

**AN EVALUATION OF FACTORS AFFECTING HEALTH SERVICE DELIVERY AT
MANKWENG HOSPITAL, LIMPOPO PROVINCE**

By

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ABSTRACT

This research evaluates factors affecting health service delivery in public hospitals in South Africa, especially focusing on the province of Limpopo, Mankweng Hospital. The right to high-quality medical treatment is enshrined in the South African Constitution. The pertinent section of the South African Constitution is section 27(1)(a), which stipulates that "everyone has the right to have access to healthcare services, including reproductive healthcare." This study was motivated by my observations of the challenges faced by patients and healthcare workers at Mankweng Hospital, where long lines and exhausted medical practitioners due to understaffing and resource scarcity are evident. To address these difficulties, I aimed to investigate the factors affecting health-service delivery in public hospitals. By identifying the root causes of these challenges, this study seeks to contribute to the development of evidence-based solutions that will improve patient care, alleviate the workload of healthcare workers, and enhance the overall healthcare experience in public hospitals. The study adopted qualitative, utilising semi-structured interview questionnaire. Purposive and random sampling were used in this study. Content analysis was utilized for data analysis to identify and categorise major themes arising from the data, including organizational structures, resource limitations, staff attitudes, patient experiences, and policy impacts. The research findings highlighted several obstacles in the provision of healthcare services, such as lengthy waiting periods, insufficient staffing, and scarcity of essential resources, which disproportionately affect rural regions and undermine the quality of healthcare delivered. These challenges are further compounded by an unreliable power supply and inadequate IT infrastructure, impeding the adoption of information and communication technology resources, and impacting specific groups such as rural inhabitants. To tackle these challenges, it is crucial for the government and healthcare establishments to formulate a strategic plan to enhance healthcare service delivery, increase budgetary allocations, and tackle human resource and equipment shortages, while simultaneously improving IT infrastructure and exploring alternative energy sources.

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DEDICATION

I dedicate this research to my parents, Sarah Masenya and Piet Masenya, whose constant faith in me has served as an inspiration of light, even on the darkest days when self-doubt threatened to surpass my path. My younger sister, Lizbeth, who missed me the most when I was occupied with my studies. Your belief in my ability has been a continual source of encouragement, and I am eternally thankful for your unwavering support.

DECLARATION

I declare that “An Evaluation of Factors Affecting Health Service Delivery at Mankweng Hospital, Limpopo Province” hereby submitted to the University of Limpopo, for the degree Master of Public Administration and Management has not previously been submitted by me for a degree at this or any other university, that it is my work in design and in execution, and that all materials contained herein has been duly acknowledged.

Masenya M.S Ms

Surname, Initials (Title)

18/08/2025

Date

ABBREVIATIONS

AAA-AMERICAN ACADEMY OF AUDIOLOGY

AIDS-ACQUIRED IMMUNE DEFICIENCY SYNDROME

AMA-AMERICAN MEDICAL ASSOCIATION,

ANC-AFRICAN NATIONAL CONGRESS

ART-ANTIRETROVIRAL THERAPY

CBIH-COMMUNITY-BASED HEALTH INSURANCE

DA-DEMOCRATIC ALLIANCE

DPSA-DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION

HAIS-HEALTHCARE-ASSOCIATED INFECTIONS

HIV-HUMAN IMMUNODEFICIENCY VIRUS

HRM-HUMAN RESOURCE MANAGEMENT

ICP-INFECTION CONTROL PROCEDURES

ICT-INFORMATION COMMUNICATION TECHNOLOGY

NHI-NATIONAL HEALTH INSURANCE

NHIS-NATIONAL HEALTH INSURANCE SYSTEMS

NHIS-NATIONAL HEALTH SERVICES

OPD-OUTPATIENT DEPARTMENT (OPD),

PAIA-PROMOTION OF ACCESS TO INFORMATION ACT

PHI-PRIVATE HEALTH INSURANCE

PPE-PROTECTIVE EQUIPMENT

PRC-PATIENTS' RIGHTS CHARTER

RFID-RADIO FREQUENCY IDENTIFICATION

RSA-REPUBLIC OF SOUTH AFRICA

SA-SOUTH AFRICA

SHI-SOCIAL HEALTH INSURANCE

TAC-TREATMENT ACTION CAMPAIGN

WOW-POSITIVE WORD OF MOU

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

In South Africa (SA), the provision of high-quality medical care is mandated by Constitution of the Republic of South Africa(RSA) 1996, particularly section 27(1)(a), which states that "everyone has the right to have access to healthcare services, including reproductive healthcare." The right to high-quality medical care is stated in the Constitution. This constitutional document creates a fundamental right for all South African residents to have access to healthcare services, and it sets the government in charge of ensuring that these services are supplied. In other words, it is the responsibility of the South African government to offer or facilitate access to high-quality medical treatment for all citizens, regardless of socioeconomic situation. (Stuckler, Basu & Mckee 2011:165). Therefore, in order to improve health care, efficiency, safety, and accessibility for all users, the government has launched a number of programs and initiatives. Additionally, health policy and law have undergone substantial modifications to ensure compliance in delivering quality care (Maphumolo & Bhengu 2019).

