., 2014).

Other important techniques for hospitals to enter new markets include providing quality services and distributing quality products, resulting in competitive advantages such as customer retention, specific services or products, reduction in marketing costs, and specification of higher prices (Ellynia & Widjaja, 2020). As a result, quality is one of the most important marketing tactics, as is differentiation removal, which fosters loyalty through satisfaction (Lestariningsih, et al., 2018). Because evaluating service quality is an important topic, many services quality models have been developed in recent years, but the most used model is Parasuraman, Zeithaml, and Berry's 'SERVQUAL' (1985). Ultimately, the quality of service offered determines Customer Satisfaction (Kibret & Dinber, 2016). Services have four primary characteristics, according to Parasuraman, et al (1985), which are intangibility, inseparability, heterogeneity, and perishability. All of these characteristics are critical when assessing service quality, especially in the health-care sector (Irfan & Ijaz, 2011).

2.4 Service Quality Dimensions

The SERVQUAL instrument, which had ten dimensions at first but was eventually reduced to five, has become the most extensively used instrument for assessing service quality (Ajam, et al., 2014). SERVQUAL is particularly important since its elements are easily adaptable across multiple service situations, and they all have high validity and reliability compared to customer perception and expectation. Other advantages of this tool are its five essential elements for understanding service quality and analytical capacity based on psychological, phenomenological, and other factors. SERVQUAL and its aspects of perceived service quality are considered reliable and valid in cultural and economic situations in the context of healthcare and hospitals.

However, some customization is required. While the researchers used the five dimensions, they added several more dimensions. According to Elliott, Hall, and Stiles (1993) as cited in Sabat, Dash, and Jena (2017), “competence, credibility, communication, and curing facilities such as up-to-date equipment and procedures are vital to consumers, whereas luxuries are of lesser value”. Bellio and Buccoliero (2021) included mutual respect, dignity, and patients’ understanding of illness. The five dimensions are, in essence, tangibles, dependability, responsiveness, assurance, and empathy.

2.4.1 Tangible

The physical appearance of buildings, equipment, personnel, and communication materials are examples of tangibles. The physical condition of the environment (e.g., cleanliness) is tangible evidence of the service provider's care and attention to detail. This evaluation component may also include the behaviour of other service customers (e.g., a noisy patient in the waiting room).

2.4.2 Reliability

Reliability is “a company's ability to deliver on its promises consistently and precisely; In other words, reliability is the ability to reliably and accurately deliver the promised service”. Furthermore, as mentioned in Butt and de Run (2010), reliable service delivery is “a customer expectation and means that service is delivered on time, in the same way and without errors every time”.

2.4.3 Responsiveness

Responsiveness considers a company's readiness to assist consumers and deliver quick service. Customers who are kept waiting, especially for no apparent reason, develop unneeded negative quality perceptions. "When a service goes down, the ability to recover quickly and professionally can lead to a positive perception of quality" (Peprah & Atarah, 2014). According to Bellio and Buccoliero (2021) Responsiveness has two main components: respect for people and customer focus. Respect for people captures aspects of people's interactions with the health care system that often receive an important ethical mention. Respect for persons is divided into three parts: respect for dignity, courtesy in dealing with one another, and sensitivity to potentially embarrassing moments of clinical questioning or physical examination. Dignity is "the right of a care-seeker to be treated as a person and not just as a patient who, due to asymmetric information and physical incapacity, has revoked their right to dignified treatment" (De Silva & Valentine, 2000).

2.4.4 Assurance

Assurance refers to "an employee's ability to inspire trust and confidence through knowledge and courtesy." The knowledge and courtesy of the staff and their ability to instill trust and confidence. The security dimension includes "competence in providing the service, courtesy and respect towards the customer, effective communication with the customer, and the general attitude that the server has the customer's best interests at heart" (Sabat, et al., 2017).

2.4.5 Empathy

Empathy is the ability to serve clients with compassionate and personalized service. In other words, is providing a caring, individual approach to clients. Empathy includes the following traits: accessibility, sensitivity, and efforts to understand customers' needs (Xesfingi & Vozikis, 2016).

2.5 Factors that Influence Patient Satisfaction with Healthcare Services

It is often not possible for a company to provide all the necessary functions in its products and services. There are always some positive and negative aspects of a development and human behaviour that can affect customer satisfaction. The greater

the pleasant feeling, the happier the customer. The organization needs to figure out how to amplify that positive vibe. It is critical to discover the variables that generate pleasant feelings and concerted efforts to strengthen them. Simultaneously, it is critical to identify and eradicate unfavourable aspects to improve Consumer Satisfaction.

The factors that satisfy the customers or Effects on customer satisfaction are not easy to predict. It is therefore important to address a few customers in a targeted manner and then to work out the factors that appear to be essential and address them accordingly. An assessment of the aspects that influence customer satisfaction is critical as it allows for the identification of service quality elements that have been overlooked (Williams & Calnan, 1991). According to Donabedian (1980), the notion of Customer Satisfaction in the Health Care is multidimensional, subjective, and complex. Patient Satisfaction is complicated in healthcare since it is influenced by numerous aspects (Naidu, 2008). As a result, different hypotheses have been advanced regarding the elements influencing Consumer Satisfaction in the health sector.

Customer satisfaction indicates client empowerment, commitment to care, and adherence to proposed treatment, all of which contribute to favourable outcomes. According to Batbaatar, Dorjdagva, Luvsannyam, Savino, and Amenta (2017), two types of factors that influence Consumer Satisfaction with healthcare services, namely: practice-related and customer-related factors. Customers' happiness must be quantified regarding their socioeconomic features because healthcare services involve healthcare practitioners and customers (Batbaatar, et al., 2017). Myriad factors that affect satisfaction are mentioned and discussed below.

2.5.1 Practice-Related Factors

According to Fatima, Malik, and Shabbir (2018) Customer Satisfaction may be affected through physical facilities, infrastructure, hospital functions, medical equipment, medical staff hygiene, and environmental peace. Customer satisfaction is related to “ambiance, room comfort, bedding, cleanliness, noise level, temperature, lighting, food service, bathroom comfort, clarity of signage and directions, amenities and facility organisation, and parking” (Batbaatar, et al., 2017).

2.5.2 Staff and Physician-Patient Relationship

Patients' perceptions of the standard of care provided by a service provider such as Medical Doctor is measured in part by staff behaviour (Ross & Venkatesh, 2015). In the service sector staff/people play a significant role. When a physician and a patient have a medical encounter, there needs to be an intense interaction as it has a greater impact on patient satisfaction. The doctor and patient have a long-standing connection, and the doctor has a lot of discretion in addressing the patient's requirements. Studies have shown the importance of support staff, including nurses, in the quality of patient care, support staff behaviour and skills are equally important in measuring quality (Ross & Venkatesh, 2015). Effective physician-patient communication is critical to the process of providing quality treatment.

There are numerous advantages to efficient physician-patient communication, including increased Patient Satisfaction, greater patient retention and understanding of medical information, and subsequent treatment adherence (Ogundoyin, 2018). Physician-patient communication, on the other hand, is frequently deemed insufficient, maybe due to the intricacy of the time limited medical contact itself or other patient characteristics that may influence the physician-patient relationship. Current intervention research demonstrates that teaching physicians and medical student's communication skills can improve patient outcomes significantly (Ogundoyin, 2018). The researcher further mentioned that "communication between doctors and patients is one of the most complex interpersonal relationships and is therefore receiving increasing attention in health studies".

A traditional or paternalistic approach to this relationship typically involves a high degree of physician control in comparison to patient control and can thus be described as a model in which the physician is dominant and acts as the parent figure who decides the care process in the patient's place (Bellio & Buccoliero, 2021). However, medical consultations are increasingly becoming mutual, which means that patients are acquiring more influence over the relationship. In economic terms, the doctor-patient interaction has been described as a "agency relationship," in which informed agents make decisions for uneducated consumers (Ogundoyin, 2018). In the context of patient empowerment, patient loyalty to a Medical Practitioner does not appear to

be secured, making it increasingly important to shift the conventional agency relationship into a more collaborative one (Bellio & Buccoliero, 2021). The consumerist approach moves in that direction, featuring a situation in which the roles are reversed, with the patient interpreting the active position and the doctor taking a passive stance, granting the patient's requests for a second opinion, hospital referral, a sick note, and so on (Morgan, 2003).

Patients complain that many of their questions go unanswered by doctors. As patients become less reliant on physicians, there is a greater need for more accurate information, and the Internet serves as an “alternative source of information” (Buccoliero, et al., 2015). Patients, on the other hand, express a desire to develop positive relationships with doctors because they miss the warmth and trust that used to exist in interplay (Ogundoyin, 2018). The quality of the relationship can be improved by viewing the staff team as a harmonious group (Bellio & Buccoliero, 2021) in which the patient can easily identify each member's professional role. By among others, this can “be accomplished by using different colours in staff uniforms”. According to Van Dulmen and Bensing (2002), patient satisfaction is influenced by factors such as “staff courtesy, attention, empathy, professionalism, and the ability to establish and maintain a positive relationship with their patients”.

Certain aspects of doctor-patient communication appear to influence patient behavior and well-being, such as satisfaction with care, adherence to treatment, memory and awareness of medical information, disease coping, quality of life, and even health status (Haskard et al., 2009). Most of the medical encounter is spent in conversation between doctor and patient. It, therefore, follows that the medical interview is a crucial medium of health care (Bellio & Buccoliero, 2021). The interview functions include “gathering information, developing and maintaining a therapeutic relationship, and communicating information” (Buccoliero, et al., 2015). These three functions interact inextricably with each other. For example, a patient who does not trust or dislike the doctor will not disclose all information efficiently. On the other hand, an anxious patient will not understand information clearly. As a result, the relationship directly impacts the quality and completeness of information collected and understood (Bellio & Buccoliero, 2021). The patient-physician relationship has a significant impact on physician and patient satisfaction, which helps maintain practice and avoid physician burnout and

turnover, and is a primary factor of compliance (Vahdat, et al., 2014). According to Bellio and Buccoliero (2021), a growing body of evidence suggests that customers who are encouraged to ask questions and participate in their treatment during the medical encounter “perform better biologically, have a higher quality of life, and are happier”. Patient satisfaction increased when physicians uncovered patients' concerns and responded to patients' expectations, as well as when physicians allowed a patient to submit information (Ogundoyin, 2018).

2.6 Receptionist Competency

In South Africa, general practice is the major point of entry into Health Care. Patients make in touch with general practice receptionists ('receptionists,' who are the persons at the start of their Health Care process). This role gives receptionists significant influence over patients' experiences with Health Care (Neuwelt, et al., 2016). Medical Receptionists are the people on the front lines who give direct clinical care to patients (Duncombe, 2011). The receptionist is in charge of assisting with various practical tasks in a doctor's office. As a result, the receptionist is critical to the overall operation of a doctor's office. Hill, Long, Smith, and Whitefield (1995) define a medical receptionist work system as “the interactive systems and parts of an office, composed primarily of people and office technologies”. It should be noted that the work system of a single receptionist or multiple receptionists optimally supports the clinic, organisation, or healthcare facility's efficient flow of information and patients. Receptionists do a variety of administrative activities, such as answering phones and providing information to the public and consumers (Neuwelt, et al., 2016).

Neuwelt, et al. (2016) have indicated that common responsibilities of receptionists at a medical office include “customer service, visitor reception, patient admission and discharge, familiarisation with physician office and healthcare facility procedures, medical terminology, interpersonal skills, record keeping, customer service, telephone proficiency, and data encoding”. In essence, the role of a medical receptionist goes extends beyond the usual administrative or secretarial roles, and this stems of the nature of the medical profession. Receptionists work closely with patients and medical staff, although they often lack medical understanding and training (Offredy, 2002). In order to be successful in their job(s), receptionists often need to study areas of

healthcare and healthcare communication. A receptionist's day-to-day activities necessitate basic communication abilities. To efficiently carry out the complete scope of work obligations, among other things, a receptionist should be “a master problem solver, multi-tasker, situation assessor” (DeJong, Visser & Wieringa-de Waard, 2011). Finding the balance in your clinic between providing positive customer service and maintaining order can be difficult. In addition, medical receptionists are often forced to choose between respecting the patient's wishes and adhering to the standards set by the doctor (Offredy, 2002).

