Challenges experienced by healthcare workers when rendering services at a district hospital in the Limpopo Province, South Africa

by

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MINI DISSERTATION

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DECLARATION

"I declare that the mini-dissertation hereby submitted to the University of Limpopo, for the degree of Master of Public Health, **Challenges experienced by healthcare workers when rendering services at a district hospital in the Limpopo Province, South Africa** has not previously been submitted by me for a degree at this university or any other university, that it is my work in design and in execution, and that all the material contained herein has been duly acknowledged".

_____ _____

Date

DEDICATION

- All thanks to the Almighty God for granting me the opportunity to pursue my studies in MPH.
- To my siblings, husband Mbalelwa and my son Retang for being my greatest cheer leaders and support systems throughout the journey.
- My late parents, Ngwato le Tshitsana, I value their wisdom and lessons they have bestowed in my life.
- All HCWs who continue working with integrity as frontline workers amid all challenges they experience when rendering services.

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ABSTRACT

Background: Healthcare workers (HCWs) are faced with several challenges when rendering services in hospitals. These challenges usually lead them to render low quality healthcare service to patients. Meanwhile, efforts to alleviate these challenges are still unknown as some of them (challenges) have been ongoing.

Objectives: The objectives of the study were to explore and describe challenges experienced by HCWs when rendering services at a district hospital in Limpopo Province.

Methods: The researcher utilised the qualitative explorative approach. The stratified purposive sampling method was utilised to select a sample of 10 participants (nine females and one males), and this was determined by data saturation. Data was collected through semi- structured one-on-one interviews after obtaining ethical clearance from the University Research and Ethics Committee. One central question was posed to participants and probing questions followed with responses that were audio recorded. The six steps as outlined by Braun and Clarke were used to analyse data.

Results: The findings yielded two themes and seven subthemes. Participants reported that there was a shortage of resources, leading to poor quality patient care. There was also a lack of support from management and government. Participants indicated that the shortage of resources is a huge stumbling block to provide a holistic and high quality patient care. Shortage of medication was amongst the challenges they face daily. Data was analysed using thematic analysis.

Conclusion: Most participants experience similar challenges when rendering services. The challenges are shortage of human resources, resources, equipment and medication as well as poor management support. Therefore, continuous efforts from the government and supporting stakeholders to address these challenges are required.

Keywords: Healthcare workers, poor quality patient care, shortage of resources

DEFINITION OF CONCEPTS

Challenges: Obstacles or problems that serve as barriers to accomplish something (Batty, 2013). In this study, challenges will mean any obstacle or problem that serves asabarrier for healthcare workers to perform their duties.

Healthcare workers: A general term for a member of the healthcare team who provides preventative, curative and rehabilitative healthcare services (Stedman's Medical Dictionary, 2015) In this study, healthcare workers refer to nurses, pharmacists, doctors, clinical psychologists and dentists.

Rendering healthcare services: The work done, or help provided to someone (Longman Dictionary of Contemporary English, 2016). In this study, to render services will mean any healthcare service delivery by healthcare workers to patients.

ABBREVIATIONS

HCWs:	Healthcare workers
FHDC:	Faculty Higher Degrees Committee
SREC:	Senate Research Ethics Committee
TREC:	Turfloop Research Ethics Committee

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction and background

Healthcare workers (HCWs) provide services to communities as a way of ensuring that their health needs are met. Their interaction with patients in healthcare facilities aims to ensure that quality healthcare services are provided (Zenzano, Allan, Bigley, Bushardt, Garr, Johnson, Lang, Maeshiro, Meyer, Shannon, Spolsky & Stanley, 2011) to the satisfaction of patients. To measure the level of satisfaction among patients, healthcare facilities use suggestion boxes where patients communicate their experiences and views regarding services that they receive. This in turn assists HCWs to identify gaps and causes of such gaps (Aggrey & Appiah, 2014).

Certain challenges faced by HCWs leave them less efficient in rendering quality services and care to patients. These challenges usually arise due to shortage of staff, lack of resources, workload, long working hours and workplace hazards (Chhungani & Jamea, 2017). Studies in both Brazil and India revealed that workload was the utmost challenge in rendering services, which subsequently led to physical tiredness and work-related stress (de Oliviera, Santos, Primo, Silva, Domingues, Moreira & Wiener, 2019), unwanted pressure and loss of mental peace (Chhugani et al, 2017).

Healthcare workers in India are usually confronted with the unavailability of several equipment and supplies for the smooth functioning of services (Chhugani et al, 2017). According to Mutambo and Hlongwana (2019), health systems in Sub- Saharan Africa struggle to adequately equip HCWs with tools to enable them to render services effectively. A study conducted at Ngwelezana Hospital in KwaZulu Natal Province, South Africa found that lack of sufficient resources is the largest challenge for HCWs when rendering services (Nkosi, 2014).

According to Statistics South Africa (2019), South Africa has an estimated population of 58 775 022, whereby most of these people access health services through government health facilities. While healthcare access has been achieved, more still needs to be done in terms of improving quality of services rendered to ensure better health outcomes (Manyisa & Van Aswegen, 2017). Moreover, HCWs are expected to

contribute significantly to patient outcomes, from acute to chronic care, prevention of diseases and health promotion amidst the challenges they experience while rendering services.

A study conducted by Manyisa et al (2017) revealed that HCWs experience increased workload, which signifies that one HCW was anticipated to do multiple responsibilities regarding recordings of patients' information. Thus, there are several documents that need to be completed for one patient, especially those starting with antenatal care. Failure to adequately complete documentation yields to illegible administration which will ultimately affect decision making in terms of improving service delivery.

1.2 Research problem

The delivery of quality healthcare is fundamental in the private and public sectors. Healthcare services are meant to be curative, preventative and rehabilitative in nature. However, the researcher observed that some HCWs such as nurses at Seshego district hospital are impatient with patients, and some of them display signs of fatigue, sometimes lack of interest in their job, and absenteeism is evident most of the time at the hospital. Work-related challenges experienced by HCWs leads to an unplanned loss of empathy to patients (Mészáros, Cserháti, Oláh, Perczel Forintos & Adám, 2013). It is evident that due to file misplacements and longwaiting periods by patients, quality patient care is usually compromised at Seshego district hospital. Moreover, district hospitals are in the third tier with the first two being provincial tertiary and regional hospitals. Thus, these hospitals are usually overburdened similar to tertiary hospitals, which compromises the provision of optimal healthcare services according to their service package (Health Strategic Plan, 2020).

Despite the challenges that HCWs might be experiencing, they are still expected to deliver quality healthcare services to patients. Therefore, this research study seeks to explore the challenges experienced by HCWs when rendering services at a district hospital in Seshego, Limpopo Province.

1.3 Purpose of the study

1.3.1 Aim of the study

To explore challenges experienced by HCWs when rendering services at a district

hospital in Limpopo Province.

1.3.2 Objectives of the study were:

To determine challenges experienced by HCWs when rendering services at a district hospital in Limpopo Province.

To describe the challenges experienced by HCWs when rendering services at a district hospital, Limpopo Province.

1.4 Research question

What are challenges experienced by HCWs when rendering services in district hospitals in Limpopo Province?

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Literature review guides the objectives of a particular study. In essence, it is true that similar studies may have been conducted before and if there is scarcity whatsoever, it may entail that the methodology was not rigorous (Whittaker, 2012). Afolabi, Fernado and Bottiglieri (2018), Domingues, Moreira, Wiener and Oses (2019) and Lebese and Maputle(2016), Nkosi (2014), Oliviera, dos Santos, Primo, da Silva and Shihundla; Vawda and Variawa (2012) noted that factors such as lack of support by management, workload,occupational hazards, lack of resources and poor working conditions have been identified as considerable challenges faced by HCWs globally, nationally and locally.

Therefore, in this section, special attention will be devoted to these emerging trends or challenges. Details related to the topic were realised through the retrieval of information from Google Scholar, Pub Med and Science Direct databases with recorded articles of not more than ten years.

2.2 Challenges faced by HCWs when rendering healthcare services globally

According to de Oliviera et al (2019), some HCWs expressed dissatisfaction with professional recognition and service structure. Poor management, lack of teamwork and lack of support from managers were detected as strong demotivating factors amongst HCWs. In addition, barriers to quality healthcare services included stress, lack of positive supervision, monitoring and the provision of feedback to HCWs in Korea (Seo, Sohna, Chang, Won & Cha, 2019). As a result, HCWs in rural areas of North Vietnam felt abandoned, as supervision is minimal or non-existent (Afolabi et al, 2018). Therefore, proper supervision requires optimal competence, supervisory skills or even the hiring of extra workers specifically to assume supervisory duties (Campbell & Kerry, 2011).

The impact of increased workload for HCWs continues to grow exponentially in primary and secondary healthcare facilities (American College of Healthcare Executives, 2014). According to Afolabi et al (2018), HCWs in both urban and rural hospitals of North Vietnam are demotivated by staff shortages, leading to work overload for those still in service, meaning that HCWs in service are affected by workload. Similarly, another study conducted in Brazil suggests that HCWsworking in mental health services experience high levels of workload. This was connected to poor working conditions (de Oliviera et al, 2019).

Occupational hazards experienced by HCWs may be biological or non-biological, with biological hazards being needle pricks, direct contact with contaminated specimens whereas non-biological hazards entailed work stress, psychological distress, physical and verbal abuse. A study conducted by Kumar and Panigrahi (2019) reported that 83% of HCWs are experiencing different occupational health hazards with 52% facing biological hazards (needle pricks, cuts, wounds, infectious diseases,direct contact with contaminated specimens) and 77% encountering non-biological hazards (stress; physical, verbal, psychological, sexual abuse; chemical spills, noise and falling). Kumar and Panigrahi (2019) further indicated that the latter cannot be attributed to HCWs' lack of awareness of safety measures, but to their ignorance as they end up yearning to provide quality service at their own expense.