The Batho Pele (people first) policy was adopted by the South African healthcare system to guarantee that government-provided healthcare services are efficient and effective for the benefit of the patient. Rapea (2004: 1) states that the phrase "Batho Pele" describes the South African government's steadfast dedication to delivering high-quality services, which led to the development of the eight Batho Pele Principles: consultation, access, service standards, courtesy, openness, information, redress, and value for money. In the twenty-first century, companies who have made client centeredness the cornerstone of their comprehensive plan will succeed, claim Shafiq et al. (2017: 1). The COVID-19 pandemic increased demand for patient transport and emergency medical interventions, putting additional strain on ambulance systems. Ambulance staff faced additional hurdles due to the requirement for suitable Personal Protective Equipment (PPE) and Infection Control Procedures (IPC) (Matamanda, Nel, Dunn, Mgwele, Rammile, Leboto-Khetsi, Kohima, and Ngo, 2023). The funding models for public hospitals differ greatly. Countries including the United Kingdom and

Canada have primarily government-funded healthcare systems, whereas the United States has a mix of public and private funding (Goniewicz et al., 2020). Some countries, such as Australia, have a hybrid model that combines public and private alternatives. South Africa can study these approaches and alter its funding system to better meet its healthcare demands. This could include boosting public financing, establishing mandated health insurance, or exploring public-private partnerships (Okafor et al., 2022).

Many advanced nations, like the United States and the United Kingdom, have faced personnel shortages in public hospitals (Zhou, 2023). They've handled this by investing in healthcare education, offering competitive compensation, and hiring healthcare workers from outside. South Africa may look into initiatives such as expanding funding for medical education, providing incentives for healthcare professionals to work in underprivileged areas, and developing cooperation with foreign healthcare workers. Ambulance services in many highly developed nations, such as Germany and the Netherlands, are efficient, with well-trained paramedics and advanced technology (Matinrad, and Reuter-Oppermann, 2022). They place a premium on immediate responses and patient care. By investing in ambulance services, educating paramedics, ensuring a sufficient number of ambulances, and executing good emergency response protocols, South Africa can learn from these countries. South Africa can obtain a more nuanced understanding of various techniques and interventions that have been successful in other contexts by studying these international viewpoints. This can help to inform the evaluation of factors affecting service delivery and aid in the development of customized solutions to specific difficulties in the South African public health sector (Tuyisenge, 2020). One of the government's primary priorities is health care, which is a basic service that all citizens should have access to. Individual health, access to healthcare, and social fairness all rely on a dependable, high-quality healthcare system (Okafor et al., 2022).

However, the government will not be able to achieve its main goal of guaranteeing a long and healthy life for South Africans unless sufficient drugs (medication) and adequate medical equipment are available at health institutions. The service delivery at Mankweng Hospital in the province of Limpopo is ineffective, according to the unannounced inspection carried out there in 2016. There were approximately 85 employees working in the Outpatient Department (OPD), according to information

provided to the inspection team. Seven doctors were on-call out of the eighty-five (85) employees, and they rotated according to the roaster system the hospital devised (Mankweng Hospital Inspection, 2016). However, the inspection team discovered during an interview with one of the doctors that they do not appear to be aware of the roaster that already exists and only plan on a rotational basis. Additionally, it was determined that there were only (2) two doctors instead of seven, and the OPD Manager was unaware of their absence but claimed that some of the doctors were taking part in a strike (Mankweng Hospital Inspection 2016). The Democratic Alliance (DA) also conducted an inspection at the hospital in 2021 and found that the hospital needed more resources to assist citizens visiting their site, there were water issues, and there were understaffing issues, the quality-of-service delivery in Mankweng hospital has not changed (Maharaj 2021:19). This study aims to evaluate the factors affecting health care services provision at Mankweng Hospital.

1.1 STATEMENT OF THE RESEARCH PROBLEM

Any government's primary duty is to provide services. An increasingly serious issue at the Department of Health is poor service delivery. Some patients prefer private health facilities because they have better staffing, infrastructure, and ambiance (Mmadi and Sithole, 2019), whereas most public health facilities in South Africa have the exact opposite characteristics (Treatment Action Campaign, 2018), which is a serious issue since many underprivileged people rely on public hospitals. Negative staff attitudes, congestion, malpractice, and a lack of safety and security are among the difficulties with public healthcare that have been noted. Patients routinely express discontent with how things are handled in the hospital, raising worries about service delivery in the Limpopo Province's Mankweng facility (Mankweng Hospital Inspection, 2016).

In addition, the Democratic Alliance (DA) inspection revealed that the Mankweng hospital receives a high volume of patients, with most of these patients dissatisfied with the hospital's service provision (Maharaj,2021:19). Given the prevalence of poverty and unemployment among citizens, the public healthcare facility in South Africa plays an important role in catering to a significant portion of the country's population. The existence of successful and efficient public hospitals in South Africa is therefore becoming increasingly crucial (Nash, 2024). Mankweng Public Hospital's ongoing incapacity to provide its patients with high-quality healthcare services is the primary concern, which leads to unsatisfactory patient outcomes and poor health

outcomes. Long wait times, poor treatment and care, a lack of staff, and poor management techniques are some of the ways this problem shows up. Mankweng Public Hospital continues to face challenges throughout despite the efforts by different stakeholders, such as the Department of Health and non-governmental organizations, to address similar challenges at other public hospitals. The significance of sufficient staffing and resources in enhancing healthcare delivery, for instance, has been emphasized in previous studies (Mmadi and Sithole, 2019; Treatment Action Campaign, 2018).