2.7 Technical Care/Doctor Competency

Doctor competency refers to a health practitioner's expertise, ability, experience, and professional ethics, including confidentiality (Adhikary, et al., 2018). It also relates to whether or not the services follow clinical diagnosis and treatment standards and norms (Al-Eisa, et al., 2005). It can be argued that patient interactions with their treating physician play a significant role in shaping the healthcare experience. Patients' long-term impressions of these exchanges “have a significant impact on their degree of satisfaction with medical treatments received” (Adhikary, et al., 2018). It follows that customer satisfaction is an integral part in forming a long-term partnership with the medical practitioner.

Other notable outcomes associated with customer satisfaction with the doctor include fewer malpractice cases, increased provider loyalty, and a greater proclivity to recommend that doctor to others (Alhashem, et al., 2011). Given its numerous advantages, it is not unexpected that there is a great deal of interest in researching the elements that contribute to patient satisfaction with the doctor. Satisfaction with overall care and the doctor has been linked to the fulfilment of patient expectations for the medical experience and personal attitudes toward healthcare, the people and organizations providing care.

In general, research on patient-related factors of satisfaction examines how personality, sociocultural attitudes, and previous interactions with doctors in a variety of settings influence perceptions of health service quality (Alhashem, et al., 2011).

Organizational variables include systemic, practice-related issues such as other healthcare staff interactions, the ease of getting a clinic appointment, waiting room times, technology and equipment, and access to personnel and facilities. These characteristics have been found to influence patients' ratings of their doctor despite being outside of the immediate medical contact (Al-Eisa, et al., 2005).

Patients are said to place a high value on practitioner characteristics such as communication ability, interpersonal and technical proficiency, and accessibility (Alhashem, et al., 2011). Patients, for example, characterize a "good doctor" as warm and empathic, honest, polite, and approachable; one who treats patients with dignity (Alhashem, et al., 2011). Patients respect a doctor who is willing to spend time with them and address all of their problems, who is approachable, expertly skilled, and can express facts clearly. Personal traits and overt behaviors of doctors that patients may tangibly witness and experience during a medical interaction strongly contribute to a patient's perception of that healthcare provider (Batbaatar et al., 2017).

2.8 Continuity of Care

Continuity of Health Care Service refers to “the continuity of the health-care process from the same hospital, location, or provider, and in which the patient and the doctor are cooperatively involved in continuous Health Care management toward the aim of high-quality, cost-effective medical care” (Moyo, et al., 2018). Customer satisfaction was reported to be positively related to continuity of care (Romaine, et al., 2014). This refers to whether patients experience the same healthcare practitioner each time they visit the facility. Ye, et al. (2016) asserted that customers who had been serviced by the same practitioner for the preceding two years had a better quality of life both physically and emotionally. They also reported high levels of patient. Romaine, et al. (2014) found that higher continuity of care was associated with “decreased usage of high-cost services and lower expenditures for such services, in addition to enhancing customer satisfaction”. Follow-up appointments are extremely critical for continuity of care and are a major factor of patient satisfaction (Ye et al., 2016). According to Moyo et al. (2018), compared to those who did not receive any follow-up dates, patients who received follow-up dates from their healthcare providers were more likely to be satisfied.

2.9 Physical Environment

Before a service contact, the consumer has usually decided whether or not they would return to the facility (Ross & Venkatesh, 2015). A customer, who may be a patient or an attendant, has an opinion about a facility, which could be a practice, the moment they see it (Moyo, et al., 2018). Understanding the relationship between physical facility quality and Customer Satisfaction can have a long-term impact on the facility's performance as well as its ability to provide great care. (Ross & Venkatesh, 2015) The quality of the foyer, operation rooms, exam/procedure rooms, support areas, reception desks, and administrative facilities all have an impact on patient satisfaction (Ross & Venkatesh, 2015). For example, Customer Satisfaction with ICU experience increased by 6% in the new ICU environment with noise-reduced, single rooms with sunlight, and customized coloring, according to Jongerden, Slooter, Peelen, Wessels, Ram, Kesecioglu et al. (2013).

2.10 Accessibility

The term "accessibility" refers to "the level of ease involved in the arrangement and delivery of Health Care services" (Burger & Christian, 2020). Thulamela Local Municipality is still a growing economy that needs to prioritize access to Health Care services. The elderly population, the number of whom is steadily increasing, should be prioritized in health care (Burger & Christian, 2020). Another aspect of Health Care to examine is whether healthcare may be obtained from home, as well as the time and effort required to give healthcare services (Burger & Christian, 2020). In terms of current developments, there are some evolving issues concerning healthcare access. Due to rising healthcare costs, clients are limiting coverage or switching to other forms of affordable Health Care delivery services. Burger and Christian (2020) emphasize that the new era of health policy encourages insurance coverage and newly formed healthcare providers in order to reduce geographical and financial barriers to the Health Care delivery system, particularly for the vulnerable population.

2.11 Location, Operation Time and Waiting Time

Another consideration is the location, as well as the hours of care available and the time spent waiting for care. According to the literature, most Health Care providers

who consider these factors during the service delivery process outperform competitors and attract more customers (Mina, 2020).

2.12 Price and Affordability

One of the four primary variables under the control of a marketing manager is price. Price-level selections are significant because they affect both the number of sales a company generates and the amount of income it receives in a given period of time. Price is “what a consumer must give up acquiring the benefit delivered by the rest of the firm's marketing mix, hence it plays a direct role in shaping customer value”. Generally, a price is “a monetary value that can be used to obtain a specific service” (Kotler, 2014). It follows that “pricing is the whole money exchanged by the client to acquire the benefit of the product or service”. When a product's price is high, the product's quality is also high. Price is the essential underpinning of a commercial transaction because it is the consideration given in exchange for the transfer of ownership. It can be specified in a contract, left to an agreed-upon formula as a future date, or discovered or negotiated through the parties' interactions. However, if companies raise their prices without improving their quality, customer satisfaction is likely to fall; implying that price has an impact on customer satisfaction (Cristo et al., 2017)

Evidence on service affordability, payment mechanism flexibility, insurance status, and insurance coverage comprehensiveness may be found in the literature (Cristo, Saerang & Worang, 2017). Patient Satisfaction ratings may have been influenced negatively by hospital and treatment costs. However, contrary evidence suggests that a fee-for-service practice group has higher Patient Satisfaction than a prepaid practice group (Cristo, Saerang & Worang, 2017). Payment methods and payment arrangement options were probably major determinants for patient satisfaction in health services.

2.13 Customer Related Factors

In global in-patient expectation surveys, customer attributes such as age, ethnicity, gender, socioeconomic level, education, and marital status are frequently used as proxy measures for patient expectation (Kalaja & Myshketa, 2016). Rising age, male

gender, high socioeconomic level, and education are all customer attributes that predict and influence patient expectations regarding health care and have all been shown to be positively associated with customer satisfaction in numerous surveys conducted in Pakistan. Because older people have lower to modest expectations, they are more likely than younger people to be satisfied with Health Care.

According to Kalaja and Myshketa (2016) older adults demand less information from doctors and are more likely than younger people to follow medication or prescription guidance. In the studies analysed, gender was found to be an inconsistent predictor of customer satisfaction, with few studies showing that females are less happy with healthcare services delivered by medical staff than males. In Pakistani women, potential factors include high expectations, a variety of experiences, and a lack of decision-making power. Education has been identified as having a significant impact on satisfaction, with studies showing that a higher level of education is associated with a lower level of Patient Satisfaction because educated patients are more likely to have a good understanding of disease and expect better communication from Health Care providers.

Socioeconomic status appears to have an impact on customers satisfaction (Kalaja & Myshketa, 2016). Patient satisfaction is also influenced by a variety of psychosocial factors. Affective distress and somatic obsession are two mental disorders that negatively impact patient satisfaction (Kalaja, et al., 2016). In addition, the patient's personality has an influence, as worried and sad patients with unfavorable personality traits are less satisfied (Kalaja, et al., 2016).

2.14 Patient/Customer Satisfaction

Patient satisfaction is critical to the success of private clinics and hospitals. Patient satisfaction is also critical to a practice for accreditation, business improvement, and risk management. Hosseini (2016) has highlighted that maintaining patient loyalty in the establishment may result in profitability and business growth. Customer satisfaction is a key indicator of the quality of healthcare as it reflects the provider's performance in meeting the customer's key expectations and is a critical factor in patient behavioral intentions (Xesfingi & Vozikis, 2016). customer satisfaction is

associated with key outcomes that include greater compliance, reduced medical service utilisation, fewer malpractice lawsuits, and better prognosis. The lack of a solid conceptual basis and a consistent measure of consumer satisfaction has led to a proliferation of surveys that focus solely on patient experience, i.e. aspects of the care experience such as “wait-times, the quality of primary care, and communication with healthcare providers, all of which help identify concrete priorities for quality improvement” (Kalaja, et al., 2016).

According to researchers, defining quality improvement from the patient's perspective provides better value for money with improved safety, accessibility, equity, and completeness of care, whereas quality improvement from the provider's perspective can provide more efficient and effective services to a larger number of consumers with a reasonable level of satisfaction, the latter being sufficient to retain customers. Customer satisfaction is an important part of healthcare quality as it reflects a healthcare provider's ability to meet patients' needs and expectations (Newell & Jordan, 2015). In many nations, “patient satisfaction with the healthcare system is regarded as an important indicator of healthcare quality” (Newell & Jordan, 2015). Quality of health care, according to Newell and Jordan (2015), is the set of features and characteristics of a service that affect its ability to meet a specific demand. Patient satisfaction with the healthcare system is significant in several ways. According to the literature, a satisfied patient is more cooperative and obedient with the medical treatment plan.

By analysing the level of customer satisfaction and the reasons for dissatisfaction, a country can address weaknesses in the healthcare system, make changes and improve the overall health of its population. customer satisfaction surveys “increase the accountability of healthcare workers and contribute to the efforts of healthcare institutions and providers to improve service delivery” (Newell & Jordan, 2015). A patient satisfaction survey improves patient safety and reduces the cost of care according to Xesfingi and Vozikis (2016) and is used to compare the performance of different healthcare systems around the world and to identify healthcare policies. Healthcare organizations and provider behaviors that best meet patient expectations or needs. The most important component in building loyal customers is patient satisfaction. Many government healthcare organizations have minimized their focus

on patient care, damaging their reputation (Xesfingi & Vozikis, 2016). As a result, improved quality of service leads to happier and more engaged patients, as well as improved brand image (Xesfingi & Vozikis, 2016). The long-term implications of patient satisfaction include how the organization can compete and thrive in this highly competitive climate. In today's competitive healthcare climate, the focus of any healthcare organization is the doctor-patient relationship.

Businesses are becoming increasingly patient-focused. Businesses can achieve a greater market share, increase sales, sales income, and profitability, and improve their brand image by successfully and efficiently addressing patients' requirements and desires. If they are dissatisfied, people will eventually seek out alternative healthcare experts who can meet their needs. In this opinion, the most striking symptoms of a healthcare facility's prospective collapse or growth are poor patient treatment and satisfaction. Patient satisfaction and attachment to the healthcare system are undeniably linked. As a result, many companies are trying to increase patient satisfaction by focusing on the quality of their products and patient care. Because everyone uses medical services, it is vital to understand what they expect from those treatments. Users of Health Care services want interventions, treatments, and care that are safe, appropriate, and regard their dignity. They seek accurate, up-to-date, and relevant information. Patients believe that for this to happen, health-care consumers must be included and consulted in all elements of service planning and delivery, health evaluation, and research, in addition to their own care. Based on available research, Understanding the variables that make customers happy is critical for healthcare providers to meet customer demand and keep customers happy.

2.15 Customer Perception

Customers' views of quality have an evident impact on their healthcare provider selection. Customers are concerned about healthcare experts' abilities to heal their illnesses while also looking out for their best interests at the lowest possible cost. According to the experts, the growth of the private healthcare industry is a direct outcome of clients' negative perceptions of public healthcare institutions' service quality. As a result, it is critical for private healthcare providers to understand how the general public evaluates the country's healthcare quality. A satisfied consumer is

more likely to use the service again and provide positive opinions that help healthcare companies attract new customers without incurring additional costs such as advertising (Zeithaml & Bitner, 2000). Therefore, it is critical for healthcare providers to regularly monitor and measure customer service expectations and perceptions. Providing services that meet customer needs is an important precursor to customer satisfaction and a crucial strategy for retaining customers in a highly competitive sector such as healthcare (Cronin & Taylor, 1992; and Parasuraman et al., 1991b).