Research evidence suggests that HCWs in public hospitals execute their day-to-day duties under poor conditions (American College of Healthcare Executives, 2014). However, there are increased research reviews that address factors affecting conditions in public healthcare facilities. De Oliviera et al (2019) revealed that poor service infrastructure is evident in several parts of healthcare facilities in South Brazil, which impede service delivery and job satisfaction. In cases where the working conditions are not conducive, this has a demoralising effect on staff. This implies that the longer they are in service, the more prone the demoralising effect is to them. Conditions such as lack of electricity, clean water as well as the non-provision of hospital equipment equally affect service delivery in a negative way (Afolabi et al, 2018).

2.3 Challenges faced by HCWs when rendering services in Africa

There are several statutes and policies governing the delivery of healthcare services. However, there has been a weak implementation of these policies, which subsequently translates into poor service delivery, performance management and accountability (Aneanya, 2018). Therefore, it is vital for HCWs to be well informed and equipped on policies such as occupational health and safety as well as other policies and programmes that directly guide their practice to safeguard the quality of services rendered (Ndejjo, Musingi, Yu, Buregyeya, Musoke, Wang, Halage, Whalen, Bazeyo, Williams & Ssempebwa, 2015). These findings emerged in a study conducted in eight major hospitals in Kampala, Uganda.

The relationship between the work demands that are placed on HCWs who are given a specific amount of time and resources remain an unsettling concern. According to a study conducted at a hospital in Chad, HCWs articulated a sense of demotivation resulting from workload and contextual factors (Jaeger, Bechir, Harouna, Moto & Utzinger, 2018). Moreover, distances between the wards was also cited as a challenge for some HCWs when caring for several serious cases in different wards. As a result, HCWs tend to present with burnout and are impatient towards patients, which ultimately negatively affects service delivery.

A high number of HCWs in Nigeria operate within less conducive environments, which are considered to be some of the most hazardous occupational settings. Thus, HCWs are exposed to a variety of environmental risks as opposed to benefits (Osungbemiro, Adejumo, Akinbodewa & Adelosoye, 2016). In addition, infrastructure and working conditions may not only affect patient care, but also motivation and the wellbeing of staff (Jaeger et al, 2018). This indicates that more still needs to be done to ensure that hospitals are conducive for HCWs to execute their duties.

In the state of Ondo, Nigeria, clinical HCWs had poorer safety practices in comparison with non-clinical HCWs (Osungbemiro et al, 2016). This was as a result of increased work pressure experienced by clinical HCWs. Moreover, as HCWs render selfless services to patients, they are sometimes compelled to render them at the expense of

their occupational health. Although experienced HCWs have shown more insight of safety at work, most of them undermine prioritising safety measures, which subsequently increases their vulnerability and risks to hazards (Ndejjoet al, 2015).

There is a huge human resource crisis in Sub Saharan Africa due to low numbersof trained professionals, demanding working conditions, poor salaries, low motivationand increased burden of infectious diseases (Ndejjo et al, 2015). For example, in a study conducted by Aveling, Kayonga, Nega and Dixon- Woods (2015) in two East African hospitals, it was revealed that poor conditions of hospital buildings, overcrowded clinical areas, unreliable electricity supply and difficulties in controlling large numbers of patients affected healthcare service delivery. Moreover, due to limitedresources and frequent absenteeism, a single nurse had to cover multiple nursing duties forthe entire hospital as nurses form part of HCWs (Jaegar et al, 2018).

HCWs are regularly exposed to biological, physical and psychosocial occupational hazards as they are constantly in contact with patients suffering from different illnesses (Ndejjo et al, 2015). Thus, these HCWs require effective and sufficient protective measures to reduce their risk of acquiring those infections (Ndejjo et al, 2015). Moreover, HCWs with more than ten years of working experience reported more awareness of occupational health and safety measures (Osungbemiro et al, 2016). This suggests that HCWs with less than ten years of working experience should be educated more on occupational health and safety measures so that their awareness aligns with that of others.

2.4 Challenges faced by HCWs when rendering services in South Africa

Regardless of existing policies, guidelines and regulations in place that direct employee safety and daily functioning at work, it was found that there are limited officers to supervise HCWs at their workplaces, which signifies staff shortages (Manyisa et al, 2017). In a study conducted by Delobelle, Rawlineson, Ntuli, Malatsi, Decock and Depoorter (2010), HCWs who reported more satisfaction with support and supervision from management were nearly 40% less likely to consider a job change, which highlights the importance of recognition and supervision from management at the workplace.

In Limpopo Province, South Africa, it was documented that HCWs find it challenging to cope with the increased workload related to documenting patient details within public health care records (Shihundla et al, 2016). Similarly, HCWs in public health care facilities in Kwa Zulu-Natal Province are challenged in terms of increased workload due to daily integration of multiple public healthcare services and newly implemented programmes (Vawda et al, 2015). This suggests the need for restructured work schedules and the availability of more staff to ease the workload. Increased workload has also been seen to influence HCWs' behaviour towards patients, which also leads to service delivery depreciation (Manyisa et al, 2017). HCWs with higher workload are susceptible to health problems due to their engagement in physically and mentally demanding tasks such as working odd and long hours and dealing with seriously ill patients, amongst others (Shihundla et al, 2016).

A study conducted in three hospitals in Free State Province, South Africa, revealed that HCWs, especially doctors, regularly fail to protect themselves by not wearing respirators, not maintaining hand hygiene and recapping needles, which places them at risk of contracting infections (Engelbrecht, van Rensburg, Rau Yassi, Spiegel, Hara Bryce & Nophale, 2015). This illustrates that more still needs to be done as far as practical safety practices are concerned. Regardless of 47% of HCWs having reported adequate knowledge of medical waste disposal practices, a proportion of 2% still employed incorrect disposal practices (Makhura, Matlala & Kekana, 2016).This may eventually contribute to workplace hazards at the facility as incorrectly disposed materials such as needles can cause accidental pricks which are unsafe.

The health system in South Africa has been underfunded for several years, which contributed to the inability of the health system to deliver a healthcare service that is accessible and of high quality (Manyisa et al, 2017). The underfunding crisis has resulted in the unavailability of medicines and other essential tools, which enhances service delivery (Manyisa et al, 2017). According to a study conducted in Cape Town, South Africa, it was found that lack of adequate time is spent when caring for patients due to increased patient workload in the hospital; HCWs also experience lack of resources, which hinders quality provision of healthcare services (Jonas, Crutzen, Krumeich, Roman, van den Borne & Reddy, 2018). Lack of resources, equipment and supplies

contributed significantly to prolonged patient stay in hospitals (Mokoena, 2017). This may ultimately lead to challenges of space in the facility.

Unsatisfactory work conditions contribute largely to HCWs' absenteeism at work that ultimately embeds demotivation on those HCWs who are on duty (Mudaly & Nkosi, 2015). HCWs in public hospitals significantly rated their working conditions as poor as compared to those working in private hospitals, and will not recommend the same facility for family and friends when in need of health care or a good place to work at (Coetzee et al, 2012). This therefore calls for attention for relevant improvements in public hospitals.

2.5 Public health interventions to address challenges faced by HCWs

There are several public health interventions that could be applied in order to mitigate the challenges that HCWs are faced with when rendering healthcare services. According to Sultana, Sharma, Hossain, Bhattacharya and Purohit (2020), the use of telemedicine approaches serves as a strategy to provide effective patient care, reducing workload and burnout. By applying these interventions, HCWs will be encouraged to remain in the health workforce and continue offering efficient healthcare services. In addition, Sovold, Naslund, Kousoulis, Saxena, Quronfleh, Grobler and Munter (2021), suggests that HCWs should be afforded a platform in decision making processes and in co-creating new policies that regulate them. Moreover, this will serve as a support system to allow HCWs to express their needs and the means to have those needs met.

2.6 Conclusion

While reviewing previous studies, it was revealed that HCWs experience various challenges when rendering services, such as workload, poor working conditions, lack of resources, lack of support and occupational hazards. However, there is a gap in South African literature citing the predominant challenges, particularly localised in Limpopo Province, Capricorn District in general and Seshego Hospital in particular. Thus, the researcher will conduct a study on challenges experienced by HCWs when rendering services in Seshego Hospital and add onto the findings of similar studies.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the researcher discussed the research methodology used when sourcing data and analysing the findings of the study. Research methodology is defined as a science of studying how research is done scientifically. It aims to describe and analyse methods as well as clarify limitations and resources (Mimansha & Nitin, 2019). A detailed description of the research design, study site, population, sampling method, data collection and data analysis was given. Finally, ethical consideration was discussed to sum up the chapter.

3.2 Research design

The research design was explorative in nature as it sought to understand the personal impact of participation or exposure to a social issue. Polik and Beck (2012) defined the exploratory research design as research designed to illuminate how a phenomenon is manifested and useful in uncovering the full nature of a less understood phenomenon. The underlying reason for choosing this research design was due to the benefit that the phenomenon was studied in its naturalistic settings. In addition, participants' experiences and perceptions unfolded from their own viewpoint as a way of acknowledging multiple realities.

3.3 Study site

The researcher conducted the study in Seshego Hospital in Seshego, which is a district hospital in Capricorn District, Limpopo Province, South Africa. The hospital is located 9.7km away from the city of Polokwane and renders relevant healthcare services to inpatients and outpatients from thirteen clinics, namely, Seshego Gateway, Zone 2, Zone 3, Zone 4, Buite, Rethabile, Maja, Chuene, Moletjie, Manamela, Perskebult, Mushubaba and Semenya. Within the hospital, there are five wards, namely, male medical, female medical, paediatric, maternity and TB wards with specialist services such as gynaecology, neonatal and pediatric. The hospital does not have surgical wards.