The Mankweng Public Hospital still faces multiple challenges nonetheless and these recommendations have not been fully adopted there. Inadequate funding and resource allocation, ineffective leadership approaches, a lack of opportunities for healthcare professionals to receive training and development, and a lack of community involvement and participation in healthcare decision-making are some of the reasons why problems persist (Mukurunge, Nyoni, and Hugo, 2024). The aim of this study is to investigate the factors affecting the provision of health services at Mankweng Public Hospital in order to identify strategies for improvement. By examining the intricate interactions between factors which affect healthcare delivery in this context, this study seeks to assist in the creation of effective solutions that can improve the quality of healthcare services offered to patients at Mankweng Public Hospital and other similar facilities in South Africa.

1.2 RESEARCH AIM AND OBJECTIVES

1.2.1 Research aim

The aim of the study is to evaluate the challenges faced by South African public Hospitals in providing effective and efficient services and propose strategies that Mankweng hospital can employ to enhance services provision.

1.2.2 Research objectives

- To investigate the implementation of the Batho Pele Principles in Public Service Delivery in Public Hospitals
- To evaluate the effectiveness of service delivery plans in Mankweng Public Hospital.

- To evaluate the challenges faced by patients in the Mankweng Public Hospital.
- To investigate how internal and external factors impact health service delivery in Mankweng Hospital
- To propose strategies that Mankweng hospital can employ to enhance services provision.

1.2.3 Research Questions

- To what extent are the Batho Pele Principles implemented in the delivery of public services?
- What are the challenges observed during the implementation of service delivery plans?
- What are the challenges encountered by patients within the context of public hospitals?
- How do internal and external factors impact health service delivery in Mankweng Hospital?
- What strategies can be employed to optimise service delivery in public hospitals?

1.4 DEFINITIONS OF CONCEPTS

This study will be underpinned by the following key concepts:

- **Evaluation**

Evaluation involves assessing something based on specific criteria to determine its quality or performance and is used in various sectors like education, healthcare, and business to make informed judgments and improvements (Yazdani et al., 2020). In this study evaluation is about the examination of facilities and resources in public hospitals to ensure efficient service delivery and positive patient outcomes by evaluating infrastructure and resource considerations.

- **Service delivery**

Service delivery in public hospitals involves efficiently providing healthcare services to patients, encompassing medical care processes like diagnosis, treatment, and follow-

up, as well as non-medical aspects like administrative functions, patient experience, and support services (Mjaset et al., 2020; Brandenberger et al., 2019).

- **Public health care**

Public healthcare refers to government-sponsored medical services available to all individuals regardless of their ability to pay, focusing on promoting and maintaining population health (Brandenberger et al., 2019). In this study, public health care is about establishing and managing healthcare facilities, recruiting and training healthcare workers, developing healthcare rules and regulations, and allocating resources to promote equitable and accessible healthcare for all individuals.

CHAPTER TWO

LITERATURE REVIEW

2. INTRODUCTION

This chapter presents a thorough historical review of South African public health, with an emphasis on the evolution of the country's healthcare system. It evaluates the challenges and accomplishments encountered during the COVID-19 pandemic, emphasizing its impact on service provision and the employed response strategies. The review assesses South Africa's public health system's flexibility and resilience post-pandemic, underlining the importance of sustainable practices. Additionally, the chapter explores ways to enhance health service delivery, including evidence-based interventions and policy reforms. It also highlights attention to the difficulties that the public health sector faces, including a lack of resources, inadequate infrastructure, and a scarcity of medical personnel, all of which have had a major impact on the provision of healthcare services in public hospitals. Specifically, the chapter examines how these issues have resulted in long waiting times and queues, inadequate access to medicines and equipment, inefficient patient flow and throughput, and limited availability of specialized services. Furthermore, the chapter appraises the potential impact of the National Health Insurance (NHI) Bill on healthcare service provision, including its potential to increase patient access and improve treatment quality. By examining empirical literature and legislative frameworks, this chapter offers valuable insights into the regulatory environment and evidence-based strategies to address service delivery difficulties in public hospitals, ultimately informing efforts to strengthen South Africa's public health system.

2.1 HISTORICAL OVERVIEW OF SOUTH AFRICAN PUBLIC HEALTH SECTOR

South Africa's system has undergone major transformation since apartheid ended in 1994. The country has made significant strides toward improving healthcare access and outcomes, but obstacles remain (Mooney and McIntyre, 2008). The nation's history of colonial oppression, apartheid, and the post-apartheid era, among other policies and diseases, have contributed to the current state of the health system (Maphumulo and Bhengu, 2019). Racial and ethnic discrimination laws have existed in South Africa since colonial times, and until recently, they dominated the nation's

culture (Coovadia, 2009). A significant effort to move Black people from urban areas to reserves was made. Another factor contributing to healthcare inequities was that, in the reserves, there was one doctor for every 308 White people, compared to one doctor for every 22,000–30,000 Black people. Additionally, the number of Black people in urban regions grew by 94% between 1921 and 1936. The land reservation was mostly for White people, hence racial segregation also existed in urban areas (Solomon, 2020).