Furthermore, healthcare differs in that clients are unable to accurately assess the technical characteristics of clinical service quality, such as the surgeon's skills or the general practitioner's diagnostic skills (Ajam, et al., 2014). Traditionally, the quality of healthcare has been measured in more technical terms that clients may not understand, making it difficult for them to respond appropriately. For example, a customer is not qualified to decide whether a doctor-recommended test to diagnose a disease was acceptable. Nonetheless, customers are considered sufficiently qualified to assess functional quality, such as the personal hygiene of the lab technician (the person conducting the tests) and laboratory cleanliness. According to research, buyers are better able to identify functional quality than technical quality (Adhikary, et al., 2018)

2.16 The South Africa Health Care Environment

currently, around 84% of South Africans rely on the public health sector for their healthcare requirements, out of a population of 55.5 million (National Department of Health 2016). (Naidoo, 2012). Only 16% of South Africans are covered by Medical Aid programmes, which are administered by the private sector (Naidoo, 2012). The National Department of Health's Ten-Point Plan (2010-2013) projected the cost of insured people in the private sector at 20%, compared to 80% for uninsured South Africans in the public sector (Maphumulo & Bhengu, 2019). The 16% of the population that participate in Medical Aid programs use more than 50% of overall healthcare expenditure (ECONEX, 2013), while the remaining 84% rely on the under-resourced public sector.

Furthermore, the Department of Health states that around 80% of South African medical professionals serve the same 16% population in the private sector. ECONEX (2013), on the other hand, denied that the private sector had more resources serving

a smaller population than the public sector. Some people use their own money to enter the private sector because of the rising demand for high-quality healthcare services, which the public sector appears to be unable to satisfy. Another point to consider is that 63% of General Practitioners work in the public sector, whereas 59% of specialists work in the private sector, with some additionally working part-time in the public sector (Maphumulo & Bhengu, 2019). Finally, data from ECONEX (2013) found that approximately 62% of nurses employed in the public sector also moonlight in the private sector (ECONEX, 2013).

South Africa's rapid urbanisation, which accounts for 62% of the total population, contributes to an unequal allocation of resources in the health sector (ECONEX, 2013). Because urban health facilities are designed and built to serve an already existing total population (Oladipo, 2014), an unexpected influx of people is forcing health services to exceed capacity. Because it is illegal in South Africa to deny anyone access to basic healthcare services, including undocumented immigrants, this has led to overcrowding, under-resources and further strain on an already overcrowded healthcare system (Maphumulo & Bhengu, 2019).

2.17 Conclusion

This Chapter provided literature review related to factors influencing customers' satisfaction in private medical practices. The next chapter describes the research methodology of the study, including its research design and data collection technique.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes an in-depth research procedure of the study. It includes information regarding the research approach used as well as a justification for its use. The general research design, study area, target population, sample size, sampling strategies, data collection methods, data analysis methods, research limits, and conclusion are all covered in the chapter. According to Beins, the nature of the research question and the issue under consideration influence the research technique or strategy (2017). This study investigates the factors that influence Consumer Satisfaction with private Health services. This study aims to explore factors that influence Customer Satisfaction with private healthcare services.

3.2 Research Design

This is a quantitative research design cross-sectional descriptive correlative study. According to Queirs, Faria, and Almeida (2017), correlation research is a method to determine whether two or more variables have a connection. Instead of changing the variables, it examines the extent to which the variables are related. A correlation study highlights two properties of the association: its strength and direction. This allowed the research to be conducted in the original context of the respondents, ensuring quality and honest data was collected.

In this study, the positivist paradigm was applied. According to Park, Konge, and Artino (2020), positivist studies generally focus on identifying explanatory associations or causal relationships through quantitative approaches, with empirically based findings from large sample sizes preferred—generalizable inferences, replication of findings, and controlled experimentation have been guiding positivist science principles in this regard (Park, Konge, & Artino, 2020).

Positivism applies the hypothetico-deductive technique to evaluate a priori assumptions, which are typically quantitatively expressed, by establishing functional linkages b

etween causative and explanatory factors (independent variables) and outcomes (dependent variables).

Yet, quantitative methodologies are not always used in positivist research. A positivist paradigm might apply to an experimental study evaluating the effects of an intervention, for example.

according to Collins (2010) Positivism is based on quantitative observations that result in statistical analyses. For decades, it has been the dominant form of research in business and management disciplines.

Research methodology, according to Leedy and Ormrod (2005), is the researcher's overall strategy for carrying out the research endeavour. Three research approaches are used by researchers: qualitative research, quantitative research, and mixed research.

The quantitative research approach was used in this study to achieve the study objective. Quantitative research is an investigation of a social or human problem based on testing a theory consisting of variables measured by numbers and analysed using statistical processes to see whether the generalizations of the theories' predictions hold true (Yilmaz, 2013). In other words, quantitative research is empirical research that uses numbers to represent data (Sogunro, 2002)

The study used a questionnaire to collect the primary data. The following section provides a step-by-step description of how the study was conducted.

3.3 Study Area

Thulamela Local Municipality (TLM), which is predominantly rural, is in the Limpopo Province's Vhembe District. It is located 191km North of Polokwane. It has one town called Thohoyandou and two business areas which are Sibasa and Tshilamba. The municipality is made up of 40 wards. The administrative building is in Thohoyandou. The municipality boasts a large agricultural land. Thohoyandou is the epicentre for business development; it boasted the newly built Thavhani Mall. The economy of the municipality is based mainly on agriculture and tourism. Social facilities available within the municipality include 52 clinics, and three hospitals (IDP, 2020). Thus, three hospitals within the municipality maybe overburden and the alternative for citizens is the private Health Care facilities owned by Medical Practitioners.

3.4 Population

A population is a group of people of the same species living in the same area and interbreeding. Members of a population generally rely on the same resources, live in comparable environmental conditions, and rely on the presence of other members to survive over time (Tarsi & Tuff, 2012). In this study, the population was all customers who consulted at the private sector. According to the government employee Medical Aid plan (GEMS), there are around 53 general doctors in Thulamela Municipality who are registered with the Medical Scheme. In other words, TLM has 53 private Medical Centres that are run by at least one Medical Practitioners, such as a Medical Doctor, dentist, optometrist, podiatrist, dietician, and physiotherapist. Almost all GPs are in town such as Thohoyandou and Sibasa, as well as in various business centres.

3.5 Sampling and Sample Size

3.5.1 Sampling Method

The process of selecting a small group of elements from a larger target group is known as sampling. The goal of sampling is to use the information from the small group to draw conclusions about the larger group (Berndt, 2020). Non-Probability Sampling technique, particularly, convenience Sampling, was used to collect the data. All participants only completed the survey questionnaire once. The data consist of customers utilising private medical healthcare services.

3.5.2 Sample Size

The process of selecting a small group of elements from a larger target group is known as sampling. The goal of sampling is to use the information from the small group to draw conclusions about the larger group (Berndt, 2020). The Raosoft sample calculator was used to determine 242 participants in the study. Thus, two stage approach was used to determine the participants per the private medical practice. First, 26 private general practices operating in TLM were selected using a Non-Probability Judgemental sampling method. Secondly, a convenience sampling, was used to obtain 8 to 10 customers per private general practice.

Table 1. Sampling and Sample Sizes

Phase	Sampling method	Sample Population	Total Sample size
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Quantitative	Non-Probability Sampling –purposive (private practice selection)	Private practice in the Thohoyandou Sibasa and adjacent business centres (population size is 53)	26 practices in Thohoyandou and/or Sibasa and adjacent areas were selected.
	convenience Sampling (9 patients per Medical Practices)	Customers/patients who receive services from the identified GPs	242 customer/patients at the medical facilities (at least 9 clients per Medical Practitioner until 242 is accomplished)

3.5.3 Inclusion Criteria

3.5.3.1 Private Practices

- All Private Practices who are providing Health Care services and is within the area of study were eligible to participate in the study;

3.5.3.2 Patients

- All patients 18 years and above.
- Patients must be in a position to read, write and respond to the survey questionnaire.
- Patients must be mentally stable.
- Patients must be staying within the area of study; and
- Patients should be able to give consent to be part of the study.

3.5.4 Exclusion Criteria

3.5.4.1 Medical Practitioners

- All private practices who are providing Health Care services and do not come from within the area of study were excluded from participating in the study.

3.5.4.2 Patients

- All patients below 18 years
- Patients who are not in a position to read, write and cannot respond to the survey questionnaire
- Patients who are not mentally stable to participate

- Patients not staying within the area of study
- Patients not in a position to give consent to participate in the study
- Patients who refused to participate were respected in their decision and were omitted from the study.

3.6 Data Collection

Data collection is the process of acquiring information during a study in order to answer research questions and evaluate the findings (Johnson, Grove & Clarke, 2019). The researcher self-administered a systematic, adapted English survey questionnaire to obtain data. The closed-ended questions were developed from the literature review process and verified by expert supervisor. set of questionnaires was administered as follows:

1. Patients Survey Questionnaire (Appendix B) consisting of four sections, viz., Section A: Demographical information of participants; Section B: Practice environment and patient experience; and Section C: General Satisfaction. The questionnaire would allow one open-ended question as Section D to allow participants room to suggest areas for improvements (This section is analysed quantitatively).

For data management, the raw data were captured in Microsoft Excel and converted to Stata format for analysis.

3.7 Data Analysis

The statistical software package used for data analysis is Statistical Package for Social Science (SPSS). Descriptive statistics such as mean, standard deviation, frequencies and percentages were used to summarise categorical variables. For reliability analysis Cronbach's alpha analysis was employed to assess for internal consistency. Spearman correlation coefficient test was used to examine the relationship between any two categorical variables. The findings were presented in a tabular and graphical format.

3.8 Ethical Considerations

Ethics and morality play a role in social research. Researchers must consider ethical issues and evaluate ethical factors when developing a study in order to incorporate acceptable ethical standards (McMillan & Schumacher, 1993). Ethical issues refer to the concerns, controversies, and disagreements that arise when conducting research. Neuman (2014:145) claims that ethics defines what is and is not ethical, as well as what makes a "moral" research method. Plagiarism, data collection that respects human rights, and publication of study results with honesty, are all ethical concerns. Every research proposal and study now include them as a requirement (Welman, et al., 2008). The subsequent ethical matters were addressed:

3.8.1 Permission and Ethical Clearance for Conducting the Study

The study sought an ethical clearance from University of Limpopo Research Ethical Committee (TREC) within the University of Limpopo. The purpose of TREC is to protect human subjects, and to ensure research proposal meet all ethical requirements set by the institution in line with South Africa constitution (Connelly, 2014). The owners have been asked for permission to conduct the study at their private medical practices. The researcher was able to target study participants from the private sector thanks to the approval.

The following important ethical issues were adhered to upon obtaining permission and ethical clearance: Informed Consent, confidentiality and right to privacy, protection from harm, and honesty with professional colleagues as prescribed by Leedy and Ormord (2015).

3.8.2 Informed Consent

researcher should be able to exercise his free will without the imposition of force, fraud, deception, coercion, exaggeration, or any other kind of restraint or coercion (Nuremburg Code, 1949). In general, research involving humans requires informed consent. The nature of the research project as well as participation in it must be specified in the informed consent form (Leedy & Ormord, 2015), which assists the participant in obtaining written informed consent. In order to obtain the voluntary informed consent of the participants, the researcher first explained the purpose, goals and significance of the research project.

3.8.3 Confidentiality and Right to Privacy

Every human subject's research project must respect the participants' right to privacy and maintain confidentiality (Leedy & Ormord, 2015). Leedy and Ormord (2015) recommend that under no circumstance should researcher disclose any information shared by respondents during the time of the interviews (Leedy & Ormord, 2015). The names and details of the respondents will be kept anonymous and confidential at all the times.

3.8.4 Protection from Harm

Researchers should avoid inflicting undue physical and psychological pain on research subjects, whether they are humans or animals (Leedy & Ormord, 2015). When it comes to human subjects, the usual guideline is that the danger of participating in the study should not be more than the risk of everyday life (Leedy & Ormord, 2015). This study carried very little psychological harm and no physical harm to the participants, especially that the study does not involve any human experiments. Therefore, there was no anticipated harm from participating in this study.