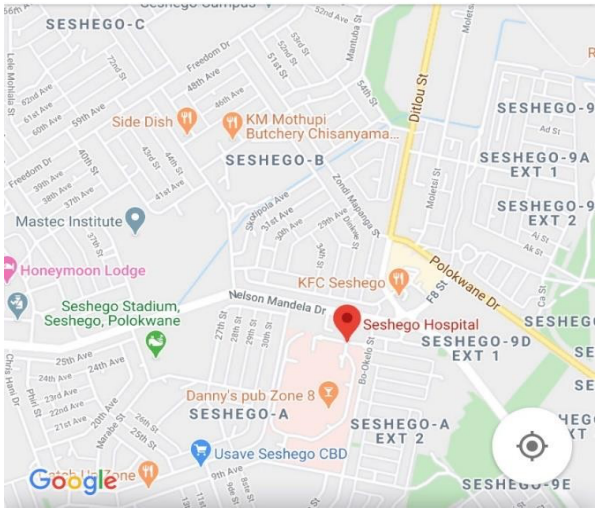

Figure 3.3.1 Geographic location of Seshego Hospital and surrounding areas accessed from Google maps

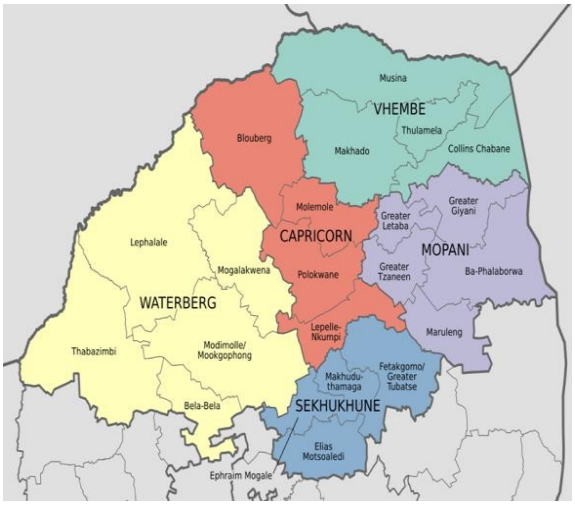

Figure 3.3.2 Limpopo Province map accessed from Wikipedia

3.4 Population

Population is the entire aggregation of a group from whom conclusions should be drawn(Babbie & Mouton, 2011). For the purpose of this study, the targeted population included all categories of nurses, pharmacists, clinical psychologists, doctors and dental personnel employed in Seshego Hospital. Nurses diagnose, treat, care for patients and administer medicine to patients; dentists diagnose, prevent and treat numerous dental problems while pharmacists dispense medication and counsel patients on the use of prescription and over-the-counter medications. Additionally, clinical psychologists diagnose and treat mental health disorders whereas doctors diagnose and treat patients to promote and restore health.

According to the core workforce profile report at Seshego Hospital, the total number of HCWs at the research setting falling within the inclusion criteria of this study is 249 (nursingand clinical HCW's). The HCWs are categorised as nursing, clinical and allied HCWs. Allied HCWs include dieticians, physiotherapists, occupational therapists, optometrists, speech therapists, social workers and radiographers. For the purpose of this study, only nursing and clinical HCWs were considered. Nursing HCWs included enrolled nursing assistants, enrolled nurses, registered nurses and specialist nurses, whereas clinical HCWs comprised doctors, dentists, dental assistants, pharmacists

and clinical psychologists with four or more years working experience willing to participate in the study.

3.5 Sampling Method

The researcher utilised the stratified purposive sampling method to select the key participants solely based on the study purpose with the expectation that each participant will provide unique and rich information of value to the study (Etikan, 2016). Patton (2001) suggests that purposeful samples can be stratified by selecting particular units that vary according to a key dimension. The stratas were categorised as doctors, nurses, dental personnel, pharmacists and clinical psychologists. Thus, the required larger population was selected according to pre-selected criteria relevant to the research question.

Qualitative research does not have a fixed sample size as it is guided by the principle of saturation (Polit et al, 2012). However, the sample population in this study was 20 or less as it helped the researcher to build and maintain a close relationship with the participants to improve the open exchange of information (Crouch & Mckenzie, 2006). The HCWs were interviewed in one-on-one sessions until data saturation was reached. Data saturation is defined as the discontinuation of the data collection process due to lack of new emerging themes or information from the data collection process (Creswell, Ebersohn, Eloff, Ferreira, Iva Nkova, Jansen, Nieuwenhuis, Pietersen, Plano Clark & van der Westhuizen, 2015).

3.5.1 Inclusion criteria

All male and female nursing staff and clinical HCWs working directly with patients at Seshego district hospital were included in the study. The HCWs comprised dentists, dental assistants, pharmacists, clinical psychologists, nurses and doctors with four or more years working experience as the researcher believed that they would contribute valuable information. These HCWs are in the healthcare frontline. In light of recent health trends and epidemics in South Africa, they have been faced with a layer of burden and pressure due to the nature of the services they offer.

3.5.2 Exclusion criteria

According to the core workforce profile report in Seshego Hospital, allied health professional includes dieticians, physiotherapists, occupational therapists, optometrists, speech therapists and radiographers, whereas social workers are social service professionals. Thus, for the purpose of this study, allied health professionals, social service professionals, interns, community service HCWs and every other personworking at the hospital were excluded from the study due to the nature of their work. An element of expansion which will include the abovementioned HCWs was encouraged in future research.

3.6 Data collection

The researcher collected primary data for the study. The data was new, originally collected and authentic in nature. The researcher achieved this by conducting one-on-one interviews with participants in English and Sepedi on request. COVID19 regulations were adhered to, especially social distancing and the wearing of masks when collecting information for the study. As stated by Kothari (2004), the interviews involved the presentation of oral-verbal stimuli, and responses took the form of oral-verbal responses. The interviews were semi- structured in that a set of predetermined questions guided the process. The researcher was granted freedom to ask the necessary questions, and subsequently probed where the circumstances so required. In addition, the researcher developed one central question to kickstart the interview process.

Data collection was determined by data saturation. This occurs when new information is no longer received from participants. In addition, the researcher recorded the interview conversations with the knowledge and consent of the participants, and subsequently safe-kept the recordings in a locked cupboard at the researchers' home to avoid loss and contamination. The recording of information was supplemented by field notes, which refers to the notes uniquely created for writing what is produced in the field (Sanjek, 2019). In addition, the field notes recorded by the researcher described the environment in which the study took place and observations made that enhanced or contradicted the theoretical ideas of the study (Babbie & Mouton, 2011). The data collection tool was an interview guide which is attached as Appendix 1, which the researcher prepared beforehand. It had a central question that was posed to the participants as: **what are challenges that you experience while working at**

Seshego hospital? The interview guide also had supporting questions to assist in probing.

3.7 Data analysis

According to Whittaker (2012), data analysis is the process of making sense of the information collected and searching for what lies below the surface content. In qualitative research, the data analysed takes the form of words. It is therefore fascinating to make sense of what other people have said, identifying patterns and understanding meanings (Whittaker, 2012). The data was transcribed and coded by the researcher as an instrument whereby they collect data themselves (Babbie & Mouton, 2011). A co-coder was also outsourced to compare themes.

The thematic data analysis method was utilised to analyse field notes where patterns and codes were generated, and themes were defined and reviewed. The following six steps were applied when analysing data as outlined by Braun and Clarke (2011):

Step 1: Familiarisation with the data and identifying items of potential interest

The researcher read through each transcript critically to identify items of interest (Braun, 2011).

Step 2: Generating initial codes

A code is a pithy label that captures what is interesting about the data. Codes can either be semantic content or latent. A list of codes and all the relevant data were collated to subsequently generate themes (Braun, 2011).

Step 3: Searching for themes

The generated codes were reviewed and then organised into potential themes. Similar codes were clustered together using thematic maps and tables. The relation between the codes were then identified in order to develop themes (Braun, 2011).

Step 4: Reviewing potential themes

There was a verification of whether themes exist in relation to the coded extracts and the total data set. Themes that emerged from step 3 were grouped and summarised to avoid repetition (Braun, 2011).

Step 5: Defining and naming themes

Developed themes and sub-themes and the entire analysis of the data were refined as the need arose. Therefore, a thorough description of themes and their significance was clarified (Braun, 2011).

Step 6: Producing a report

This is the final step whereby the order in which themes were presented was decided upon. The analysis was related to the research question and the wider literature context (Braun, 2011). Following data analysis, major findings were accumulated.

3.8 Measures to ensure trustworthiness

In qualitative research, trustworthiness is measured through credibility and transferability. These factors were ensured in this study. Trustworthiness is therefore referred to as rigour, relevance and confidence in the research outcome. It further establishes authenticity of the research and reveals trust that readers have in the research (Daniel, 2019). The following factors ensured trustworthiness in this qualitative study:

3.8.1 Credibility

Credibility establishes that findings are relevant and congruent, reflecting the researcher's intended outcome as per the participant's perspectives and views (Daniel, 2019). Credibility was achieved through prolonged engagement with the participants until data saturation. It was also achieved through triangulation ṅthat the information collected emanated from different points of view by asking different questions and using different questioning methods. Lastly, credibility was achieved through member checks to assess the intentionality and the interpretation of the information provided by the participants (Babbie & Mouton, 2011).

3.8.2 Transferability

According to Daniel (2019), transferability suggests that findings from one study can be applied to other settings or groups of people. It ensures that the contents of interviews are those experienced by participants (Daniel, 2019). In this study, transferability was achieved by utilising purposive sampling and forming a solid description of the methodology so that other researchers can grasp it and decide if

they can follow and apply the process in other settings.

3.8.3 Dependability

Dependability is a criterion for evaluating the quality of qualitative data, referring to the consistency and stability of data over time and conditions (Polik et al, 2012). Dependability was ensured by analysing the themes developed by the researcher, by coding the information twice with a co-coder and conducting an audit trail. Furthermore, the audio tape recorder was safe kept for five years to allow others to confirm the findings.

3.8.4 Confirmability

Confirmability refers to the degree to which the results of an inquiry could be confirmed by other researchers (Anney, 2015). In this study, confirmability was achieved by keeping a reflexive journal to reflect on all events that took place in the field and by establishing trust and rapport with participants to avoid misinformation. In doing this, the determined conclusions, interpretations and recommendations could be traced to their sources whereby other researchers may review raw data, data reduction products such as field notes, condensed notes and summaries, developed themes, findings and the final report.