A shortage of land and suitable housing causes urban black areas to become crowded, dirty hostels and slums. The National Party established the apartheid regime after gaining power in 1948, concluding three centuries of racial injustice, social separation, economic marginalization, and political exclusion. (Mayosi, 2009) The system determined who could marry, where they could live, work, and go to school, whether they could vote, and how much money could be spent on education, health care, and pensions based on their race. Control and repression by the state made the laws stronger. Black people in South Africa were compelled to reside in rural labour reserves and were denied citizenship (Cobbett, Glaser, Hindson, and Swilling, 2022). In 1952, an African American medical school was established that was segregated. When Nelson Mandela was elected as the first Black president in 1994, apartheid was ended. Black communities gained from more favourable policies, and legal discrimination was outlawed. However, vulnerable populations still suffer from the legacy of apartheid tactics (Noble, 2005; Burger and Christian 2018).

Private healthcare since the 19th century. Medical plans were created in 1960 to meet the healthcare requirements of white mine workers; but, until the late 1970s, only white people could use these plans, leaving Black people out. Naturally, few Black people were able to participate due to the financial strain and the economically disastrous repercussions of apartheid, which still greatly contribute to poverty today. According to Smart (2024), Bophuthatswana, Ciskei, Transkei, and Venda were the four "independent" homelands created during apartheid, while Gazankulu, KaNgwane, KwaNdebele, KwaZulu, Lebowa, and Qwaqwa were the six "self-governing territories." There were 400 local authorities overseeing various health services as each of these territories had its own health department. Due to inadequate coordination brought about by this decentralized strategy, there are notable differences in the quality of healthcare provided. After apartheid, restructuring this disorganized system into a

more unified healthcare system was the most difficult task. The practical approach was to assign the work to nine provincial health services. Addressing the disparity in health between the affluent and the poor was a major accomplishment of the Nelson Mandela government in 1994 (Coovadia, 2009).

The African National Congress (ANC) at the time conducted clinic construction plans, housing initiatives, and educational changes to expand the number of public hospitals for primary healthcare facilities in rural locations (Smart, 2024). All South Africans are guaranteed access to both public and private healthcare under the country's constitution. In addition to a national department of health for healthcare delivery, each of the nation's nine provinces has its own local department of health, which is in charge of health promotion and prevention. Despite the absence of official health insurance programs, citizens have free access to basic public healthcare services, though of low quality (Nguse and Wassenaar, 2021). Three levels make up the public health system: district hospitals, which offer minor treatments and tests; tertiary hospitals, which have sophisticated medical facilities and are equipped for complex surgeries; and primary care centres, which serve as the initial point of contact and offer initial evaluations. There are over two thousand clinics for community health services, most of which are staffed by nurses (de Villiers, 2021).

Patients with chronic illnesses that require specialized care are treated in these facilities. The National Revenue Fund, which finances much of South Africa's public health system, collects payments made to the municipal, provincial, and federal governments (Maphumulo and Bhengu, 2019). While the government intends to launch the National Health Insurance program by 2026 with the goal of guaranteeing that all South Africans, regardless of socioeconomic background, have access to high-quality healthcare from both the public and private sectors, local public health agencies are in charge of the decentralized federal funding allocation. With payments from employers and workers, the program would function similarly to social health insurance, providing plans that cover the whole cost of medical services from all providers (James, 2020).

The program's goal is to encourage the wealthiest individuals to contribute to the public system and use public health care. Through medical insurance and out-of-pocket costs, the private health sector in South Africa is responsible for the bulk of health

spending. Private insurance or self-payment are the only ways to access about 200 private hospitals in the country. Even while just 18% of the local population regularly utilizes the private sector, which is far smaller than the governmental sector, it nonetheless accounts for around half of expenditures. Only 21% of doctors work for the government; the majority, 79%, are private practitioners (Smart, 2024). The distribution of healthcare resources is unequal due to the excessive preference for private treatment. Black South Africans were not covered by any of the more than 120 medical plans available before 1970; these policies now mostly cater to wealthier populations. Plans for health care vary according on an individual's employment and financial circumstances. According to Burger and Christian (2018), participants in the programs must pay for treatments that are not included in their benefits package

Only 16% of South Africans have health insurance due to its high cost, with significant racial disparities, and the Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS) epidemic, initially mishandled by the government, led to around 330,000 preventable deaths between 2000 and 2005. However, the administration eventually implemented an Antiretroviral Therapy (ART) program, which has become the largest globally since 2004, with around 5.8 million patients undergoing treatment, significantly reducing deaths from the disease (Eike et al., 2022)

2.2 PUBLIC SERVICE DELIVERY IN SOUTH AFRICAN PUBLIC HEALTH SECTOR AND LESSONS LEARNED DURING COVID-19

According to the study by Thusi, Mahlatse, and Matyana, (2023) poor service provision is a persistent problem, the South African public sector is characterized by poorly performing governmental departments and entities which has had a negative impact on public service delivery, as more service delivery protests have flooded the public sector. The study concluded that innovation is proposed as a means to enhance efficiency and reduce inequality. According to the study by Nyasulu, and Pandya, (2020) during Covid-19 patients and medical professionals felt that the health system was not adequately prepared for emergencies. In addition, there was a need to enhance the present status of health services in order to reduce service delivery disruptions in the event of a public health emergency (Scheunemann, Kim, Moolla and Subramaney, 2023).