3.8.5 Honesty with Professional Colleagues

Researchers must communicate their findings in a thorough and truthful manner, without exaggerating what they have done or the results they have obtained. To ensure that the results are a true reflection of what participants has said, a probing and reflecting skills were used during the interview sessions. Furthermore, the research conducted member checking after data collection to confirm the recorded results. Leedy and Ormord (2015) argue that the appropriate credit must be given to people who assist or whom their work is quoted. In this study, everyone who contributed is acknowledged.

3.9 Conclusion

This Chapter detailed how the study was carried out step by step. The research methodology was described, which included research design, population, sampling method, sample size, data collection and management, data analysis method, reliability, and ethical considerations. The following Chapter presents the acquired data set's conclusions and interpretation..

CHAPTER 4 RESULTS AND INTERPRETATION

4.1 Introduction

Based on the methods presented in the preceding chapter, this chapter presents the results and interpretation of the data collected from patients or customers who used the Medical Doctors' health facilities. This chapter provided detailed account on the biographical profiles of the respondents of the study. The chapter also presented and discussed the statistical findings on the factors that influence customers' satisfaction with private healthcare services in detail. Additionally, it presented and discussed the statistical results regarding the relationship between aspects of patient's attitude towards practice environment and their satisfaction with medical practice.

4.2 Biographical details of respondents

4.2.1 Do you often visit this practice for medical services?

The majority of the participants visited the practices on a regular basis. As shown in Table 4.1, compared to 29.75% (72/242) of customers who did not visit the medical practice on a regular basis, 70.25% (170/242) of customers or patients visited the practice for medical services. It could be assumed that patients appeared to be loyal to their preferred medical practices.

Table 4.1: Visit to the medical practice

Visit for medical service	Count	Percent
No	72	29.75
Yes	170	70.25
Total	242	100.00

4.2.2 Gender

There were 214 customers who disclosed their gender status. The majority of the participants was female at 58.41% (125/214), as presented in Table 4.2.

Table 4.2: Customers' Gender

Gender	Count	Percent
Female	125	58.41
Male	89	41.59
Total	242	100.00

4.2.3 For how long you have been a customer here?

While customers who had been with the medical practice for less than six months and those who had been with the medical practice for 1 to 5 years were comparable The majority of customers have been with the medical practice for more than five years, according to Table 4.3. The findings are based on a total of 221 customers who responded to the item. As a result, approximately 29% and 26% of customers had been with the Medical Practice for less than six months and 1 to 5 years, respectively. Over 44% of customers had been with their respective practices for more than five years.

Table 4.3: Period as a Customer to the Practice

Period of being a customer	Count	Percent
Less than 6 months	58	29.42
1 to 5 years	65	26.24
Over 5 years	98	44.34
Total	221	100.00

4.2.4 Age

Table 4.4 shows the age distribution of the customers. Those aged 41 to 50 years and 51 to 60 years were equal at 19.83% (48/242). Otherwise, the majority of customers were between the ages of 18 and 40. There were 51/242 (21.07%) and 65/242 (26.86%), respectively, participants aged 18 to 30 years and 31 to 40 years. Table 4.4 contains the details.

Table 4.4: Customers' Ages

Age (years)	Freq.	Percent
18 - 30	51	21.07
31 - 40	65	26.86

41 - 50	48	19.83
51 - 60	48	19.83
60+	30	12.40
Total	242	100.00

4.2.5 Highest level of education

Table 4.5 indicates that the majority of customers (85/241, 35.27%) held a Grade 12 certificates. They were followed by diploma holders (68/241, 28.22%). Postgraduate degrees were the scarcest (22/241, 9.13%). Table 4.5, on the other hand, shows a detailed distribution of the participants based on their highest level of education.

Table 4.5: Highest Education Level

Education	Freq.	Percent
Diploma	68	28.22
Grade 12	85	35.27
Postgraduate Degree	22	9.13
Primary level	34	14.11
Undergraduate degree	32	13.28
Total	241	100.00

4.2.6 Occupation

The majority of those who took part were employed, followed by those who were unemployed. Otherwise, the number of students was slightly higher than the number of pensioners. Specifically, 108 (46.15%) and 67 (28.63%) customers were employed and unemployed, respectively. The specifics are shown in Table 4.6.

Table 4.6: Distribution of Customers according to Occupation

Occupation	Freq.	Percent
Employed	108	46.15
Pensioner	26	11.11
Student	33	14.10
Unemployed	67	28.63
Total	234	100.00

4.2.7 Do you have a medical aid?

A total of 239 customers revealed whether or not they had medical insurance. The majority of them did not have Medical Aid. To be more specific, 129/239 (54.20%) did not have Medical Aid, while 109 (45.80%) did. Table 4.7 simplifies this information.

Table 4.7: Medical Aid

Medical Aid	Count	Percent
No	129	54.20
Yes	109	45.80
Total	239	100.00

4.2.8 Employer

According to Table 4.8, the vast majority of consumers were government employees. They were followed by those who were privately employed, and then by those who were self-employed. A total of 135 people revealed their employers. The actual numbers and proportions are shown in Table 4.8.

Table 4.8: Employer Categories

Employer	Count	Percent
Government	65	48.15
Pensioner	1	0.74
Private	45	33.33
Self-employed	23	17.04
Unemployed	1	0.74
Total	135	100.00

4.3 Factors influencing customers' satisfaction with private healthcare services

The statistical findings from research question one are presented in this section. In other words, the factors that are influencing customers' satisfaction with private healthcare services. It specifically provides the statistical results regarding:

- The reliability analysis,
- The perception of patients on medical practice area,
- The perception of patients reception area, and

- The perception of patients on doctor's area.

The statistical techniques employed were reliability analysis (Cronbach alpha) and descriptive analytical tools such as frequency, percentages, mean and standard deviations.

4.3.1 Reliability analysis

The degree to which items within an instrument measure different aspects of the same construct is referred to as reliability, also known as internal consistency. As they are designed to measure the same thing, there should be a lot of similarities across items that are developed to measure different constructs. This degree of similarity is a gauge of the instrument's internal consistency or reliability (Pietersen and Maree, 2020).

Cronbach's alpha coefficient, which is based on the correlations between items, is a measure of an instrument's internal reliability. If there is any significant correlation between items, the alpha coefficient will be close to one, meaning that the items have a high level of internal consistency. In contrast, if the items are poorly constructed and do not significantly correlate, the alpha coefficient will be close to 0 (Pietersen and Maree, 2020). These authors pointed out that the general guidelines for interpreting Cronbach's alpha coefficient include: = 0.9 for high reliability; = 0.8 for moderate reliability; = 0.7 for low reliability; and = 0.5 for not acceptable.

This study was conducted using a satisfaction survey on a sample of 242 patients, who were visiting private health care services. The survey questionnaire consisted of 34 items, and the overall Cronbach's alpha was calculated via SPSS version 28. It was found that the value of the overall Cronbach's alpha for the survey was close to 0.8, which was $\alpha=0.790$. This indicates moderate reliability and is generally acceptable.

4.3.2 The perception of patients towards the medical practice area

The responses linked to the practicing environment, with a focus on the medical practice area, are shown in Table 4.9 below, together with their means and standard deviations. The following five items make up the construct "the medical practice area":

- *B1: The medical practice is clean*
- *B2: The medical practice is in a clean surrounding*
- *B3: The medical practice has adequate seating chairs for the waiting patients*

- B4: The interior design of the reception area is attractive
- B5: There are magazines and journal in the waiting area places for patients to read

Table 4.9 Patients response regarding the medical practicing area (n=242)

Items	Percentages (%)					Mean	Standard Deviation
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		
B1	-	0.4	0.8	18.4	79.5	4.79	0.459
B2	0.4	1.2	2.5	43	52	4.46	0.651
B3	-	0.4	1.6	36.9	60.2	4.58	0.550
B4	0.8	0.4	2.9	26.2	68.4	4.63	0.646
B5	66	3.3	10.2	9	10.7	2.94	1.451

According to the statistical findings in table 4.9 above, item B1, which was related to "the cleanliness of the medical practice area," has a high mean (mean = 4.79) compared to the other items. It suggests a patient's visit to a private medical facility was influenced by the cleanliness of the facility. B4 (mean = 4.63) is the second item with a high mean. This factor implies that it is crucial to maintain the attraction of the interior design of the reception area, which makes a compelling case for welcoming visiting patients. The statement B3, "The medical practice has enough seating chairs for the waiting patients," had the third highest mean (4.58). On the other hand, the B5 mean (2.94) score was the lowest and most unfavorable of the five items. Since there weren't enough periodicals and journals available for patients to read in the waiting room, the low mean score and the indicator's negative sign suggest this.

The findings on patient attitudes toward the medical practice area are generally regarded as positive. This was primarily impacted by factors such as the cleanliness of the medical practice area, the attractiveness of the reception area, and the availability of adequate seating facilities for patients visiting the private health centers. The statistical outcome indicated in table 4.9 can be further clarified by taking into account items B1 through B5, as shown below.

- *B1: The medical practice is clean.* The majority of respondents—totalling 98% of respondents agreed that the area used for medical practices is often clean. According to this result, patients had a favorable attitude towards private medical institutions that kept their waiting rooms and exam rooms tidy. According to the results, the majority of respondents—69% of them overall—disagreed with the aforementioned viewpoint, while only 20% did. The assertion being rejected by a larger percentage of respondents could be a sign that medical facilities are unable to provide patients with leisure reading materials in the waiting area.
- *B2: The medical practice is in a clean surrounding.* Altogether, a significant proportion (95% of the respondents) agreed with the above view. The large proportion of respondents who agreed with the view confirms the findings from B1.
- *B3: The medical practice has adequate seating chairs for the waiting patients.* Overall, 97% of respondents agreed that there are enough chairs for waiting patients in the medical practice area. The majority of responders who agreed with the opinion may indicate that patient care was given top priority by private medical institutions.
- *B4: The interior design of the reception area is attractive.* The statistical finding shows that most respondents overall—95%—agreed with the above view. The vast majority of respondents who agreed with the view would suggest that clients appreciated the gorgeous design of the reception areas.
- *B5: There are magazines and journal in the waiting area places for patients to read.* According to the results, the majority of respondents—69% of them overall—disagreed with the aforementioned viewpoint, while only 20% did. The fact that the assertion was rejected by a larger percentage of respondents may be a sign that medical facilities are unable to provide patients with leisure reading materials in the waiting area.

4.3.3 The perception of patient's towards the reception area

Table 4.10 below lists the responses linked to the working environment, with an emphasis on the reception area, together with their means and standard deviations. The construct "the reception area" is composed of the next eight items.

- *B6: The receptionist's appearance is neat.*

- *B7: The receptionist is polite and patient.*
- *B8: The receptionist gives patients special attention.*
- *B9: My requests are handled promptly.*
- *B10: The receptionist retrieved my file without difficulty.*
- *B11: Manages the que very well.*
- *B12: Gives special attention to emergency patients.*
- *B13: Waiting times to be attended by the doctor are satisfactory.*

Table 4.10 Patients attitude towards the reception area (n=242)

Items	Percentages (%)					Mean	Standard Deviation
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		
B6	0.8	-	0.8	13.1	84.4	4.82	0.515
B7	-	-	0.8	33.6	64.8	4.64	0.497
B8	-	-	1.2	30.7	66.8	4.66	0.499
B9	0.4	0.8	5.3	30.3	61.9	4.54	0.676
B10	-	0.4	9	14.3	75.4	4.66	0.658
B11	-	0.8	6.1	19.3	73	4.66	0.633
B12	-	-	9.4	21.7	67.6	4.59	0.659
B13	0.4	1.6	3.3	45.9	47.5	4.40	0.677

As it can be seen from the statistics in Table 4.10 above, item B6, which was about "the neatness of the receptionist's look," had a higher mean than the other items (mean = 4.82). Respondents perceived that the receptionist's appearance was essential, as the receptionist is the first person a patient contacts when entering a private health institution. The items B8 (mean = 4.66), B10 (mean = 4.66), and B11 (mean = 4.66) had the second-highest means. These items focus on whether the receptionist provides personal attention to patients, quickly locates files, and effectively manages the queue, respectively. It suggests that in their pursuit of effective service at private medical facilities, patients give special consideration to the aforementioned issues.

Thus, the practice environment in general and the reception room in particular are believed to be operating very effectively based on the patient attitude data as indicated in Table 4.10. This perception is primarily influenced by factors such as the receptionist's appearance as well as her competency in providing personal attention to patients, quickly locating files, and effectively managing the queue. The statistical result in Table 4.10 can be further understood by considering items B6 through B13, as shown below.