3.9 Ethical considerations

3.9.1Permission to conduct the study and ethical clearance

The research proposal was perused by the Department of Public Health, then SREC, FHDC and then an ethical certificate was received from TREC. This process ensured that the research study was feasible, and therefore approval was granted to conduct it. Moreover, the researcher requested permission from Limpopo Department of Health and Seshego Hospital to collect data at their facilities.

3.9.2 Anonymity

The principle of anonymity is linked to confidentiality. A participant's data must never be associated with his or her name or any identifier. The researcher made it clear to the participants that their names will not be disclosed in the study and that they should not mention them during interviews.

3.9.3 Privacy and confidentiality

The door of the room in which interviews were conducted was kept closed with an outside visible tag written 'interviews in progress' to avoid interruptions from other co-workers who were on duty. Moreover, what transpired in the one-on-one interview sessions and the findings of this study was not discussed with anyone besides the supervisor, and will be discussed with appropriate interested parties such as the management at Seshego Hospital and the Department of Health District office without mentioning the participant's names as they will be anonymous.

3.9.4 Protection of harm to participants

All participants were informed of the reason for conducting the study before participating in it, and that they may, in their own discretion, decide to withdraw from the study at any time without any consequences whatsoever. There were no participants who required emotional support due to expressing the challenges of working at the hospital. Therefore, no participant was referred to a registered counsellor from the hospital. Due to COVID 19, all safety regulations were adhered to, such as maintaining social distancing, sanitisation and the wearing of masks.

3.9.5 Informed consent

The researcher developed a suitable consent form which is attached as Appendix 4. The form was distributed amongst participants to allow them to sign written consent for their voluntary participation in the study. Thus, the researcher received adequate permission from participants before conducting the interviews with them. Moreover, participants were made aware that they have the right to withdraw from the study at any given time.

3.9.6 Bias

The researcher acknowledged bias in sampling and continuously reflected on methods to ensure adequate depth and relevance of data collection and analysis. Furthermore, other researchers were engaged to reduce research bias. Selection bias was anticipated and was minimised by recruiting participants that met study aims and fell within the inclusion criteria.

3.9.7 Respect and dignity of participants

The participants are autonomous, therefore their right to respect and dignity was maintained as they were not forced to take part in the study. Their viewpoints were

respected.

3.9.8 Risk, benefit and harm to participants

Participants were informed that they were free to withdraw from the study should they feel uncomfortable at any point. The ethical principle of beneficence was ensured, which maximised the benefits for the study participants and prevent harm (Polit & Beck, 2012). No sensitive questions were included in the interview guide; therefore, participants were protected from emotional harm. Moreover, they were under not coerced to take part in the study as they were not subjected to any physical or contact activities.

3.9.9 Legal and regulatory requirements

The research study adhered to several legislative frameworks such as the Protection of Personal Information Act (POPIA), which sets out the minimum standards regarding access to, processing and distribution of personal information belonging to others. Moreover, the National Health Act was also adhered to, which seeks to protect, promote and maintain the healthcare of the population guided by a common goal to improve the national health system in South Africa. The Constitution of the Republic of South Africa, particularly section 27(1) (a) was upheld, which states that everyone has the right to have access to quality healthcare services.

3.10 Conclusion

This chapter explored the research methodology that was followed when conducting the study, the research design, study site, population, sampling method, data collection, data analysis, measures to ensure trustworthiness and ethical considerations. Chapter 4 will discuss the research results of the study.

CHAPTER 4
RESULTS

4.1 INTRODUCTION

This chapter presents the study results in detail, including literature control. Data was collected from HCWs employed at Seshego Hospital, namely, nurses, pharmacists, dental personnel, clinical psychologists and doctors. Semi-structured one-on-one interviews were conducted to collect data. Furthermore, data was recorded through a voice recorder and field notes, and was collected until saturation was reached. From the collected data, two themes and seven subthemes were generated.

4.2 THEMES AND SUB THEMES

The study findings yielded two themes and seven subthemes from the data as indicated in the table below. The two themes and sub-themes suggested challenges that are experienced by healthcare workers when rendering services at a district hospital in Limpopo Province, South Africa. The two themes are shortage of resources, leading to poor quality patient care, and a lack of support from management and the government. Both themes comprise sub-themes that are discussed below.

TABLE 1: Themes and subthemes

	Themes	Sub-themes
1.	Shortage of resources leading to poor quality patient care.	1.1 Insufficient human resources 1.2 Out of stock medications 1.3 Insufficient working equipment 1.4 Inability of HCWs to provide holistic quality patient care.
2.	There is a lack of support from management and the government	3.1 Lack of recruitment of staff 3.2 Overburdened staff leading to burnout 3.3 Insufficient budget allocation.

4.2.1 Theme 1: Shortage of resources leading to poor quality patient care.

Guided by the analysed data, the findings show that participants experience shortage of resources when rendering services at the hospital, which is a huge challenge**.** This challenge subsequently affects the quality of service rendered thereof. The theme yielded three subthemes, which are discussed below:

4.2.1.1 Sub theme 1.1: Insufficient human resource

Participants indicated that the challenge of insufficient human resource is predominant at the hospital, and that this affects the quality of service rendered to patients. Insufficient human resources refer to shortage of staff at the hospital and workers are unable to perform their duties optimally. This is supported by one participant, who voiced out a concern of being understaffed while serving multiple sections within the hospital.

Participant 10: ***"****Here there's quite many challenges, one of the challenges, this is a general challenge everywhere. The staffing is still a very big problem, even now here in Seshego, we have a lot of sections casualty, maternity and other units so we are always short staffed especially in this hospital".*

This was supported by other participants who indicated the number of patients in one ward with inadequate staff.

Participant 1: "*Challenges? We have shortage of staff mainly. We are short staffed like now we would be two on duty, and when we are two on duty having 16 patients how do we care for them?"*

Participant 2: *"Because at the end of the day I must work for a capacity of five people although I am a single individual".*

Participant 3: "*They are medical, surgical, psychiatric, gynae, orthopedic all in one unit, which is female ward. So, with that, the unit must have adequate staff. You find that its 36 patients with only 2 sisters, 1 staff nurse and 2 enrolled assistant nurses. It*

is really challenging".

The above findings indicate that lack of human resource can adversely affect daily service delivery at the hospital. It is vital that HCWs are proportionate to the number of patients they care for in order to render quality services thereof. Lack of human resource can serve as a demotivating factor to HCWs as they are often faced with increased workload which perpetuates long patient waiting time and poor patient care. Moreover, this challenge implicates the opportunity for HCWs to go on leave as at times there will be an overflow of inpatients and outpatients who require close management. Therefore, HCWs may need to sacrifice to overwork themselves in this regard, which may have not been the case if HCWs were sufficiently staffed.

The findings are in consistent with studies conducted by Mohan, Walker, Sengooba, Kiracho, Mayora, Ssennyonjo and Revill (2022), which revealed that given the financial and physical resource constraints of Uganda's public health sector, the human resources for health crisis is still a huge challenge. In addition, Zhou and Zhang (2020) found that there is shortage of staff, especially amongst HCWs assigned to the infectious disease control in China. Moreover, the COVID-19 pandemic resuscitated the human resource challenges that the healthcare system has been struggling with in Indonesia (Mahendradhata, Andayani, Hasri, Arifi, Siahaan, Solikha, & Ali, 2021).

4.2.1.2 Sub theme 1.2: Out of stock medication

This study also revealed that most participants experience a challenge of out-of-stock medication. They frequently receive information of the hospital having a shortage of medication at the time that they needed to help patients. This is evident below where participants explain this challenge whilst executing their duties.

Participant 1: *"…Number two is shortage of medication; you find that the medication is out of stock. What do you give? Shortage of stock of whatever you must use, like if you must put up a drip or incubate you don't have this and that. How do you incubate without a laryngoscope? It's just an example".*

Participant 2: *"Another thing with overcrowding is that our hospital is always full and there is lack of treatment. Most of the time we experience shortage of treatment which compromises the quality of service".*

Participant 6: ***"****… all the time they always say they are out of stock of medication, because the tender is not renewed or still awaiting approval".*

Participant 10: "*And the other problems would be sometimes medication is a big problem, Pharmacy they usually on a month-to-month basis send this very long list of medication that is out of stock. It's very bad if you go to casualty, there's always a list, they'll tell you…(pauses) a lot of things it becomes very challenging whereby you have patients and then you know they need to get this particular treatment and you can't get. Sometimes we don't even have certain IV fluids and you know that for this condition you can only use this type of fluid, but they don't have".*

The above findings show that insufficient medication negatively affects the daily operations of the hospital. Patients visit hospitals faced by various medical conditions, whereby some medical conditions may be more fatal than others. Participants indicated that in cases where medication is out of stock, it renders a huge challenge as patients are referred to other hospitals which are far, or they are subsequently coerced to leave the hospital with a shortage of other prescribed medications. It is evident that medication serves as an integral part in healthcare service delivery. Therefore, if there is any shortage, it affects the quality of services rendered by HCWs at the hospital.

According to a study conducted in South Africa by Modisakeng, Matlala, Godman and Meyer (2020), pharmacists are the custodians of medicines, and therefore, play a critical role in the management of pharmaceuticals to help ensure the availability of medicines to patients in the public sector. However, it seems to be a challenge for pharmacists to have smooth facilitation of ensuring that medication is always available at the hospital. Kamba, Nambatya, Aguma, Charani and Rajab (2022) revealed that medicines supply chain management in public hospitals needs to be continuously strengthened to minimise shortages and stockouts. Meanwhile, Mahendradhata et al (2021) expressed the view that there is a level of weakness in medical supply chains, which was overtly exposed by the pandemic and the high number of patients requiring hospitalisation, which usually depletes medication rapidly.