Infrastructure upgrades, a rise in human resources, and better resource availability for the provision of health services were all included in this. According to the study by Voges, Jin, Eaddy, and Spector, (2023) strong communication channels and procedures were also considered critical for patient education. The plans to decentralize treatment through prescription delivery, home visits, mobile clinics, and prolonged drug dispensing for stable patients were viewed as initiatives that would have improved service delivery in the future (Preiser & Van Zyl 2020:258). Additional methods that doctor recommended be implemented in order to maximize healthcare and service delivery included a stronger emphasis on illness prevention and health promotion as well as surveillance systems like those for HIV and Tuberculosis (TB) to monitor chronic illnesses (Busenberg, 2020).

2.2.1 Infrastructure Reorganization

According to the study by Radebe, Moropeng, and Patrick, 2024 the study highlighted the importance of healthcare facilities' infrastructure in delivering healthcare services, as outdated and inadequate structures posed a significant challenge (Redda, and Surujlal, 2020). The study revealed that the infrastructure at the health facility that was in, deplorable state, featuring issues such as antiquated buildings, cramped spaces, and unsanitary circumstances, which erodes the quality of healthcare services. For example, the scarcity of equipment and medication impaired healthcare providers' ability to render adequate care, while the hazardous structure and confined space resulted in inadequate services, including delayed consultations and patients left untreated (Chesaro and Kipchumba, 2023). Finally, the poorly maintained infrastructure obstructed service delivery, as evidenced by patients having to wait longer, healthcare providers struggling to offer care, and the risk of staff shortages due to hazardous working conditions (Jardien-Baboo, Van Rooyen, Ricks, Jordan, and ten Ham-Baloyi, 2019).

According to the study by Ehlert (2023) during the COVID-19 pandemic, many individuals experienced reduced access to healthcare due to hospitals being overwhelmed with patients, resulting in delayed or cancelled routine medical care and elective procedures. As people sought to limit in-person contact, hospitals had to rely on telehealth services (American Medical Association, 2021). This was particularly significant for audiology services, which required close proximity between patients and healthcare providers (American Academy of Audiology, 2021). According to the study

by Crowley, (2021) stated that the most important lesson was to reorganize services early on. As the problem deepened, some hospitals devised creative solutions in addition to rearranging services in preparation of patient arrival. This early readiness was not shared by all, either. A few medical facilities emphasized how critical it was to adequately prepare for emergencies (Scheunemann et al., 2023).

In fact, because of a shortage of personnel or supplies, as well as a lack of planning, the teams were worried about their ability to handle an excessive number of patients and to effectively control infections (Mathonsi, Chinomona, and Schutte, 2023). In order to manage 12–18 patients individually, a new structure of ICU firms was formed. Additional personnel from other departments were recruited, and a shift-based staffing strategy was implemented for COVID-19 beds. Hospital staff received training on the proper use of personal protective equipment (PPE), and the province-wide COVID-19 triage policy was accepted and effectively promoted (Mendelson et al., 2020). Numerous individuals noted that they had learned from the proactive and innovative actions of hospital staff, including care providers. Initiative was demonstrated by a few hospitals, which made quick decisions before the health authorities. This was the situation for many public hospitals, which in early March 2020 implemented safety protocols such personal protective equipment (PPE) and isolating employees returning from overseas. Innovative methods for predicting goods shortages also arose from this situation (Seekings, 2020).

2.2.2 Communication

Riggs, Ortiz-Jurado, and Klein (2022) state that during the COVID-19 pandemic, communication in the delivery of health services was greatly influenced in a number of ways. For instance, there were restrictions on in-person encounters, and there was a swift transition to online communication channels. In order to offer treatment and interact with patients, health departments and healthcare practitioners were depending increasingly on telehealth services. Social media channels had become essential for spreading knowledge about testing sites, preventive measures, and quarantine regulations. As one of the tools used to spread information was social media platforms, lots of people faced difficulties in accessing the internet. For certain people, especially those living in rural areas, this lack of connection made it more difficult to provide health information and services (Nan, Iles, Yang, and Ma, 2022).

According to Marliaz, and Azih (2021), telehealth's convenience and ease of usage have been identified as major reasons for its effective communication throughout the epidemic. People without internet connection found it challenging to navigate the healthcare system and were unable to obtain timely updates regarding the COVID-19 standards due to connectivity concerns. As a result, scheduling appointments online or getting reminders to pick up their prescription from the hospital became difficult. Critical health information, including test results and medical orders, is delayed when people do not have access to the internet. The disparity in access to healthcare was widened by the dependence on the internet, exacerbating pre-existing disparities in health care (Riggs, Ortiz-Jurado, and Klein 2022). According to the study by Voges et., (2023) one of the lessons from the pandemic was to improve communication both inside and outside.