- *B6: The receptionist's appearance is neat.* Overall, 98% of respondents concurred that private health centre receptionists frequently seemed to be neat. According to this result, patients have a positive attitude toward private medical institutions that encourage their front desk staff to dress nicely.
- *B7: The receptionist is polite and patient.* Overall, 98% of respondents said that the receptionist appears cordial and tolerant toward customers asking for help while they wait for medical treatment. The majority of responders who agreed with the assertion claimed that patient care comes first in the reception area of private medical facilities.
- *B8: The receptionist gives patients special attention.* The findings showed that, generally, 96% of respondents agreed with the aforementioned opinion. It may be an indication that private medical facilities are able to give patients special attention in the reception waiting area, as the statement was concurred by a higher percentage of respondents.
- *B9: My requests are handled promptly.* 92% of the responders in total expressed agreement with the aforementioned opinion. The findings from B7 and B8 are confirmed by the high percentage of respondents who shared the opinion that the receptionist had reacted quickly to their needs.
- *B10: The receptionist retrieved my file without difficulty.* The results showed that 90% of respondents agreed that the receptionist quickly retrieved their file, with only 9% being uncertain. The assertion was supported by a higher percentage of respondents, which may be a sign that private medical facilities are capable of properly managing patient files.
- *B11: Manages the queue very well.* In total, 92% of respondents believed that the receptionist was capable of effectively managing the line in the waiting area. Patients therefore felt that private medical institutions were capable of effectively handling lines in the reception waiting rooms.

- *B12: Gives special attention to emergency patients.* Overall, 89% of respondents felt that emergency patients often receive extra attention at private health centers' front desks. According to this finding, patients are more likely to have a favorable opinion of private medical facilities that encourage their front desk staff to give emergency patients priority.
- *B13: Waiting times to be attended by the doctor are satisfactory.* Overall, 89% of respondents believed that the waiting times to be seen by the doctor were satisfactory. This finding shows that private medical facilities that properly manage the waiting times to be attended by the doctor are more likely to have satisfied patients. The findings showed that, generally, 96% of respondents agreed with the aforementioned opinion. As the statement was concurred by a higher percentage of respondents, it may be an indication that private medical facilities are able to give patients special attention in the reception waiting area.

4.3.4 The perception of patients towards the medical Doctor's area

The responses related to the work environment, with a focus on the medical doctor's area, are listed in Table 4.11 below, together with their means and standard deviations. The following eleven items make up the construct "the medical doctor's area".

- *B14: The medical doctor's appearance is neat.*
- *B15: The medical doctor is polite and patient.*
- *B16: The medical doctor gives patients special attention.*
- *B17: The medical doctor shows empathy.*
- *B18: The medical doctor spent time examining the patients.*
- *B19: My requests are handled promptly by the medical doctor.*
- *B20: The medical doctor has good knowledge of general medical and health issues.*
- *B21: The medical doctor spent time examining and explaining the patient medical condition.*
- *B22: The practice has adequate facilities to aid the medical doctor to diagnose my medical condition.*
- *B23: The medical doctor has adequate knowledge about my medical condition.*

- B24: *The medical doctor gives patients advice relating to their changes to lifestyle.*

Table 4.11 Patients attitude towards the medical doctor's area (n=242)

Items	Percentages (%)					Mean	Standard Deviation
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		
B14	-	-	0.4	7.4	91	4.92	0.29
B15	-	-	-	9.8	88.9	4.90	0.30
B16	-	-	0.4	13.5	84.8	4.85	0.37
B17	-	-	2.9	17.6	77.9	4.76	0.49
B18	-	-	0.8	13.5	84.4	4.85	0.38
B19	-	0.8	3.7	18.9	75	4.71	0.58
B20	-	-	2.9	9.8	86.1	4.84	0.44
B21	-	0.4	2	12.3	83.6	4.82	0.46
B22	0.4	-	9	25.8	63.1	4.54	0.69
B23	-	-	0.8	14.8	82.8	4.83	0.39
B24	-	0.4	1.2	13.9	82.8	4.82	0.45

In contrast to the other items, item B14's (mean = 4.92) highest score, which reads, "The medical doctor's appearance is neat," emphasizes the necessity for medical professionals to have a tidy appearance at private health facilities. Item B15 (mean = 4.90), "The medical doctor is polite and patient," is the second item with a high mean. This assertion supports the idea that doctors should treat their patients with compassion and patience. The items B16 mean (4.85), B18 mean (4.85), which state that "the medical doctor gives patients special attention," and "the medical doctor spent time examining the patients," respectively, have the third highest means, which further highlights the need to maintain best practices that the medical professional should spend time assessing the patients as well as provide patients with special care. According to the aforementioned finding, the majority of respondents believed certain characteristics were essential for further improving the caliber of services at private

health institutions. These aspects primarily consist of the conduct and deeds of medical doctors, such as neat appearance, patient and compassionate treatment of patients, thorough examinations, and special attention to patients. The statistical result in Table 4.11 can be further understood by considering items B14 through B24, as shown below.

- *B14: The medical doctor's appearance is neat. 98.4% of respondents agreed with the view that the medical doctor's appearance was neat.* The high percentage of respondents who agreed with the view may indicate that patients had positive feelings about the doctor's look in the waiting room.
- *B15: The medical doctor is polite and patient.* almost all of the respondents shared the opinion that medical professionals treat patients with kindness and patience. This would suggest that a medical doctor's approach is crucial to providing patients with high-quality care.
- *B16: The medical doctor gives patients special attention. In total, 98% of respondents said they totally agreed with the opinion.* The majority of respondents agreed with the view that the physician pays particular attention to each patient.
- *B17: The medical doctor shows empathy.* A total of 96% said that they agreed with the assertion. The result would indicate that the existing level of engagement of doctors with patients seems sincere and substantial enough to satisfy clients of private health centers.
- *B18: The medical doctor spent time examining the patients.* Overall, 98% of respondents agreed with the aforementioned claim. This opinion was shared by the vast majority of respondents. The implication of the result is that each patient was thoroughly examined by the doctor, and patients showed a positive attitude towards the time spent by doctors in assessing their problems.
- *B19: My requests are handled promptly by the medical doctor.* The aforementioned assertion was accepted by 96% of respondents in general. The majority of respondents agreed with this viewpoint. The findings imply that patients showed a positive attitude toward their doctor's ability to address their issues in a timely manner.
- *B20: The medical doctor has good knowledge of general medical and health issues.* Overall, 96% of survey participants agreed with the assertion made

above. The significant majority of respondents agreed with the claim, indicating that patients had positive attitudes toward doctors' knowledge and skills in terms of general health and medical issues.

- *B21: The medical doctor spent time examining and explaining the patient's medical condition.* In total, 96% of survey respondents agreed with the aforementioned claim. The claim was supported by the majority of respondents, showing that patients had favorable perceptions of doctors' efforts in terms of thoroughly evaluating and describing the patient's health.
- *B22: The practice has adequate facilities to aid the medical doctor in diagnosing my medical condition.* The above claim was accepted by 89% of respondents in general, meaning the majority of respondents agreed with this point of view. The findings suggest that patients had a positive perception of facilities that have sufficient equipment and tools to enable the doctor to identify their medical conditions.
- *B23: The medical doctor has adequate knowledge about my medical condition.* In total, 98% of survey respondents agreed with the aforementioned claim. The opinion was supported by a large majority of respondents, showing that patients had favorable perceptions of doctors' familiarity with their health issues and difficulties.
- *B24: The medical doctor gives patients advice relating to their changes in lifestyle.* The majority of responders—97%—believed that medical doctors offer patients advice on changing their lifestyles. This would suggest that patients had a positive attitude towards a doctor's counsel regarding lifestyle adjustments.

4.3.5 Overall satisfaction of patients with the medical practice

Table 4.12 below lists the responses concerning the overall satisfaction of patients with the medical practice, together with their means and standard deviations. The phrase "overall satisfaction with medical practice" is made up of the next ten items.

- *C1: The operational hour of the medical practice is satisfactory*
- *C2: The practice is situated at an acceptable distance from my place of residence*
- *C3: The overall set up of the medical practice is acceptable*

- C4: I am satisfied with the general cleanliness of the surrounding area
- C5: I am satisfied with the services provided by the receptionist
- C6: The consultation fee is affordable in comparison to others
- C7: I am satisfied with the services provided by the doctor
- C8: I am satisfied with my decision to consult the medical doctor
- C9: I will continue using this practice for my health problems
- C10: I will recommend this practice to my family and friends

Table 4.12 Patients overall satisfaction with the medical practice (n=242)

Items	Percentages (%)					Mean	Standard Deviation
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree		
C1	1.2	1.6	-	41.8	54.5	4.48	0.71
C2	12.7	11.1	2.9	34	36.9	3.73	1.40
C3	0.4	1.2	1.2	31.1	64.8	4.61	0.62
C4	-	1.2	2	34.8	60.7	4.57	0.60
C5	-	-	2	25.8	71.3	4.70	0.50
C6	0.4	0.4	7.8	30.7	59.4	4.50	0.69
C7	-	-	0.8	11.1	86.5	4.87	0.36
C8	-	-	0.4	11.5	86.1	4.87	0.34
C9	-	0.4	1.2	9.4	88.1	4.87	0.41
C10	0.4	-	0.8	7.8	90.2	4.89	0.41

With the highest mean score of 4.89 compared to the other items, item C10, "I will recommend this practice to my family and friends," emphasizes the great satisfaction of patients with the medical practice and quality of services that were delivered by the private health facilities. Items C7, C8, and C9 are the second ones with a high mean (4.87). Item C7 states, "I am satisfied with the services provided by the doctor," while item C8 reads, "I am satisfied with my decision to consult the medical doctor." The other item, C9, says, "I will continue using this practice for my health problems." This assertion supports the idea that patients had great confidence and satisfaction in the services they had received as clients of private health facilities. The statement "I am

satisfied with the services provided by the receptionist" is the subject of item C5 mean (4.70), which has the third-highest mean. This also confirms the finding from previous sections that patients were happy with the services provided by the receptionist.

According to the above finding, the majority of respondents believed that private health practice services were of a satisfactory standard and were satisfied with the treatment they received as patients. As a result, they firmly felt that they should enlighten their friends, family, and other acquaintances about the services. The statistical result in Table 4.12 can be further explained by considering items C1 through C10, as shown below.

- *C1: The operational hour of the medical practice is satisfactory.* The survey finding revealed that 96% of respondents indicated the operational hours of the medical practice are satisfactory. A higher percentage of respondents agreed with the statement, which may mean that patients were satisfied because the medical facility's hours of operation were convenient for them.
- *C2: The practice is situated at an acceptable distance from my place of residence.* This opinion was supported by 71% of respondents in general. According to the findings, patients thought the facility was located within a reasonable driving distance of their home.
- *C3: The overall setup of the medical practice is acceptable.* Overall, 96% of those surveyed said they totally agree with the above statement. Patients consequently assumed that the medical practice's general setup was suitable.
- *C4: I am satisfied with the general cleanliness of the surrounding area.* 96% of respondents in total stated they agreed with the statement. The outcome would suggest that patients are satisfied with the overall cleanliness of the surrounding area around private health facilities.
- *C5: I am satisfied with the services provided by the receptionist.* Overall, 97% of respondents support the above statement. This also confirms the finding from previous sections that patients were happy with the services provided by the receptionist.
- *C6: The consultation fee is affordable in comparison to others.* The results showed that 90% of respondents agreed with the above opinion. The assertion was supported by a higher percentage of respondents, which may be a sign

that the consultation charge was reasonable when compared to other private health facilities.

- *C7: I am satisfied with the services provided by the doctor.* Overall, 98% of respondents felt that they were totally satisfied with the services provided by the medical doctor. According to this finding, patients are more likely to have a favorable attitude toward the quality of services delivered by private medical facilities.
- *C8: I am satisfied with my decision to consult the medical doctor.* The statistical finding shows that most respondents overall—98%—agreed with the above view. The vast majority of respondents who agreed with the view would suggest that clients were content with their choice to see the medical doctor.
- *C9: I will continue using this practice for my health problems.* Overall, 97% of respondents support the above statement. This further supports the finding from earlier sections that patients were content with the practice's services and would remain devoted clients as long as they had health problems.
- *C10: I will recommend this practice to my family and friends.* 98% of respondents in total stated they agreed with the statement. The outcome would suggest that the great satisfaction of patients with the medical practice and quality of services that were delivered by the private health facilities.