4.2.1.3 Sub theme 1.3: Insufficient working equipment

Several participants responded that they face a challenge of insufficient working resources and equipment. They indicated that this challenge affects the healthcare service to be rendered. Some participants indicated that they lack restraints, linen, lyringo scopes and psychometric tests, while some equipment are left unserviced such as ABG tests and some dental machines. Therefore, the urgent need to address it will precisely yield rewarding results to the hospital and the South African health system. This is evident when some of the participants said:

Participant 3: *"Sometimes we admit psychiatric patients in our unit, and we don't have seclusion rooms. When they become aggressive, we have to exclude them so that they do not harm other people, patients or us as staff. Sometimes we need to restrain them, and we don't have restraints. We end up using crepe bandages and they end up squeezing them because they fight to be free. They then become swollen; it is a challenge on its own".*

Participant 5: ***"****Eh, it is the resources that we work with, sometimes they are accessible and at times they are not. Then as you know, when you work you require some equipments and this would mean that you will not provide quality service because of the lack you will have to improvise here and there. Where you fail there is nothing you can do".*

Participant 7: ***"****Our challenge is that our machines sometimes do not work, we are unable to wash our patients' teeth and patching their teeth and doing other procedures because our machines would be out of order".*

Participant 9: "*Of course, we have to have certain tests, we also don't have those because it is just a struggle to have tests. I don't know when last, we even received psychometric tests which we use to assist patients".*

Insufficient working equipments is a challenge that most participants are faced with as per the above findings. Service delivery is highly affected by this insufficiency and unserviced equipments. When HCWs are faced with this challenge, they often stretch

themselves to improvise, and where possible, they use themselves as resources. However, in many instances, it is an impossible task, and therefore, HCWs are left with no choice but to send patients back home.

To support the above responses, Setiawan, Pratiwi, Nimah, Pawanis, Bakhtiar, Fauziningtyas, and Ramoo (2021) stated that most middle- and low-income countries experience a challenge of having limited resources such as isolation rooms and other facilities in anterooms when dealing with illnesses such tubercolosis. In addition, equipment shortages was reported to still be a challenge for many HCWs, especially in low economic countries (d'Ettorre, Ceccarelli, Santinelli, Vassalini, Innocenti, Alessandri, Koukopoulos, Russo and Tarsitani, 2021). In a study conducted by Ganguly, Baishya, Chakrabarti and Mukhopadhyay (2021), HCWs reported that resource availability, allocation and adequacy was a real challenge that they experienced during the pandemic.

4.2.1.4. Sub theme 1.4: Inability of HCWs to provide holistic quality patient care

Some participants reported that they are unable to provide holistic quality patient care due to overcrowding in wards and increased patient waiting time, which compromises patient care and the quality of services rendered. Patient overcrowding in wards has been a concern to the participants. Therefore, improvements in addressing challenges faced by HCWs will yield the ability to render holistic quality patient care.

Participant 1"*I mean you don't give total quality patient care and all elements of total patient care which are social and psychological care and to check how they are coping financially at home*."

Participant 2: *"We are admitting more patients whereas the staff is less."*

Participant 3: "*With the mental healthcare users running around, patient safety and care is compromised. We can't totally nurse them; they need to be rehabilitated. In their institutions, they are usually taken outside, where the gate is locked and sit with them to rehabilitate them. With us we must just sit with them inside the unit, where there are no burglar doors or anything. If they become aggressive, we have to run away, there is nothing we can do. Sometimes we call security and they do assist even though it is*

not their problem. They usually come and assist us to restrain them so that we can sedate them".

Participant 6: ***"****Lack of staff for example affects and increases patient waiting time, so it means patients will wait for longer to get services".*

Participant 10: ***"****We are a very busy hospital, our casualty is very busy, OPD is very busy, so you'd think we are enough staffed but considering the number of patients we see on a daily basis, there are quite a lot".*

The responsibility of HCWs is to directly provide and manage patient care, which, considering the overwhelming number of cases at the hospital, may affect quality service delivery. To derive meaning from the above findings, increased workload experienced by HCWs affects the provision of quality patient care. Meanwhile, participants indicated that there is overadmission of patients at the hospital although they are understaffed. This exacerbates the inability to provide a holistic patient care.

Meanwhile, Maphumulo and Bhengu (2019) supported the above responses by reporting that although South Africa has an intact human right for access of quality healthcare to all citizens, challenges in the actual delivery of quality healthcare still exist. In Tanzania, the quality of healthcare at baseline was reported to be poor. Even with ongoing efforts to improve it, the concerning gaps still exists (Roder- DeWan, 2020). The enormous patient-to-HCW ratio overwhelms HCWs since it usually does not balance. Therefore, quality patient care is bound to be negatively affected.

4.2.2 Theme 2: There is lack of support from management and government

Some participants indicated that they experience lack of support from the hospital management and government, which directly affects the quality of service they ought to render. Some participants reported that the government does not attend to their issues, which puts them under pressure. Thus, participants verbalised their frustrations and recommended that management do physical walk-through to empathise with their experiences while rendering services. Moreover, the government needs to improve its HCW retention strategies to support participants with sufficient human resource. This theme yielded three sub-themes which are discussed below.

4.2.2.1 Sub theme 2.1: Lack of staff recruitment

The following extracts indicate that participants believe that there is a lack of staff recruitment at the hospital. Participants indicated that when HCWs leave due to pension, retirement, resignations, transfers or death, they are not replaced, which leaves a huge gap. Some of the participants said:

Participant 1: "*Another reason, people go on pension, and they are not replaced. There has been lot of HCWs who passed due to COVID, there was never replacements. The gap is too much".*

Participant 2: *"Shortage of staff is due to having no replacements for people who resigned, died and those who did transfers or went on pension".*

Participant 3: *"We had many staff who left our institution, others due to going to pension, taking early retirement, death and the department never hired after that".*

Some participants indicated that the department sometimes tries to fill the gap by hiring contract HCWs which, according to them, is not a sustainable solution to the challenges of recruitment and the retention of HCWs. Contract workers work for a certain period and if some of them are offered fulltime elsewhere, they leave and the HCWs are then faced with the same challenge of being overworked.

Participant 6: "*Yes, all HCWs experience the problem of not being absorbed including doctors. Now its contract services, those HCWs don't see a reason to be dedicated because they are only working here for six months".*

Participant 4: *"If they hire permanent employees, people will have the confidence to render quality service. Contractual are not active at work, knowing that they are only here for six months. Their focus is to apply for employment elsewhere".*

Participant 5: *"Contractual employment is not reliable, after it ends the gap remains, it is not a solution…".*

The above findings indicate that participants are not impressed with the current recruitment strategies applied by the employer. In essence, this emanated from the participants' observation of contractual workers' performance and how their departure

subsequently leaves a gap. Therefore, sustainable recruitment of HCWs should be introduced in order to relieve the overburdened HCWs, which will lead to the provision of quality service delivery. The type of services offered by contract workers are not sustainable, and leads to poor planning because they might not be available to implement the plan. Their loyalty is also questionable and this frustrates HCWs.

A study conducted by Sheffel, Andrews, Conner, Giorgio, Evans, Gatti, Lindelow, Sharma, Svensson and Welander (2022) suggested that countries should invest in health workforce deployment and improve their capacity and performance as a way to address the recruitment of HCWs rather than focus restrictively on increasing staffing numbers. Although barriers to lack of recruitment of HCWs were found to be their preference to work in private hospitals rather than in public hospitals and migration to established cities, recruitment should still be prioritised (Oleribe, Momoh, Uzochukwu, Mbofana, Adebiyi, Barbera, Williams, Taylor-Robinson, 2019).

4.2.2.2 Sub theme 2.2: Overburdened staff leading to burnout and fear

Participants mentioned that due to being overburdened, they often experience burnout and fear to receive complaints from patients whilst at work. They also fear being harmed by mental healthcare users admitted at the hospital since it is not a designated hospital for them. This is not a pleasant feeling to be experienced by HCWs as they will be more prone to make mistakes which can cost lives. Therefore, participants need to be offered regular psychosocial support to deal with potential mental health issues that they may be experiencing to curb fear and ultimately burnout. Participants indicated that being at work amidst being overburdened, they experience feelings of uncertainty towards how patients may receive their service.

Participant 1: "*99% of the quality is affected. I can help every patient in the ward, but the how part is difficult to answer. And with our units, paeds §and neonatal there will be lots of dissatisfaction from mothers and not patients because if a mother came with a sick child, they themselves are not sick, so they tend to be more observant. They see any irritability and overwhelmed behaviour in HCWs. We end up coming to work being unsure if we would knock off without a complaint".*

Participant 2: *"It affects the quality of service, in that as an employee when I come to*

work, I come depressed".

Participant 3: *"Nowadays drugs are accessible, those who are taking drugs they don't get sedated. It then becomes a big challenge, because we will be running around. As staff, we are also afraid of them when they become aggressive or come holding a bench we ought to run for our safety".*

Participant 5: *"Challenge number 2 in our section is that we work in an isolation ward and at times we work being extra careful to avoid being patients whereas we are nurses".*

The above findings suggest that due to the extreme challenges faced by participants, they are usually expectant of complaints from patients, which encourages fear and ultimately burnout. It is evident that HCWs need a sense of support to curb feelings that may perpetuate burnout. It is fundamental that HCWs be motivated with the provision of consistent allowances, improved remuneration and manageability of workloads. As a result, chances of burnout, fear and mental health issues caused by challenges that they experience in the workplace will drastically decrease amongst HCWs.

According to a study conducted in South Africa by Schaefer, Jenkins and North (2021), doctors work up to 60 hours per week to ensure 24 hours service delivery in hospitals. Thus their exposure to clinical work hours revealed an effect with burnout. In addition, Muthuri, Senkubuge and Hongoro (2020) reported that burnout amongst HCWs can be associated with challenges of shortages of staff, workload and lack of managerial support. In a study conducted in America by McHugh, Aiken, Sloane, Windsor, Douglas and Yates (2021), it was found that burnout increase amongst nurses can be attributed to less patient- to- nurse ratios. Meanwhile, Setiawan et al (2020) added that fatigue and depression signs were prevalent amongst HCWs due to an enormous number of patients that needed to be treated in one hospital.