Enhancing communication would boost response efforts and increase worker and public confidence. Internally, this would entail encouraging bottom-up communication so that frontline health workers could share information on the state of service delivery in order to respond to obstacles more skillfully (Mhlanga, 2020). It would entail working with health authorities to promote a comprehensive approach to information sharing and working with the general public to involve the hospital in educating as many people as possible about prevention concepts (Marliaz, and Azih, 2021). According to Mash (2022) there was a backlog at the hospital gate as a result of the difficulty in explaining all these changes to the patients, many of whom continued to visit the hospitals to get clarification. To enable patients to ask questions and acquire information, several hospitals created WhatsApp lines that they advertised on the packages. Compared to phone calls, which typically went unanswered by busy reception workers, this asynchronous communication was far more effective. A WhatsApp bot for the entire metro area was also introduced, enabling patients to change their contact information and address, as well as request home delivery. The procedure of confirming and verifying requests was difficult and less efficient even though the automated system operated adequately (Mbunge et al., 2022)

2.2.3 Human Resources Management

In order to ensure that there are enough qualified workers on hand to satisfy the demand for public health services, Human Resource Management (HRM) in public health organizations is in charge of strategic workforce planning, training, and

development. Resource optimization and efficient service delivery are ensured through effective labour planning (Ramutumbu, Ramathuba, and Maputle, 2023) . Public health outcomes and service delivery are enhanced when staff members get ongoing training that keeps them informed of the newest procedures and innovations (Chesaro and Kipchumba, 2023). Enhancing public health care delivery is the result of HRM's ability to promote performance excellence via feedback, accomplishment recognition, and clear expectations. HRM raises employee engagement and overall care quality by putting an emphasis on employee well-being and encouraging a healthy work environment. HRM also fosters an environment that is conducive to ongoing quality improvement, guaranteeing the excellence and effectiveness of public health services (Dion, and Evans, 2024).

According to Tshivhase et al (2021) in most situations, one of the lessons, learned during Covid-19 was to re-evaluate health professional recruitment and retention techniques. Although these institutions' tactics were effective in raising awareness of the need for healthcare workers and in mobilizing them, the benefits of this mobilization were not universal. In the second and third waves of the pandemic, these Human Resource Management (HRM) approaches proved to be unworkable. In actuality, they had unforeseen or even detrimental effects. For instance, hiring underqualified employees as a result of reducing the recruitment process limited the effectiveness of reinforcement (Scheunemann et al., 2023). Hospital administrators also mentioned that new personnel were not given much training to get them up to speed. Tensions also resulted from the qualified staff's lack of time to monitor them. Several hospital administrators suggested tactics like compiling a list of hospital-based infection control specialists on the human resources roster for the prevention and treatment of infectious diseases (Busenberg, 2020).

Some suggested delaying the reduction of the workforce after a pandemic wave. Lessons mentioned by the majority of key hospital administrators included appreciating the job of staff members and showing concern in the experiences of care providers and the pandemic's impact on their personal life (Zulu, and van Staden, 2023). It seemed that the hospitals' ability to respond was limited by the second wave's arrival, a third wave that got worse, a staff shortage, and a lack of internal communication and/or information (Seekings, 2020). These factors increased workload, stress, and demotivation among the staff. Patients reported feeling

abandoned, isolated, and uncared for (Mathonsi et al., 2023). The crisis's impact on care professionals was underrecognized. Key healthcare providers highlighted the need for strict monitoring of overtime, mandatory overtime, and imposed limits to prevent job overload, which can lead to exhaustion and demotivation. Medical professionals in public hospitals stressed the importance of fair wages, referencing concerns about pay parity, adverse incentive systems, and delayed bonuses. Some believed that the efforts of all hospital employees, including administrative staff, were crucial to maintaining operations during a pandemic, yet rewards were often limited to healthcare personnel involved in COVID-19 services (Crowley, 2021).

2.2.4 Prevention and Control of Infection Risks

The study by Magadze, Nkhwashu, Moloko, and Chetty (2022), stated that inadequate management support for the Infection Prevention Control (IPC) program is shown in the absence of PPE, hand soap, and alcohol rub. The study did discover, however, that nurses did not always wash their hands since some of the taps were broken, and they had just a handful that were not always near the patients. In South Africa's Western Cape Province, new-born facilities with hand-washing basins located distant from patient care areas were found to have similar structural problems. Hand hygiene practices that were considered a risk for infection management had to be improvised by healthcare personnel (Stewart, 2021). According to the researcher in this study, nurses argues that managers and nurses both suffer from a lack of training when it came to executing IPC procedures. IPC measures were not implemented well because of a lack of knowledge about the specific measures and because PPE were not being used (Cordeiro, Gnatta, Ciofi-Silva, Price, de Oliveira, Almeida, Mainardi, Srinivas, Chan, Levin and Padoveze, 2022,)

Effective infection prevention and control (IPC) procedures were critical for hospitals to undertake because they stopped the spread of illnesses among patients, protect healthcare personnel' health and well-being, and maximized resource use, according to Kalolo and Jiyenze (2023). Hospitals can enhance patient outcomes, decrease staff occupational exposure to infectious illnesses, and save healthcare expenditures by lowering the risk of healthcare-associated infections (HAIs). Reducing the need for further treatments, shortening hospital stays, and improving resource allocation in public hospitals were all possible outcomes of effective IPC procedures (Gilbert and Kerridge, 2020). In order to guarantee service quality and safety, all of the hospitals in

the nation stated that they have put infection prevention and control procedures in place (Preiser & Van Zyl 2020:258). These measures, however, differed based on the province and kind of hospital. According to several hospital administrators, the hospitals employed a large number of staff members who had received training in hospital infection control, which may have helped to stop the virus from spreading. Lessons for the prevention and control of infectious dangers seemed to include more appropriate communication and better training for Infection Prevention and Control (IPC) workers (Mendelson et al., 2020).