4.4 The relationship between patient attitude and satisfaction

The statistical findings from research question two are presented in this section. To put it differently, the association between aspects of patients attitude and patient satisfaction. It specifically provides the statistical results regarding:

- The relationship between medical practice area and satisfaction,
- The relationship between reception area and satisfaction, and
- The relationship between the doctor's area and satisfaction.

The statistical techniques employed were Spearman's rho -Spearman's correlation coefficients to examine the association between patient attitudes towards practice environment and their satisfaction with medical practice.

4.4.1 The relationship between medical practice area and satisfaction

Table 4.13 the correlation between medical practice area and satisfaction

			Practice area	Satisfaction
Spearman's rho	Practice area	Correlation Coefficient	1.000	.332**
		Sig. (2-tailed)	.	<,001
		N	242	242
	Satisfaction	Correlation Coefficient	.332**	1.000
		Sig. (2-tailed)	<,001	.
		N	242	242
**Correlation is significant at the 0.01 level (2-tailed).				

A Spearman correlation was run to determine the association between medical practice area and patients satisfaction. The results of Spearman correlation procedures are indicated above in table 4.13. There was a significant positive correlation between medical practice area and patients satisfaction ($r_s=0.332$, $n= 242$, $p<0.01$).

4.4.2 The relationship between the reception area and satisfaction

Table 4.14 the correlation between reception area and satisfaction

			Reception area	Satisfaction
Spearman's rho	Reception	Correlation Coefficient	1.000	.391**
		Sig. (2-tailed)	.	<,001
		N	242	242
	Satisfaction	Correlation Coefficient	.391**	1.000
		Sig. (2-tailed)	<,001	.
		N	242	242
**Correlation is significant at the 0.01 level (2-tailed).				

A Spearman correlation was run to determine the association between reception area and patients satisfaction. The results of Spearman correlation procedures are indicated above in table 4.14. There was a significant positive correlation between reception area and patients satisfaction ($r_s=0.391$, $n= 242$, $p<0.01$).

4.4.3 The relationship between medical doctor's area and satisfaction

Table 4.15 the correlation between doctor's area and satisfaction

			Doctor's area	Satisfaction
Spearman's rho	Doctor area	Correlation Coefficient	1.000	.221**
		Sig. (2-tailed)	.	<,001
		N	242	242
	Satisfaction	Correlation Coefficient	.221**	1.000
		Sig. (2-tailed)	<,001	.
		N	242	242
**Correlation is significant at the 0.01 level (2-tailed).				

A Spearman correlation was run to determine the association between medical doctor's area and patient satisfaction. The results of Spearman correlation procedures are indicated above in table 4.15. There was a significant positive correlation between medical doctor's area and patients satisfaction ($r_s = 0.221$, $n = 242$, $p < 0.01$).

4.4 Patients suggestions for further improvements

Patients have provided different suggestions to augment the medical service at private health centers. These include:

- The doctor must reduce the price.
- There must be current magazines and newspapers for reading.
- Provide comfortable chairs and e-filling system.
- The yard must be swept after hours and the bush must be cut.
- Starting time must be earlier.
- Air-cons must be working.
- Provide a Wi-Fi service.
- Parking area needs renovations.
- Place disposal cups on the water dispenser.
- Put wheelchairs outside for waiting patients.

4.5 Conclusion

This chapter provided detailed account on the biographical profiles of the respondents of the study. The chapter also presented and discussed the statistical findings on the factors that influence customers' satisfaction with private healthcare services in detail.

Additionally, it presented and discussed the statistical results regarding the relationship between aspects of patient's attitude towards practice environment and their overall satisfaction with the medical practice. The next chapter will provide discussion, conclusion and recommendation.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter, the results are discussed in line with the literature. In addition, it provides a summary and conclusion on the research findings and the study's recommendations. Limitations and opportunities for further study are also included in this chapter.

5.2 Summary of Key Results

This section presents results of the medical doctors and the customers who voluntarily participated in the study.

5.2.1 Demographical Information of the Participants

In regard to respondents, they were from various medical practices. Medical practices had 12 to 20 customers. The majority of participants (at 70,2%) often visits the practice. Most of the participants (at 40,5%) have been customers in that practice for more than 5 years. Most of the participants (at 26,9%) that visits those medical practices are between the age groups 31-40 years. The majority of these participants was female (at 52%). Results show that the highest level of education to most of the participants (at 35,1%) is Grade 12 and interestingly post graduate degree was held by 9,1% of the participants. Most of the participants 44,6% were employed by government (at 26,9%). The majority of participants did not have a medical aid (at 53%) while 45% had a Medical Aid.

5.2.2 Medical Practice Surrounding

The findings on patient attitudes toward the medical practice area are generally regarded as positive. This was primarily impacted by factors such as the cleanliness of the medical practice area, the attractiveness of the reception area, and the availability of adequate seating facilities for patients visiting the private health centers. Thus, the practice environment in general and the reception room in particular are believed to be operating very effectively based on the patient attitude data.

The majority of participants agreed that they always ensure that “my” medical practice is clean; the medical practice is in a clean surrounding; the medical practice has adequate seating chairs for the waiting patients; the interior design of the reception area is attractive and that they ensure that there are magazines and journals in the Waiting Area places for patients to read although these results are contrary to patients’ responses in that patients disagreed that there are magazines and journal in the waiting area places for patients to read. Thus, results in the open-ended comments is where patients suggested that participants indicated that magazines, newspapers, Wi-Fi, big screen TV should be provided while waiting for Doctors appointment and Aircons should be in working conditions. Participants indicated that the bush should be cut the bush in the surrounding area of the Medical Practice facility and keep the facility yard clean at all times (Galvan-Anderson & Stancovici, 2020).

5.2.3 Receptionist Area

According to Pyke and Butterill (2001), a competent and efficient receptionist will be able to handle most clinic phone calls swiftly and with little assistance, this study has shown agreement and support between medical doctors and patients’ responses regarding that receptionist in the various medical practices are assessed. Medical doctors agreed that, within their medical practices, a receptionist’s appearance is always neat; the receptionist is polite and patient person; the receptionist gives patients special attention; patients’ requests are handled promptly; the receptionist keeps all patient files up to date; the receptionist manages the queue very well; gives special attention to emergency patients and waiting times for patients are satisfactory similar to the patients responses who agreed that the receptionist’s appearance is neat; the receptionist is polite and patient; the receptionist gives patients special attention; their requests are handled promptly; the receptionist retrieved “my” file without difficulty; manages the queue very well; gives special attention to emergency patients; and that the waiting times to be attended by the doctor are satisfactory. These according to Neuwelt, Kearns and Cairns (2016) support that that it gives an effective customer service over and above what a receptionist should be responsible with.

Additionally, Neuwelt, Kearns, and Cairns (2016) believe that a receptionist should possess qualities that enable her to perform tasks that lead to good customer service, such as: Visitor Reception; patient admission and discharge services; Instruction in

the procedures of medical practices and healthcare facilities; medical terminology; interpersonal skills; Records; Customer service; phone skills; and data entry.

5.2.4 Doctors Area

The result of this study also indicated that the majority of respondents assumed certain characteristics were essential for further improving the caliber of services at private health institutions. These aspects primarily consist of the conduct and deeds of medical doctors, such as neat appearance, patient and compassionate treatment of patients, thorough examinations, and special attention to patients.

Literature shows that doctor's competency denotes the expertise, aptitude, experience, and professional ethics of health practitioners, including confidentiality while rules and regulations governing the Medical Doctors are imperative to be adhered to (El Kheir, Alnufaili, Alsaffar, Assad, and Alkhalifah, 2022). The study results depict similar insight with the literature , since patients agreed that the Medical Doctor 's appearance is neat; is polite and patient; gives patients special attention; shows empathy; spend time examining the patients; patients requests are handled promptly; the Dr has good knowledge of general medical and health issues; spent time examining and explaining the patient's medical condition; the practice has adequate facilities to aid the doctor to diagnose "my" medical condition; has adequate knowledge about "my" medical condition and that the Doctor gives patients advice relating to their changes to lifestyle.

5.2.4 Patient Satisfaction

According to the findings, the majority of respondents believed that private health practice services were of a satisfactory standard and were satisfied with the treatment they received as patients. As a result, they firmly felt that they should enlighten their friends, family, and other acquaintances about the services.

Patient Satisfaction is a critical component in establishing a long-term relationship with a certain healthcare provider. According to thier research (Gonzalez, 2019), the primary core activity for service-oriented organizations of various types is the interaction between the service provider and the customer. In addition, a significant association between trust in service quality and customer satisfaction was discovered

(Gonzalez, 2019) In line with the study, patients' responses regarding their level of satisfaction were satisfactory.

The majority of patients agreed that the operational hour of the Medical Practice is satisfactory; the practice is situated at an acceptable distance from "my" place of residence; the overall set-up of the Medical Practice is acceptable; patients were satisfied with the general cleanliness of the surrounding area; they are satisfied with the services provided by the receptionist; the Consultation Fee is affordable in comparison to others; they are satisfied with the services provided by the doctor; they are satisfied with "my" decision to consult the Medical Doctor; they will continue using this practice for their health problems and will recommend this practice to "my" family and friends.

Satisfaction with overall care and the doctor was associated with meeting patient expectations about the medical experience and personal attitudes toward health care, the individuals, and organizations providing care. However, from participant open-ended comments, the following themes were found, namely: cost of running the practice, time management, Medical Aid constraints and challenges of running a solo practice.

Doctors are of the opinion that the cost of running a practice, time management and patients' demands are not practical at times. On the other hand, doctors feel that Medical Aid do as they wish and discriminating against doctors of colour. One of the challenges highlights is the seasonal adjustment during November and December when the Medical Aid is exhausted which lead to the downside of the practice. Another challenge is the Solo practice that is seen as a burden at times since one hardly gets time for a break. On the other hand, private hospital facilities are more than 200km away it is not appropriate for when we have medical emergencies. Another challenge is that when doctors take leave, patients do not come to the surgery as they always want me to see them, thus there are also attachment issues to the doctor.

The participants alluded to the four themes: price reduction; buy magazines and newspapers and install Wi-Fi; provision of comfortable chairs, and aircons should be in working condition. Also, cutting the bush in the surrounding area of the medical

practice facility. Thus, participants indicated that prices should be reduced due to affordability and Medical Aid reasons in line with Kotler (2014) study.

5.2.5 Relationship between patient attitude and satisfaction

The study also examined the association between patient attitudes towards practice environment and their satisfaction with medical practice. Accordingly, there was a significant positive correlation between medical practice area and patients satisfaction ($r_s=0.332$, $n= 242$, $p<0.01$). There was also a significant positive correlation between reception area and patients satisfaction ($r_s =0.391$, $n= 242$, $p<0.01$). Furthermore, there was a significant positive correlation between medical doctor's area and patients satisfaction ($r_s=0.221$, $n= 242$, $p<0.01$). In general, these results support those of van Gaans and Dent (2018) who discovered that the contribution of factors to health service accessibility varies and improves with geographic location of older people, accessibility to transport, level of multimorbidity, and cultural background Access to health services could be improved by tailoring the services to the population they serve, which can be beneficial and rewarding for the medical health facility. .

5.3 Conclusion of research findings

The study intended to answer the following research questions:

- What factors influence customers' satisfaction with private healthcare services in the Thulamela Local Municipality?
- What was the relationship between patient attitudes and the factors influencing customer satisfaction?
- What is suggested as better health care customer care?

The foregoing is addressed below.

5.3.1 What Factors Influence Customers' Satisfaction with healthcare services in Thulamela Local Municipality?

In line with the literature, results show that patients were satisfied with the operational hour of the medical practice; the practice is situated at an acceptable distance from “my” place of residence; the overall set-up of the medical practice is acceptable; they are satisfied with the general cleanliness of the surrounding area; they are satisfied with the services provided by the receptionist; the consultation fee is affordable in

comparison to others; they are satisfied with the services provided by the doctor; they are satisfied with the decision to consult the medical doctor; they will continue using this practice for “my” health problems, they will recommend this practice to their family and friends. This operational time of the medical facility, cleanliness of the facility, the price and thus necessitated them to recommend the practice to family and friend. The receptionist also played a critical role in welcoming and helping the patients.