4.2.2.3 Sub theme 2.3: Insufficient budget allocation

Participants expressed the responses they receive from management that the budget

allocation for services is insufficient. According to them, this is a huge stumbling block. Insufficient budget allocation affects the procuring of medications, and equipments such as psychometric tests, lyringo scopes, ABG tests and HCW replacements through hiring.

Participant 1: *"Equipments are not serviced. It must be advertised as a tender and undeserving people with lack of knowledge win those tenders. They also always tell us of budget".*

Participant 6: ***"****Well, I think the department should ask for more money from treasury in my view to buy more medication".*

Participant 9: ***"****Eh you know that every year we have budget allocation, so they continue to cut it year by year, meaning we get even less every year. Some of the things we also don't even try to order or place an order for procurement because we know that it won't be there".*

Participant 10: *"Ya, and then the shortage of other things like medication and other things obviously the pharmacy will tell you that the manufacturer is not manufacturing enough, or they can't get them from depot, ya those are the sources. I think the people who are ordering either know that they don't have funds to order, or they have funds, but they are not getting ey I don't know".*

One participant added that the procurement process is lengthy.

Participant 8: ***"****The process of buying is a very long process, so sometimes procurement is like they have a lot of work to do, so it is just a long process to buy things".*

Due to insufficient budget allocations to the department and hospital, participants voiced out that various processes such as hiring and procuring resources are negatively affected. Considering this remains unresolved, the challenges faced by HCWs will be a continued struggle. Therefore, adjustments to current budget allocation to the hospital should be made to ensure quality service delivery in that regard.

Meanwhile, the above responses are supported by a study conducted by Oberst (2021), which revealed that the insufficient government funding and unequal distribution of HCWs in Kenya is a challenge in the health sector and fails to provide accessible and quality healthcare. Moreover, the challenges were reported to also be deeply rooted in the scarcity of effective governance structures and the distribution of medical equipment. In a study conducted in Tehran, Iran, it was found that a huge portion of financial resources is allocated to hospitals; however, these hospitals are always faced with a lack of funds (Safarani, Ravaghi, Raeissi & Mohammadreza, 2018). Meanwhile, the proportion of funding for government health institutions in South Africa has been low, with a track record of unreliable payment to suppliers, amongst others (Malakoane, Heunis, Chikobvu, Kigozi & Kruger, 2018).

CHAPTER 5

MAJOR FINDINGS, SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

The previous chapter put emphasis on the research findings where two themes and seven subthemes that emerged were discussed in detail. The findings revealed that HCWs experience challenges of shortage of staff, resources such as medication and increased workload, which subsequently affects the quality of healthcare service that they took oath to render. The study was guided by the following two objectives:

- To determine challenges experienced by HCWs when rendering services at a district hospital in Limpopo Province.
- To describe the challenges experienced by HCWs when rendering services at a district hospital, Limpopo Province.

Moreover, two themes and seven subthemes emerged from the transcripts and were validated in line with current literature. Thus, this chapter discusses the major findings, significance and limitations of the study. Additionally, recommendations will be made.

5.2 MAJOR FINDINGS

This research study managed to answer the research question: **What are challenges faced by HCWs when rendering services in a district hospital in Limpopo?** The findings revealed that HCWs experience several challenges that affect their daily efforts to yield quality service delivery when implementing their duties. The challenges are shortage of staff and resources, shortage of medication, increased workload and lack of support from management and government. Most participants complained about the shortage of staff and indicated that when their co-workers leave the hospital through retirements, resignations, transfers or deaths, the department is unable to replace them. They reported that this leaves a huge gap, and they end up overworking themselves, which ultimately affects the quality of service they wish to render.

Participants also reported that patient waiting time is very long, whereby patients end up leaving the hospital without receiving help. This aligns with the research problem of this study, whereby the researcher observed, amongst others, long patient waiting time at the hospital. Moreover, the findings of the study indicated that although HCWs report their challenges timeously, the management lacks efficient response. Thus, healthcare workers reported that they end up having to compromise and sometimes utilise themselves as resources, which is difficult since they are working in a demanding environment with increased patient load and burden of diseases.

5.3 SUMMARY

The study revealed that HCWs at the hospital experience challenges with shortage of staff and resources, shortage of medication, lack of support from management as well as increased workload. Furthermore, due to the nature of the location and area of the hospital, the influx of patients overburdens HCWs and increases the financial burden. The hospital has five wards with supposedly imbalanced HCW- patient ratio, especially in wards. The HCWs respond to casualties, outpatients and inpatients. Two themes and seven subthemes emerged. These can be summarised as follows:

- **Shortage of resources, leading to poor quality patient care**

The participants indicated that insufficient human resource is a huge challenge at the hospital, and impedes them from rendering quality services to patients. They further revealed that the HCW proportion to patients is not balanced, whereby two registered nurses would be on duty with more than ten patients in a ward whereas other categories are also in short supply. The challenge heightens when some HCWs need to go on annual leave or are on a sick leave. Therefore, proper arrangements ought to be made well in advance before leave is approved.

Meanwhile, medication insufficiency affects the smooth rendering of services at the hospital. Participants reported that medication is usually out of stock and some patients end up leaving the hospital without medication. Lack of working equipment and resources at the hospital was also reported as a huge challenge. Equipment is reported to often being left without regular service or totally not procured, leading HCWs to refer patients to other hospitals or compromise by utilising whatever is at hand even if it is

undesirable. Resources such as linens in wards, ABG tests, dental equipment and lyringo scopes were some of the items mentioned to be in short supply or not serviced. Therefore, holistic quality patient care remains an outcome that HCWs are still working towards achieving.

- **Lack of support from management and the government**

Meanwhile, HCWs indicated that the staff recruitment strategy utilised at the hospital is not productive as HCWs who leave are not replaced, leaving a huge gap in service delivery at the hospital. In the midst of this challenge, HWCs reported poor support from the management and government, and suggested that management performs physical section or ward visits and refrain from making calls to wards and sections to take statistics and measure productivity. In addition, HCWs indicated that the management usually reports insufficient budget allocation for the smooth daily operation of the hospital, an aspect that really needs improvements.

Add itionally, the study revealed that HCWs are overburdened, leading them to experience burnout and fear of demotivation, and being reported as inefficient by patients. The participants further indicated that this was as a result of being overworked, whereas their salaries are low, which disables them to afford comfortable lifestyles such as funding higher education for their children as well as owning homes and cars. Moreover, some HCWs mentioned that when they go to work, they are always uncertain if the day would end without patients reporting complaints about them and the poor service. This seemed to be a demotivating factor to HCWs.

5.4 RECOMMENDATIONS

- The Limpopo Department of Health should develop robust HCW recruitment and retention strategies to avoid human resource shortages. HWCs should be replaced timeously when they leave, whether due to retirements, deaths, resignations or transfers.

- The department should strive towards employing HCWs permanently because contractual employment was reported not to be efficient and sustainable.

- Hospital management should conduct regular management walk-throughs in all sections of the hospital and avoid collecting information telephonically.
- Staff should be supported emotionally by offering and encouraging regular debriefing sessions to them.
- Equipment should be serviced regularly as per service plans.
- Management should respond reliably and time efficiently to the reported shortages of resources with shortened procurement processes.

5.5 SIGNIFICANCE OF THE STUDY

Public health in South Africa has improved in post-apartheid era. However, healthcare services are still moving towards being of quality whereby challenges faced by HCWs might be some of the hindrances. Therefore, this study will add new knowledge in the Public Health field in that challenges faced by HCWs in healthcare facilities were identified, and proper recommendations made to address the challenges accordingly. Moreover, this study might come in handy in guiding the Limpopo Department of Health policy makers, hospital management and relevant stakeholders on strategic response to resolve and prevent these challenges.

5.6 LIMITATIONS OF THE STUDY

Data was collected from HCWs who were on duty at the time of data collection. This may have deprived the study of rich information from HCWs who were absent. Moreover, the study excluded interns and community service HCWs who may also have different challenges to report. Additionally, the study was conducted at one district hospital, and therefore, the findings cannot be generalised to other district hospitals in Limpopo Province.

5.7 CONCLUSION

Globally HCWs experience several challenges when rendering services, and South Africa is not an exception. However, the healthcare improvement is still work in progress in South Africa. This study contributes to the exploration and description of challenges

experienced by HCWs when rendering services at a hospital in Limpopo Province. Following a robust data collection, the findings revealed that HCWs experience a shortage of staff, which ultimately increases workload. The findings also indicated that HCWs operate with limited resources, which leads them to compromise the quality of service they are expected to render.

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APPENDIX 1: DATA COLLECTION TOOL

CENTRAL QUESTION: What are challenges that you experience while working at this Hospital?

PROBING QUESTIONS

1. What are challenges you experience when rendering services at the hospital?
2. What are the sources of each challenges mentioned?
3. How does each challenge affect the quality of service delivery?
4. In your view, what are the possible solutions to each of these challenges?

THANK YOU FOR YOUR PARTICIPATION

APPENDIX 2: ETHICAL CLEARANCE CERTIFICATE

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: **29 March 2022**

PROJECT NUMBER: **TREC/41/2022: PG**

PROJECT:

Title:	Challenges Experienced By Healthcare Workers When Rendering Services at a District Hospital in the Limpopo Province, South Africa
Researcher:	MT Nchabeleng
Supervisor:	Mr MP Kekana
Co-Supervisor/s:	N/A
School:	Health Care Sciences
Degree:	Master of Public Health

PROF P MASOKO
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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APPENDIX 3: PERMISSION LETTER FROM LIMPOPO DETARTMENT OF HEALTH

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

Ref : LP_2022-05-018
Enquires : Ms PF Mahlokwane
Tel : 015-293 6028
Email : Phoebe.Mahlokwane@dhsd.limpopo.gov.za

NCHABELENG MPELEGENG TRUDY

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

Challenges experienced by healthcare workers when rendering services at a district hospital in the Limpopo Province, South Africa

1. Permission to conduct research study as per your research proposal is hereby Granted
2. Kindly note the following:
    a. Present this letter of permission to the office of District Executive Manager a week before the study is conducted.
    b. This permission is for **Seshego Hospital Only**.
    c. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
    d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
    e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
    f. The approval is only valid for a 1-year period.
    g. If the proposal has been amended, a new approval should be sought from the Department of Health
    h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

pp _____ 06/06/2022

Head of Department **Date**

APPENDIX 4: PERMISSION LETTER FROM SESHEGO HOSPITAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
SESHEGO HOSPITAL

Reference: S5/3/1/2

Enquiries : Moloisi K.P.
Tel : 015 223 5141 Ext. 1040
Date : 4th July 2022

From : Office of Chief Executive Officer

To : Ms. Nchabelelng Mpelegeng Trudy

SUBJECT: GATEKEEPER PERMISSION TO CONDUCT RESEARCH AT SESHEGO HOSPITAL

1. The above matter bears reference.
2. Kindly be informed that Gatekeeper permission is granted to you to conduct research at Seshego Hospital entitled "Challenges experienced by healthcare workers when rendering services at district hospitals in the Limpopo Province, South Africa".
3. The above research will be conducted as from the 4th of July 2022.
4. Hope you will find the above information in order.