Some experienced a lack of understanding of the IPC rules due to inadequate communication, and staff found it difficult to accept sudden changes in recommendations, protocols, and procedures from multiple authorities (Tshivhase et al., 2021). Integrating various communication methods that are suited to the target audience can help to promote effective infection prevention and control (IPC) training and communication (Sartelli, Labricciosa, Coccolini, Coimbra, Abu-Zidan, Ansaloni, Al-Hasan, Ansari, Barie, Caínzos, and Ceresoli, 2022). By teaching employees about knowledge gaps, promoting evidence-based care, and offering attentive IPC coaching, hospital managers advise improving training and communication. Further strengthening IPC efforts can come from greater federal cooperation and health authorities' digitalization of information systems, which will improve patient outcomes and provide safer healthcare facilities (Govender, 2020).

2.2.5 Logistics and Supply

As to Mittal and Mantri (2023), the healthcare sector is highly dependent on efficient supply chain management to guarantee the prompt accessibility of superior pharmaceuticals and medical supplies. A healthy supply chain helps medical professionals provide high-quality patient care; on the other hand, a broken supply chain can result in stockouts, expirations, and the rationing of necessary medications, which ultimately jeopardizes the provision of healthcare services in order for hospitals to offer acceptable patient care, it is especially crucial that effective supply chain management be used to guarantee that the proper amounts of supplies and drugs are accessible when needed (Suryani, and Nurmala, 2024). Healthcare providers may save costs, improve patient outcomes, and raise the standard of care by streamlining their supply chains. According to a study by Chauhan and Nanda (2024), effective supply chain management is essential in the healthcare sector, as it made high-quality

pharmaceuticals and medical supplies readily available when needed, guaranteeing the provision of high-quality patient care and better health outcomes. Specialized supply chain management techniques and technologies, like Radio Frequency Identification (RFID) and centralized virtual systems, greatly increased the efficacy and efficiency of healthcare services, which ultimately improved patient care and the delivery of health services (Mittal and Mantri 2023).

A study by Kasula (2023) claimed that efficient supply chain management in the healthcare industry guarantees prompt access to medical resources, improves patient safety and treatment effectiveness, and boosts operational efficiency, all of which eventually result in better patient care outcomes and enhanced delivery of health services. The entire quality of healthcare services was greatly enhanced by a well-running supply chain, which made it possible for medical personnel to offer high-quality treatment and enhances patient outcomes. Healthcare facilities can improve the delivery of health services and patient care by optimizing supply chain operations, which guarantees the smooth delivery of medical resources (Beldek, Konyalıoğlu, Akdağ, 2020).

According to Johnson, Peter, and Shital, (2021) majority of hospital administrators discussed conflicts arising from lack of diversity in supply channels, needing to import masks and disinfectants, not having an inventory management system, and shortages in the market that resulted in increased costs and delayed deliveries (Busenberg, 2020). The lesson that was most frequently cited was the distribution of stocks depending on needs. In order to prevent the tensions mostly seen in the first wave of Covid-19, this method was implemented to enhance supply chain management and cut waste Mash (2022). In terms of management and procurement, a number of hospital administrators highlighted several things that could have been done better, like accepting to have considerably more supply, producing suitable and less laborious distribution ways, and assuring personnel that there was enough stock (Zulu, and van Staden, 2023).

2.3 Sustainability of South African Public Health

According to the study Fragão-Marques and Ozben, (2023) the concept of sustainability in healthcare has evolved from being primarily environmental to being comprehensive, encompassing the effectiveness and cost-effectiveness of health

services as well as the balance of socio-ecological and socio-technical systems (Saviano, Barile, Spohrer, Caputo, 2017). According to Stafford Beer's Viable System Model, organizational structures are described as a complex network of interconnected parts that actively interact over a predetermined amount of time to achieve common objectives (Lassl, 2019). A comprehensive and integrated approach is necessary to solve the complicated and multifaceted issue of the sustainability of public health in South Africa (Cromhout, 2023). Making sure that all individuals have access to high-quality, reasonably priced healthcare is a crucial component of sustainability in public health. This entails addressing the socioeconomic determinants of health that lead to health disparities in addition to encouraging preventative measures and attending to urgent healthcare needs. A significant obstacle to the long-term viability of public health in South Africa is the prevalence of infectious illnesses including HIV/AIDS, TB, and malaria (Zhang et al 2023).

The healthcare system is heavily burdened by these illnesses, which necessitate constant resources and management work. Investments in disease prevention, care, and treatment are crucial, as is addressing the underlying societal conditions that contribute to the development of chronic illnesses, if public health is to be sustained over the long term (Dion, and Evans, 2024). Health systems are essential for social and economic stability and development, as demonstrated by COVID-19 and other public health issues. There have been serious repercussions from years of underfunding and the absence of a comprehensive public health strategy to improve related systems and the health system itself (Clemente-Suárez et al., 2021). While responding to COVID-19, most nations have found it difficult to continue providing basic health services because they lack the public health capacity necessary for effective prevention, early warning, and case management. Moreover, nations continued to confront other public health issues that put further strain on their already constrained health systems, such as noncommunicable illnesses, antibiotic resistance, climate change, aging populations, and health disparities (Panneer, et al., 2022).