Customers agreed that the receptionist ‘s appearance is neat; the receptionist is polite and patient; the receptionist gives patients special attention; their requests are handled promptly; the receptionist retrieved “my” file without difficulty; manages the queue very well; Gives special attention to emergency patients; and that the waiting times to be attended by the doctor are satisfactory. Thus, this finding is in line with the studies which suggest that receptionist extends beyond the scope of traditional administrative or secretarial duties. Receptionists work in close proximity to patients and health professionals, although they frequently lack medical knowledge and training (Offredy, 2002).

Other factors are about the medical doctor’s competencies. Participants were of the opinion that the medical doctor’s appearance was neat. The medical doctors were polite and patient. They gave customers special attention, shown empathy, spent time examining the customers. They handled customer’s requests promptly; the Dr has good knowledge of general medical and health issues; spent time examining and explaining the patient’s medical condition; the practice has adequate facilities to aid the doctor to diagnose “my” medical condition; has adequate knowledge about the patient’s medical condition and that the doctor gives patients advice relating to their changes to lifestyle. These patients found it satisfactory which left them happier customers.

Results show that there is a strong association between patients’ having a medical aid and continue using this practice for “my” health problems as well as recommending the practice to “my” family and friends. Regarding employment status, an association found with the consultation fee affordability in comparison to others. Most of those privately employed strongly agreed that the consultation fee was affordable in comparison to others.

5.3.3 What is suggested as better health care?

A better healthcare system, according to the findings of this study, would include a clean, well-maintained medical facility, a receptionist who goes above and beyond her duties and is knowledgeable about welcoming visitors; patient admission and discharge services; instruction in medical practice and healthcare facility procedures; medical terminology; interpersonal skills; Records; Customer service; phone skills; and data entry, to name a few general responsibilities. The doctor should be knowledgeable about the services offered while also charging a reasonable fee.

5.4 Recommendations

This study recommends that:

- The Medical Practice should have resources in good working conditions to manage keep a health and well-ventilated area for patients while awaiting doctor's consultation, these includes air conditioners, television, provisions of magazines and newspapers.
- The health facility be kept clean by maintaining the garden, cut the bushes, and ensure that the Waiting Area is clean for better health hygiene.
- A receptionist who is hired in the Medical practice should have the following attributes in order to provide a good customer service: visitor reception, patient intake and discharge services, instruction in medical office and health care facility procedures, medical terminology, interpersonal skills, record-keeping, customer service, telephone skills, and data entry are some of the general responsibilities of receptionists in a Medical practice.
- As good pricing strategy attracts customers, the medical practices should charge what its customer can afford without compromising quality;
- Doctors should also develop themselves towards the latest competency areas. This will attract more customers since competency is linked to customer attraction; and
- Access to health services should be improved by matching services to the population that they serve.

5.5 Limitations

- The data was very sparse; especially those from the medical doctors.
- The participation in the study was voluntary – those with differing views might have not participated in the study.

5.6 Further Study

- This study recommended conducting similar studies in other types of healthcare settings, such as government hospitals and clinics, and comparing the results.
- A mixed-methods approach can aid in the production of more meaningful and informed results.

5.7 Conclusion of the Chapter

This study investigated factors influencing customers' satisfaction with private medical services. It found that factors influence customers' satisfaction with private medical services in the Thulamela Local Municipality are related to medical practice surrounding, receptionist, and medical doctor competencies. Furthermore, the study found the relationship between patient attitude towards practice environment and the factors influencing customer satisfaction. This study also made recommendations and suggestions for better health services.

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APPENDIXES

Appendix A: Consent Form

ENGLISH CONSENT FORM

Statement concerning participation in a Clinical Research Project*.

Name of Project / Study:

I have read the information and heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I know that sound recordings will be taken of me. I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name and hospital number are not revealed.

I understand that participation in this Study/Project is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular treatment that holds for my condition neither will it influence the care that I receive from my regular doctor. I know that this Study/Project has been approved by the Turfloop Research Ethics Committee (TREC). I am fully aware that the results of this Study/Project will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

The Study/Project envisaged may hold some risk for me that cannot be foreseen at this stage. Access to the records that pertain to my participation in the study will be restricted to persons directly involved in the research. Any questions that I may have regarding the research, or related matters, will be answered by the researcher/s.

If any medical problem is identified at any stage during the research, or when I am vetted for participation, such condition will be discussed with me in confidence by a qualified person and/or I will be referred to my doctor.

I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

I hereby give consent to participate in this Study/Project.

Signature of researched person(Participant)

Signed at.....this.....day of.....20

Signature of researcher

Signed at.....this.....day of.....20

Appendix B: Survey Questionnaire

QUESTIONNAIRE TO BE COMPLETED BY PATIENTS AT PRIVATE PRACTICES

Dear Participant

I am K Ramalata. I am registered for a master's degree in business administration (MBA) at the University of Limpopo. The topic of my study is "**Factors Influencing Customers Satisfaction With Health-Care Services: A Case of Medical Care Practices In Thulamela Local Municipality.**". The main objective of this study is to explore factors influencing customers' satisfaction in private medical practices in Thulamela Local Municipality. It is hoped that once those factors are explored, recommendations will be made to the owners of the practices on how to serve their customers.

It is on this basis that you, as a patient in one of the private medical practices in Thulamela local municipality, are invited to participate in this study. You are requested to respond as truthfully and as accurately as possible to all the questions that are in this questionnaire.

The questionnaire is straightforward and very short. It may be completed under 15 minutes. Participation in this study is voluntary. Furthermore, note the following:

- You have a right to withdraw your participation at any time when completing the questionnaire.
- You will not be required to identify yourself.
- The information will not be used for any other purpose except for completing this study.

- Completing the attached questionnaire means that you are confirming that you understand your rights.

For further information, you are encouraged to send me an email at ramalata83@gmail.com OR phone or send a WhatsApp message to 0726632386.

Thank you for the decision to participate in this study.

Mr K Ramalata

QUESTIONNAIRE FOR PARTICIPANTS (Tshivenda)

QUESTIONNAIRE TO BE COMPLETED BY PATIENTS AT PRIVATE PRACTICES

Dear Participant (Ndaa)

Dzina langa ndi Vho-K Ramalata. Ndi Mutshudeni wa Mastersi ya zwa Vhubindudzi ngei Gudedzini lihulwane la Univesithi ya Limpopo nahone ndi khou ita thoduluso ya zwine nda khou gudela zwone. Thoho ya thoduluso dzine nda kho ita iri: **“Factors Influencing Customers Satisfaction with Health-Care Services: A Case of Medical Care Practices In Thulamela Local Municipality”**. Thoho hei i tama u divha zwiga zwine zwa kwama ndila ine vhone sa muongiwa vha farwa ngayo musi vho dalela Muongi wavho nduni dza vhuongi kha avha vhane vhato dishuma kana Sedzharini kha Masipala wa Thulamela. Musi thoduluso idzi dzo no wanala, zwido thusa kha u pfumbudza vhaongi nduni dzavho dza vhuongi kha mafarele a khwine a vhaongiwa kana vhalwadze nduni dzavho dza vhuongi.

Vhone sa munwe wa vhano dalela uvhu vhuongi, vho nangiwa u dzhenelela kha u nekedza mihumbulo yavho nga u to nwala zwino do vha zwo vhudziswa afha kha iyi fomo. Arali vha tshi ri tendela u dzhenelela kha saveyi iyi, vha humbelwa u fhindula mbudziso dzothe nga u fulufhede a hothe.

Mbudziso thevhekani yo leluwa nahone you tukufhala vhukuma. Vha nga i fhindula nga mithethe isa fhiri fumithanu. A vha dovhe vha thogomele zwitevhelaho:

- Vho tendelwa u sa tsha ya phanda na suveyi iyi arala vha si tsha takalale u dzhenelela
- Madzina na zwididombedzwa zwavho a zwi nga todei.
- Phindulo dzine vha fhindula kha thoduluso hedzi dzi do shumiselwa mushumo wonoyu wa tshikolo fhedzi

- U fhindula mbudziso hedzi dzothe, zwi dovha zwi khou amba uri vhone vha kho u ri nea thendelo ya u isa phanda na toduluso nga ushumisa zwe vha fhindula nahone vhone vha a divha vhupfiwa havho zwi tshiyelana na thoduluso idzi.

Musi vha tshi tama u pfesesa, zwinzhi vha nga vhudzisa kha ramalata83@gmail.com kana kha vhudavhidzani ha lutingo na kha WhatsApp kha: 0726632386

Ndi nga livhuwa u dzhenelela havho kha idzi thouduluso

Mr K. Ramalata

QUESTIONNAIR FOR PATIENTS

Section A: GETTING TO KNOW THE PARTICIPANT

A1	Do you often visit this practice for medical services	Yes	No				
A2	For how long you have been a customer here?	Less than 6 months	1 year to 5 years			More than 5 years	
A3	Age	18 -30	31-40	41-50	51-60	60+	
A4	Gender	Male	Female				
A5	Highest level of education	Primary level	Grade 12	Diploma	Undergraduate degree	Postgraduate Degree	
A6	Occupation	Unemployed	Employed	Pensioner	student		
A7	Do you have a medical aid	Yes	No				
A8	Employer	Government	Private	Self-employed			

Section B: Practice environment and patient experience

Please indicate the extent to which you agree or disagree with each of statements below by marking 'X' in the relevant box						
		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
B1	The medical practice is clean	1	2	3	4	5
B2	The medical practice is in a clean surrounding	1	2	3	4	5
B3	The medical practice has adequate seating chairs for the waiting patients	1	2	3	4	5
B4	The interior design of the reception area is attractive	1	2	3	4	5
B5	There are magazines and journal in the waiting area places for patients to read	1	2	3	4	5

Please indicate the extent to which you agree or disagree with each of statements below by marking 'X' in the relevant box						
	<i>In the reception area....</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
B6	The receptionist 's appearance is neat	1	2	3	4	5
B7	The receptionist is polite and patient	1	2	3	4	5
B8	The receptionist gives patients special attention	1	2	3	4	5
B9	My requests are handled promptly	1	2	3	4	5
B10	The receptionist retrieved my file without difficulty	1	2	3	4	5
B11	Manages the que very well	1	2	3	4	5
B12	Gives special attention to emergency patients	1	2	3	4	5
B13	Waiting times to be attended by the doctor are satisfactory	1	2	3	4	5

Please indicate the extent to which you agree or disagree with each of statements below by marking 'X' in the relevant box						
	<i>In the Dr's area....</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
B14	The medical doctor 's appearance is neat	1	2	3	4	5
B15	The medical doctor is polite and patient	1	2	3	4	5
B16	The medical doctor gives patients special attention	1	2	3	4	5
B17	The Dr shows empathy					

		1	2	3	4	5
B18	Spent time examining the patients	1	2	3	4	5
B19	My requests are handled promptly	1	2	3	4	5
B20	The Dr has good knowledge of general medical and health issues	1	2	3	4	5
B21	Spent time examining and explaining the patient medical condition	1	2	3	4	5
B22	The practice has adequate facilities to aid the doctor to diagnose my medical condition	1	2	3	4	5
B23	Has adequate knowledge about my medical condition	1	2	3	4	5
B24	Gives patients advice relating to their changes to lifestyle	1	2	3	4	5

Section C: General satisfaction

Please indicate the extent to which you agree or disagree with each of statements below by marking 'X' in the relevant box						
	<i>General satisfaction</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
C1	The operational hour of the medical practice is satisfactory	1	2	3	4	5
C2	The practice is situated at an acceptable distance from my place of residence	1	2	3	4	5
C3	The overall set up of the medical practice is acceptable	1	2	3	4	5
C4	I am satisfied with the general cleanliness of the surrounding area	1	2	3	4	5
C5	I am satisfied with the services provided by the receptionist	1	2	3	4	5
C6	The consultation fee is affordable in comparison to others	1	2	3	4	5
C7	I satisfied with the services provided by the doctor	1	2	3	4	5
C8	I am satisfied with my decision to consult the medical doctor					

		1	2	3	4	5
C9	I will continue using this practice for my health problems	1	2	3	4	5
C10	I will recommend this practice to my family and friends	1	2	3	4	5

Section D: Any suggestions for improvements

Thank you for participating in this survey.