Regards

Masemola M.E

Chief Executive Officer

SESHEGO HOSPITAL, BOOKELO STREET, PRIVATE BAG X 4016, SESHEGO, 0742
TEL 015 223 5141, FAX 015 223 6169

The heartland of Southern Africa - development is about people!

APPENDIX 5:CO-CODER REPORT

CO-CODER'S REPORT

To whom it may concern.

RE: CO-CODING CONFIRMATION: NCHABELENG MPELEGENG TRUDY

This letter serves to acknowledge that I **MAPHAKELA M.P**, have co-coded 10 transcripts for **Nchabeleng M.T. (201012794)** titled: **CHALLENGES EXPERIENCED BY HEALTHCARE WORKERS WHEN RENDERING SERVICES AT A DISTRICT HOSPITAL IN THE LIMPOPO PROVINCE, SOUTH AFRICA.**

The 3 themes and 7 sub-themes that emerged from the analysed transcribed data were agreed upon between myself and Ms Nchabeleng M.T.

For any enquiries please contact me:

Ms M. P. Maphakela

University of Limpopo: Student Health and Wellness Centre

Cell: 082 6978813

Tel: (015) 268 3502

E-mail: mahlodi.maphakela@ul.ac.za

Signature

07 AUGUST 2022

Date

APPENDIX 6: CONSENT FORM

PART A: Participant/caregiver consent form

(For each participant/caregiver, please read and understand the document before signing)

Research title: The challenges faced by Healthcare Workers when rendering services at this district hospital, Limpopo

Introduction

This is an invitation to participate in the study as a volunteer. This is to help you decide if you would like to participate and should there be any questions, please feel free to ask the researcher.

The purpose of the study

The purpose of the study is to determine the challenges faced by HCWs when rendering services at a district hospital, Limpopo Province. The sample of this study will be selected from the clinical staff at a hospital which comprises of HCWs, dentists, pharmacists, clinical psychologists and doctors.

Before the study you will need to complete:

- This consent form and short biographical information request

During the study you are free to withdraw from the study without giving a reason, and that participation is voluntary. The aim of the study is to determine the challenges faced by HCWs in rendering services at a district hospital, Limpopo Province.

Has the study received ethical approval?

This study will commence upon approval from the Turfloop Research Ethics Committee, Limpopo Provincial Department of Health and a district hospital Management.

Rights of participants of the study

Participation is voluntary and you have a right to refuse participation in the study. Refusal to participate will not in any way influence any future relationships with the school or the interviewer.

Are there any risks

There are no risks attached.

Discontinuation of participants in the study

No pressure will be exerted on the participant to consent to participate in the study and the participant may withdraw at any stage without penalisation.

Any financial arrangements

There are no financial resources that participants can benefit from the study, and the researcher is not going to receive any incentives.

Confidentiality

All information provided to the research team will be treated as confidential.

PART B: Informed consent form to be signed by the participants/caregiver

I hereby confirm that I have been informed by the investigator, **MPELEGENG TRUDY NCHABELENG** about the nature, conduct, benefits and risks of this study. I have also read the above information regarding this study.

I may withdraw my consent as well as my participation in the study and declare that I had sufficient opportunity to ask questions and therefore declare myself prepared to participate in the study.

Participant/caregiver Name_____Participant/caregiver' signature_____

Date _____

Investigator's name_____Investigator's signature _____

Date _____

I, MPELEGENG TRUDY NCHABELENG, herewith confirm that the above participant has been informed fully about the nature of the study.

Witness name_____Witness signature_____Date_____

APPENDIX 7: TIME FRAME

The collection of data begun after Ethical Clearance was obtained from the University and permission to conduct data was obtained from the provincial Department of Health and Seshego Hospital. Therefore, the researcher expects to complete the study by November 2022.

March 2021	Address departmental corrections
April 2021	Submit to SREC
April 2021	Submit to FHDC
April 2021	Submit to TREC
May 2022	Apply for permission to collect data from LDOH and Seshego Hospital
July 2022	Data collection
August 2022	Data analysis
September 2022	Report writing
October 2022	Editing
November 2022	Final submission of mini dissertation

APPENDIX 8: EDITOR LETTER

Stand 507 Caledon village, email: kubayijoe@gmail.com, cell 0794848449

08 October 2022

Dear Sir/Madam

SUBJECT: EDITING OF DISSERTATION

This is to certify that the dissertation entitled 'Challenges experienced by healthcare workers when rendering services at a district hospital in the Limpopo Province, South Africa' by Ms M.T Nchabeleng has been copy-edited, and that unless further tampered with, I am content with the quality of the dissertation in terms of its adherence to editorial principles of consistency, cohesion, clarity of thought and precision.

Kind regards

Prof. SJ Kubayi (DLitt et Phil)

APPENDIX 9: TRANSCRIPTS

Participant 1
Gender : Female
Category : Registered Nurse
Section : Neonatal ward

Question: What are the general challenges that you are faced with when rendering services at the hospital?
Answer: "*Challenges? We have shortage of staff mainly. We are short staffed like now we would be two on duty, and when we are two on duty having 16 patients how do we care for them?"*
Question: When you say care, what kind of care are you talking about?
Answer: "*I mean you don't give total quality patient care and all elements of total patient care which are social, psychological care and to check how they are coping financially at home*."
Question: Why is it important to know all those elements?
Answer: "*We have to know so that if there are any, we have to assist so that when they return to communities they do so with a different idea*."
Question: And if you know about them, what is it that you do with the information?
Answer: "*We have to handle those problems individually as they present themselves. Teaching those who are affected how to handle those problems. If you don't teach them, they leave here blind and next month they present with the same problem again. The teenage mother will she fall pregnant again and still have all these problems like premature labour or pre-term labour. If we educated her, she would not have gone to make the same mistake and to view things differently eg valuing grant over education or seeing themselves as useless after giving birth and only solution is getting grant money, forgetting that grant ceases."*
Question: Why is it impossible to educate them then?
Answer: "*We can't even educate them because of shortage of staff, if I'm assisting the doctor to insert a drip when we are done, we separate, and as a senior I must write reports while my junior also concentrates on doing observations, going up and down.*"
Question: You talk of one category of staff, I take it you are okay with other categories?

Answer: *"No, we don't have ward clerks or porters in the ward where you can send them around. Porters are situated at OPD and when they are there maternity wants a porter, pediatrics also wants one to take a person to X-ray, male ward will also need one. Also, at porters' bay you find that they are only two or three I'm not sure. We don't have messengers; you send the very sub-category nurse that you work with. Then you are left alone in the ward. If there is any resuscitation to be done, how do you resuscitate alone with the doctor only? How do you also call the doctor because you are…(pauses)?"*

Question: "How many Doctors are there?

Answer: "*We use only one doctor for two units, neonates and pediatrics."*

Question: When you move what happens?

Answer: "*Ones there is an emergency and I move to call the doctor to help with resuscitation, the patient dies. We don't have to move from an emergency, like when there is fire you don't move away but you call for assistance. Number two is shortage of medication; you find that the medication out of stock. What do you give? Shortage of stock of whatever you must use, like if you must put up a drip or incubate you don't have this and that. How do you incubate without a laryngoscope? It's just an example. You can't. You still going to borrow while a patient needs immediate care. The third one is shortage of linen, right now its winter we don't have blankets. We received a patient from Mankweng, the mother doesn't have a blanket. It's another challenge. The gowns are also not always there, so they stay with the same clothes for week or so. How do you as a women do that? Healthwise, comfort…"*

Question: Hygiene wise…the second question is what the sources of each challenge are.

Answer: "*Shortage of staff it's because they don't hire because if they were we would have enough staff. Remember we used to receive new staff from Limpopo Nursing College, now the college has closed. St Ritas college is also closed. Colleges shut down. We only have students from University of Limpopo of which they are not absorbed. After doing their one-year community service they are expected to go and look for work elsewhere. All of them moved to other provinces".*

Question: Where opportunities are.

Answer: "*Yes, all HCWs experience the problem of not being absorbed including doctors. Now its contact services, those HCWs don't see a reason to be dedicated because they are only working here for six months".*

Question: The motivation is not the same.

Answer: "*Another reason, people go on pension, and they are not replaced. There has been lot of HCWs who passed due to COVID, there was never replacements. The gap is too much. For lack of treatment, it's because of tender systems. Equipments are not serviced. It must be advertised as a tender and undeserving people with lack of knowledge win those tenders. They also always tell us of budget".*

Question: I hear it. It then takes us to question three of how the quality of service is then affected.

Answer: "*99% of the quality is affected. I can help every patient in the ward, but the how part is difficult to answer. And with our units, paeds and neonatal there will be lots of dissatisfaction from mothers and not patients because if a mother came with a sick child, they themselves are not sick, so they tend to be more observant. They see any irritability and overwhelmed behaviour in HCWs. We end up coming to work being unsure if we would knock off without a complaint".*

Question: Ok ma, so in your view what do you think possible solutions would be for the challenges you have mentioned?