QUESTIONNAIRE FOR PATIENTS (*Mbudziso dza Vhaongiwa*)

Section A: GETTING TO KNOW THE PARTICIPANT (*Zwidombedzwa zwa muongiwa*)

A 1	Do you often visit this practice for medical services (<i>Vha a anzela u dalela vhuongi u vhu musi vha tshi toda thuso ya mutakalo naa?</i>)	Yes (<i>Ee</i>)	No (<i>Hai</i>)		
A 2	For how long you have been a customer here? (<i>Ndi tshifhinga tshingafha ni vha muongiwa kha uvhu vhuongelo ?</i>)	Less than 6 months (<i>Minwedzi ya rathi u tsa fhasi</i>)	1 year to 5 years (<i>Vhukati ha nwaha muthihi na mitanu</i>)	More than 5 years (<i>Ntha ha minwaha mitanu</i>)	

A 3	Age (<i>Vha na minwaha mingana?</i>)	18 -30	31-40	41-50	51-60	60+	
A 4	Gender (<i>Mbeu</i>)						
A 5	Highest level of education (<i>Murole wa nthesa we vha phasa tshikoloni</i>)	Primary level (<i>Phuraim ari</i>)	Grade 12 (<i>Matiriki</i>)	Diploma (<i>Dipuloma</i>)	Undergraduate degree (<i>Digirii</i>)	Postgraduate Degree (<i>Pfunzo dza nthaha digirii</i>)	
A 6	Occupation (<i>Mushumone vha shuma</i>)	Unemployed (<i>Athingo tholiwa</i>)	Employed (<i>Ndotholiwa</i>)	Pensioner (<i>Ndirhentshenini</i>)	Student (<i>Ndikha di vhamutshudeni</i>)		
A 7	Do you have a medical aid (<i>Vha na garata ya zwa mutakalona</i>)	Yes (<i>Ee</i>)	Medical Aid (<i>Medicinal aid wavho ndi ufho?</i>)			No (<i>Hai</i>)	

A 8	Employer (Mutholi)	Governm ent (Muvhuso)	Private (Mutholi wa Phuraiv ethe)	Selfempl oyed (Ndi to dishuma)			

Section B: Practice environment and patient experience (*Nzulelele ya nndu ya vhuongi na tshipirioni tsha muongiwa*)

Please indicate the extent to which you agree or disagree with each of statements below by marking 'X' in the relevant box

(Kha vha sumbedze nga (X) hofanelaho kha mutevhe uyo uri vha a tendelana na na mafhungo a tevhelaho)

		Strong ly disagr ee (A thi tendel ani nazwo naluth ihî)	Disag ree (A thi tende lani nazw o)	Neith er agree nor disagr ee (A thina vhuta nzi)	Agree (Ndi a tende nlana nazwo)	Stron gly Agree (Ndia tendel ana nazw o vhuku ma)

B1	The medical practice is clean (<i>Vhuongelo uvhu ho kuna vhukuma</i>)	1	2	3	4	5
B2	The medical practice is in a clean surrounding (<i>Vhuongelo uvhu vhu fhethu ho kunaho vhukuma</i>)	1	2	3	4	5
B3	The medical practice has adequate seating chairs for the waiting patients (<i>Vhuongelo uvhu vhu na zwidulo zwo fanela kha vhaongiwa vho lindelaho u vhiniwa nga Muongi</i>)	1	2	3	4	5
B4	The interior design of the reception area is attractive (<i>Afha hune vhaongiwa vha tanganedzwa hone, mavhekanyele a zwithu o dzudzanyea zwavhudi vhukuma</i>)	1	2	3	4	5
B5	There are magazines and journal in the waiting area places for patients to read (<i>Afha hune vhaongiwa vha lindela vho dzula hone, huna bugu na gurannya dza uri vhaongiwa vha vhe vha</i>)	1	2	3	4	5

	<i>khou vhala musi vho lindela u vhoniwa nga muongi)</i>					
--	--	--	--	--	--	--

Please indicate the extent to which you agree or disagree with each of statements below by marking 'X' in the relevant box (*Kha vha sumbedze nga (X) hofanelaho kha mutevhe uyo uri vha a tendelana na na mafhungo a tevhelaho*)

		Strongly disagree (A thi tendelani nazwo naluthi)	Disagree (A thi tendelani nazwo)	Neither (A thina vhuta nzi)	Agree (Ndi a tendelana nazwo)	Strongly Agree (Ndi a tendelana nazwo)
	<i>In the reception area.... (hafha hune ha tangedzwa vhaeni....)</i>					
B6	The receptionist 's appearance is neat (<i>Mutangedzi wa vhaongiwa u vha o kuna vhukuma</i>)	1	2	3	4	5
B7	The receptionist is polite and patient (<i>Mutangedzi wa vhaongiwa o khuthala nahone u a kona u lindela</i>)	1	2	3	4	5

B8	The receptionist gives patients special attention (<i>Mutanganedzi wa vhaongiwa u a nea vhaongiwa thogomelo yo khetheaho</i>)	1	2	3	4	5
B9	My requests are handled promptly (<i>Thodea dzanga sa muongiwa dzo thogomelwa nga u tavhanya</i>)	1	2	3	4	5
B10	The receptionist retrieved my file without difficulty (<i>Mutanganadzi wa vhaongiwa, o tavhanya a wana faela yanga hu sina vhukondi</i>)	1	2	3	4	5
B11	Manages the que very well (<i>O langa mutevhe wa u vhona muongi nga ndila yavhudi vhukuma</i>)	1	2	3	4	5
B12	Gives special attention to emergency patients (<i>U nea thogomelo yo khetheaho kha vhaongiwa vha shishi</i>)	1	2	3	4	5
B13	Waiting times to be attended by the doctor are satisfactory (<i>Tshifhinga tsha u lindela u</i>	1	2	3	4	5

	<i>vhoniwa nga Muongi, a tshi fhedzi mbilu na luthifi)</i>					
--	--	--	--	--	--	--

Please indicate the extent to which you agree or disagree with each of statements below by marking 'X' in the relevant box (*Kha vha sumbedze nga (X) hofanelaho kha mutevhe uyo uri vha a tendelana na na mafhungo a tevhelaho*)

		Strongly disagree (A thi tendelani nazwo naluthih)	Disagree (A thi tendelani nazwo)	Neither agree nor disagree (A thina vhuta nzi)	Agree (Ndi a tendelana nazwo)	Strongly Agree (Ndi a tendelana nazwo)
B14	The medical doctor's appearance is neat (<i>Muongi u vhone kana vhaongiwa kana vhalwadze</i>)	1	2	3	4	5
B15	The medical doctor is polite and patient (<i>Muongi o khuthala nahone u kona u lindela</i>)	1	2	3	4	5
B16	The medical doctor gives patients special attention (<i>Muongi u a nea vhaongiwa</i>)	1	2	3	4	5

	<i>thogomelo yo khetheaho vhukuma)</i>					
B17	The Dr shows empathy <i>Muongi u sumbedza u pfela vhutungu vhaongiwa vhawe</i>	1	2	3	4	5
B18	Spent time examining the patients (<i>Muongi u a difha tshifhinga a tshi khou onga muongiwa wawe</i>)	1	2	3	4	5
B19	My requests are handled promptly (<i>Thodea dzanga sa muongiwa dzo thogomelwa nga u tavhanya</i>)	1	2	3	4	5
B20	The Dr has good knowledge of general medical and health issues (<i>Muongi u na ndivho ya vhudi vhukuma nga ha zwa mutakalo</i>)	1	2	3	4	5
B21	Spent time examining and explaining the patient medical condition (<i>Muongi u a fhedza tshifhinga a tshi khou onga na u talutshedza muongiwa nga ha mutakalo wawe</i>)	1	2	3	4	5

B22	The practice has adequate facilities to aid the doctor to diagnose my medical condition (<i>Vhuongelo vhu na tshomedzo dzothe dzofhelelaho dzine dza nga ita uri muongi a sedzuluse thaidzo ya mutakalo ine muongiwa a kho lila nayo</i>)	1	2	3	4	5
B23	Has adequate knowledge about my medical condition (<i>Muongi u ndivho yothe yo fhelelaho nga thaidzo ya mutakalo ine nda vha nayo</i>)	1	2	3	4	5
B24	Gives patients advice relating to their changes to lifestyle (<i>Muongi u a nea vhaongiwa tsivhudzo zwi tshi yelana na tshanduko ya kutshilele zwi tshi yelana na mutakalo wavho</i>)	1	2	3	4	5

Section C: General satisfaction (*U fushea nga u ngaredza*)

Please indicate the extent to which you agree or disagree with each of statements below by marking 'X' in the relevant box (*Kha vha sumbedze nga (X) hofanelaho kha mutevhe uyo uri vha a tendelana na na mafhungo a tevhelaho*)

	General satisfaction (U fusheanga u angaredza kha tshumelo ya vhuongelo uvhu)	Strongly disagree (A thi tendelani nazwo naluthi)	Disagree (A thi tendelani nazwo)	Neither agree nor disagree (A thina vhutanz)	Agree (Ndi a tendelana nazwo)	Strongly Agree (Ndi a tendelana nazwo)
C1	The operational hour of the medical practice is satisfactory (<i>Tshifhinga tsha tshumelo ya uvhu vhuongelo tshi a fusha vhukuma</i>)	1	2	3	4	5
C2	The practice is situated at an acceptable distance from my place of residence (<i>Vhuongelo a vhuho kule na hune nda dzula hone</i>)	1	2	3	4	5
C3	The overall set up of the medical practice is acceptable (<i>Ndzudzanyo yothe ya Vhuongelo ndi i tanganedzeaho vuvhukuma</i>)	1	2	3	4	5

C4	I am satisfied with the general cleanliness of the surrounding area (<i>Ndi a fushea nga ndila ine vhuongelo na fhethuvhupo ha uvhu vhuongelo ha kunafhala ngaho</i>)	1	2	3	4	5
C5	I am satisfied with the services provided by the receptionist (<i>Ndi a fushea nga tshumelo ine nda I wana kha kha mutanganedzi wa vhaeni kha hovhu vhuongelo</i>)	1	2	3	4	5
C6	The consultation fee is affordable in comparison to others (<i>Mitengo yo u vhona dokotela I a swikelelea musi I tshi vhambedzwa na minwe</i>)	1	2	3	4	5
C7	I satisfied with the services provided by the doctor (<i>Ndi a fushea nga tshumelo ya dokotela kha hovhu vhuongelo</i>)	1	2	3	4	5
C8	I am satisfied with my decision to consult the medical doctor (<i>Ndi a fushea nga tsheo ye nda dzhia ya u da nda vhoniwa nga dokotela</i>)	1	2	3	4	5

C9	I will continue using this practice for my health problems (<i>Ndo do isa phanda na u shumisa honovhu vhuongelo kha zwa mutakalo wanga</i>)	1	2	3	4	5
C10	I will recommend this practice to my family and friends (<i>Ndido tutuwedza hovhu vhuongelo kha mashaka anga na dzikhonani dzanga</i>)	1	2	3	4	5

Section D: Any suggestions for improvements (*Ri nga ita mini uri ri vhuongelo uvhu na tshumelo zwi khwinifhadzee tshothe*)

Thank you for participating in this survey. (*Ro livhuwa vho dzhenelela kha u fhundula mbudziso idzi*)

Appendix C: Editor's Confirmation Letter

Mr MM Mohlake
PO BOX 544
Sovenga
0727

29 November 2022

To Whom It May Concern

EDITING CONFIRMATION: Dr K RAMALATA's DISSERTATION

This letter is meant to acknowledge that I, MM Mohlake, as a professional editor, have meticulously edited the main dissertation of Dr Khathutshelo Ramalata (Student number: 202065725), entitled "Factors Influencing Customers Satisfaction in Private Medical Practices: A Case of Private Medical Practices in Thulamela Local Municipality".

Thus I confirm that the readability of the work in question is of a high standard.

For any enquiries please contact me.

Regards



Mosimaneotsile M Mohlake
Freelance Professional Editor
083 951 8828
<mosimaneotsilemohlake@gmail.com>

Appendix D: Ethical approval



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 26 September 2022

PROJECT NUMBER: TREC/391/2022: PG

PROJECT:

Title: Factors influencing customers' satisfaction with health-care services: A case of medical care practices in Thulamela Local Municipality.
Researcher: K Ramalata
Supervisor: Prof J Musandiwa
Co-Supervisor/s: N/A
School: Turfloop Graduate School of Leadership
Degree: Master of Business Administration (MBA)

PROF D MAPOSA
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) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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