Answer: "*Possible solution is just to hire. Limpopo government should hire and stop these acting posts. Those who are acting have been removed from the clinical area to acting in the management. So obviously they left a gap on top of those who died, went on pension and resigned. If they hire from top to bottom, I don't think we will experience in providing total patient care. We will have enough hands to attend to all patients. If there is no tender system and the department procures equipment's on their own and distribute them equally according to the needs of hospital will be fine. The machines used should be uniform in all Limpopo hospital. When it comes to laundry services, it is also tender. Our linens get lost and old linens are not replaced. Remember tender system utilizes more money for less service for example tenderpreneurs quote a lot of money for bread more than the price we buy it for".*

Question: You have raised important points. Thank you for your time.

Answer: "*You are welcomed".*

Participant 9

Gender : Female

Category : Clinical Psychologist

Section : Psychology

Question: Uhm what are the challenges that you face when rendering healthcare services at Seshego hospital?

Answer: ***"****Uhm in our section Psychology, the biggest challenge that we have obviously something that is common in everyone is lack of resources because as a section you will know that psychology deals with a whole spectrum of patients".*

Question: What do you mean when you say a whole spectrum of patients?

Answer: ***"****I am referring to patients such as children, adolescents… so we have specifications. Like if you are seeing children there should be a playroom, there should be a one-way mirror, there should be toys, so all those things, the design for play therapy is one of the things that you'll never have in a setting like this. So, it limits us especially when we deal with children. And the other thing, you know when we work with patients we should continue to study and continue to read".*

Question: Are there other challenges?

Answer: ***"****We also don't have a simple thing like network, we don't have internet, so if you must do something on the internet it means you must have your own resources, which is very basic. I mean something like internet you'd think it should be readily available, but we don't have. So, things like that, lack of resources is a big stumbling block as far as service delivery is involved".*

Question: What are the sources for each challenge mentioned?

Answer: ***"****Eh you know that every year we have budget allocation, so they continue to cut it year by year, meaning we get even less every year. Some of the things we also don't even try to order or place an order for procurement because we know that it won't be there".*

Question: What are some of the things that you don't try to order?

Answer: ***"****For example, this computer that you are seeing is more than 10 years old, so we are looking at it crushing anytime and we produce reports and something very basic like not being able to produce a report because there is no computer or there is no printer. Those are things that stands very much in our way. Of course, we have to have certain tests, we also don't have those because it is just a struggle to have tests. I don't know when last, we even received psychometric tests which we use to assist patients".*

Question: How do you overcome the challenge of not having psychometric tests?

Answer: ***"****So, we come here, and we use ourselves mostly as resources to render*

services. And it's just that now we don t have that challenged, but if one of us tends to go away on resignation or transfer, usually they don't replace staff members which is also a challenge, but for now with us we are still covered, but should it happen we know that we are going to work with very few staff members because they are not replaced".

Researcher: Thanks. So how do you think the mentioned challenges affect the quality of the service you render?

Answer: ***"****It affects because we don't do as we are supposed to do, you are not going to render therapy that you are supposed to render because if you can see there is no carpet for…(pauses), even if I try to improvise, but when you do play therapy, you must at least have a carpet, so if I have it where do I store it after the session? If I have toys, where do I store them, so we end up just like I said, we use ourselves as resources, hence it means the quality of service that we going to render is going to be compromised".*

Researcher: What do you think the solutions to the challenges experienced would be?

Answer: ***"****The possible solution is for our higher authorities, maybe at head office to have something like a research and find out what exactly we need to have so that they work according to what we need. A need analysis".*

Question: Do you think the department does not know your needs?

Answer: ***"****I don't think that they don't have our needs, because we used to have lots of things, its just that abruptly they started to cut the budget. But if they can go back to how they used to do things, because when I came here its like 14 to 15 years ago, we used to have things.*

Question: What things were you used to have"?

Answer: ***"****Like I'm telling you, I was supplied with a printer and a computer at that time, they came at the same time. But now for me to get a printer is a struggle. So, if they can come and say let's have a needs analysis and try to allocate budget according to the needs of what the employees want in order to better their services, it be efficient. But seemingly there is no money, because that is what we are told, the problem will never be resolved. But as soon as they avail the resources, money-wise I think we can be able to render services efficiently".*

Question: Thank you for your time.

Answer: *"Thank you".*

Participant 10

Gender : Male

Category : Doctor

Section : Medical

Question: Uhm what are the challenges that you face when rendering healthcare services at Seshego hospital?

Answer: *"*Here there's quite many challenges, one of the challenges, this is a general challenge everywhere. The staffing is still a very big problem, even now here in Seshego, we have a lot of sections casualty, maternity and other units so we are always short staffed especially in this hospital".

Question: Kindly elaborate how staffing affect your work as a doctor?

Answer: *"*We are a very busy hospital, our casualty is very busy, OPD is very busy, so you'd think we are enough staffed but considering the number of patients we see on a daily basis, there are quite a lot".

Question: What makes this hospital busy like you say?

Answer: *"*Seshego is in a township, and there are a lot of violence around, there are a lot of people using substances, there are a lot of pregnancies, so we are quite very busy for a district hospital. Because a district hospital has got a limited number of doctors, so in general the staffing it's a very big problem. We are usually short-staffed, and we are not managing very well in terms of the number of patients we see per health care worker".

Question: What other challenges are you experiencing?

Answer: *"*And the other problems would be sometimes medication is a big problem, Pharmacy they usually on a month-to-month basis send this very long list of medication that is out of stock. It's very bad if you go to casualty, there's always a list, they'll tell you…. (pauses) a lot of things it becomes very challenging whereby you have patients and then you know they need to get this particular treatment and you can't get. Sometimes we don't even have certain IV fluids and you know that for this condition you can only use this type of fluid, but they don't have".

Question: What do you when you don't have certain treatments that you need?

Answer: *"*So, you find that you must ask from other hospitals which takes long. You want to use it now, but you don't have it, so now you are doing run arounds, calling other wards… (deep breath) ja this are a lot of them. The issue of medication, the issue of IV fluids and other things that are always out of stock example an ABG machine is a very helpful machine in casualty. It's very difficult to manage patients without the ABG

machine. The ABG we are having here it works for 2-3 weeks then it is out of cartridge from 3-4 months. We get cartridges for 1 week or 2 weeks then its out. Basically, we don't have, because we can only have for a limited amount of time. These are the common challenges. I think we are overwhelmed with the number of patients; the patients are a lot here and then the behaviour in the community in general, it being a township it's just overwhelming".

Question: What do you think the sources for the mentioned challenges are, from your own viewpoint?

Answer: "*Well, a challenge of staffing obviously, I'd say it comes from the fact that not enough people are being hired. That's generally the problem. Ya, and then the shortage of other things like medication and other things obviously the pharmacy will tell you that the manufacturer is not manufacturing enough, or they can't get them from depot, ya those are the sources. I think the people who are ordering either know that they don't have funds to order, or they have funds, but they are not getting ey I don't know".*

Question: Okay, I see. How do you think the mentioned challenges affect the quality of the service you render?

Answer: "*Well, it is very bad, now the first challenge which is staffing, patients wait very long and its very unacceptable especially in casualty a patient cannot wait. There are certain conditions that cannot wait, so you find that, I think we have 6 rooms, so at times its full. All the rooms have patients and then now there are patients waiting outside because we are not able to manage the patients on time because of staffing".*

Question: What do patients end up doing when they wait for too long?

Answer: "*They end up waiting too long on the que because these are the people who come to casualty and casualty is for emergencies. So as an emergency, emergency waits then we have a very high number of absconding, patients leave. So, we don't know, when this happens, we don't know what will happen with those patients. Because its full inside, we are trying to manage, but they are a lot so others abscond and go home we don't know what will happen to them. So, yah patients wait for a very long time because of staffing".*

Question: How challenging is the waiting time for patients?

Answer: "*The waiting time here is very bad, especially in casualty and OPD and then OPD is on the other side. I think in a day you will see patients; they have numbers written on their hands; you can see even a person who is number 180 so ya it's a very busy OPD there. So now what happens is they go there at OPD, they stay there on the*

que from 8am or 7am, they wait there on the que going to see the doctor and at 16h30 the doctors knock off. We cut the line, so imagine patients who came to the hospital, they are sick all of them and then they are not seen, they go back home. And when they go back home, obviously they are those who are sick, but they were not seen at all so the service now becomes very bad because others are hypertensive and its uncontrolled or the medication has run out, they did not see the doctor, then they go back home. You see its very bad, and then in terms of the medication, medication is also another big challenge. If the patient is having an illness that needs a particular treatment, and its not there obviously that patient's condition is just going to deteriorate".

Researcher: What do you think the solutions to the challenges you experience here at the hospital would be?

Participant: "*The possible solutions would be that the people who have the authority to assist if they can investigate how they can best assist us in terms of staffing, in terms of eh giving us proper treatment to use, procuring what needs to be procured. I think that would really help a lot. The thing is with this hospital particularly, because it is a district hospital, when you count the number of doctors and other health cate workers, you think for a district hospital is enough. But this particular district hospital is very busy. If you take a look, we have a book where we record every patient we see and if I show you that this book, we started it this month you won't believe. Check how many patients we've seen, if you check that book now it's almost full, you won't believe. As to how many patients we see in a day, its so many. So, for a district hospital you might say, no this hospital has many doctors, but reality is if you go to OPD at 16h30 you will find patients still on the que. Ask them did you see the doctor; they'll say no I didn't see the doctor and they said I must come back tomorrow. Patients come to the hospital, some of them they have to ask for money, some will tell you, I actually requested money from the neighbour to come to the hospital".*

Question: When patients experience such service, what do they do?

Answer: "*They don't come back again some of them, others will demand to go to the clinic even if they still need to be seen here. They say here its far and sometimes we are not even seen, transfer me to the clinic. So, you see, the service becomes very bad".*

Question: Thank you for the information provided.

Answer: *"Alright, it's my pleasure".*