According to Ferreira & Marques (2021), the community, particularly those who might not have had access to private healthcare facilities, depended heavily on public hospitals to provide basic healthcare services. The community's healthcare demands must be met, public hospitals must be financially stable, operate efficiently, and provide

high-quality treatment, among other considerations. Effective budget management, revenue generation, cost control measures, and strategic financial planning are key to achieving financial stability (Soguero-Ruiz, Mora-Jiménez, Ramos-López, Quintanilla Fernandez, García-García, Díez-Mazuela, García-Alberola, and Rojo-Álvarez, 2018). This made it possible for hospitals to invest in new infrastructure and technology as well as pay for operating costs. The distribution and accessibility of healthcare resources, such as medical facilities, pharmaceuticals, and qualified healthcare personnel, are crucial components of public health sustainability in South Africa (Ramutumbu et al., 2023). There are still gaps between urban and rural areas, and there are still shortages of essential resources in spite of recent attempts to upgrade healthcare facilities and hire more healthcare personnel. Promoting the sustainability of public health in South Africa requires resolving regional inequities in healthcare resources and ensuring equitable access to healthcare services (Panneer, et al., 2022).

Promoting sustainable public health necessitates addressing broader social and economic factors that impact health outcomes in addition to healthcare demands. This involves tackling issues that affect access to healthcare services and health inequities, such as housing, employment, education, and good water and sanitation (Burger and Christian 2018). Through a comprehensive strategy that attends to the population's immediate healthcare requirements as well as the underlying social determinants of health, South Africa can endeavour to establish a public health system that is more egalitarian, sustainable, and enhances health outcomes for all its residents (Matamanda et al., 2023). A multifaceted and multisectoral strategy that tackles both the population's immediate healthcare demands and the underlying social determinant of health is needed to ensure the sustainability of public health in South Africa (Cromhout, 2023). South Africa can endeavour to create a more equitable and sustainable public health system that supports the health and well-being of all of its citizens by making investments in the prevention, treatment, and care of both communicable and non-communicable diseases, as well as by addressing broader social and economic factors that influence health outcomes and improving healthcare infrastructure and resource distribution (Dion, and Evans, 2024).

Public hospitals may enhance their overall sustainability and carry on offering the community high-quality healthcare by achieving financial stability (Faggini, Cosimato,

Nota, Nota, 2019). To guarantee that their services continue to be useful and relevant, public hospitals must also place a high priority on community needs, care quality, and operational effectiveness. Public hospitals may continue to fulfil the healthcare requirements of the community and play a vital role in the healthcare system by resolving these issues. Sustainability at public hospitals may be attained via enhancing operational effectiveness, upholding high standards of care, and coordinating services with local healthcare need (Fragão-Marques, and Ozben, 2023). Innovation and cooperation are also essential; they entail forming alliances with other healthcare providers and implementing new technology to boost productivity and enhance results. Public hospitals can maintain their long-term profitability and capacity to offer the community high-quality care by concentrating on these important areas (Ferreira, Marques, 2021).

According to Karamat, Shurong, Ahmad, Afridi, Khan, and Mahmood, (2019), financial sustainability is an essential component of the health service delivery model in public hospitals, which is vital for maintaining the population's access to high-quality healthcare services. Despite obstacles such as scarce financing and rising healthcare expenses, public hospitals may strengthen their financial sustainability by boosting income, making the most use of their resources, and looking for other funding sources (Fragão-Marques et al., 2023). Soguero-Ruiz et al. (2018) stated that public hospitals can attain sustainability through the implementation of eco-friendly measures like cutting down on energy usage and waste, as well as by advancing social sustainability through the provision of equal healthcare access, addressing social determinants of health, and cultivating a positive work atmosphere for employees. Public hospitals may enhance community well-being, lessen their environmental impact, and improve health outcomes by addressing social and environmental sustainability (Moldovan, Moldovan, and Bataga, 2023).

2.4. PROSPECTS OF NATIONAL HEALTH INSURANCE (NHI) BILL ON HEALTH CARE SERVICE DELIVERY

A nation's whole population pays into a centrally controlled fund known as the National Health Insurance (NHI), which provides healthcare coverage for all residents, regardless of their financial situation. Ensuring that all citizens have unhindered access to high-quality healthcare services without budgetary constraints is the goal of the NHI. NIH can also be defined as an initiative that grantees access to all public

health facilities, regardless of whether they were privately or state-owned (Odipo et al., 2024). Based on existing data, insurance programs that are well-designed have the potential to improve chronic condition management, user experiences, early sickness identification and treatment, and most significantly, health outcomes. Ultimately, insurance can support the equality and sustainability of health systems by generating a funding pool that can be utilized to pay for public health services for the whole population.

According to a study by Moyo, Botha and Govindjee (2022) the South African National Health Insurance (NHI) Bill aims to revolutionize the country's healthcare system by providing universal health coverage and fair access to healthcare services for all citizens. The NHI has the potential to greatly impact health service delivery, ensuring equitable access and addressing existing inequalities. The Bill proposes reimbursement mechanisms, such as capitation, to fairly compensate healthcare providers and improve pharmaceutical services, while also promoting professional development. The primary healthcare service delivery will be restructured to provide a comprehensive and integrated service package, with contracting units established for necessary services. By pooling funds, the NHI aims to address inequalities, improve the healthcare system, and ensure sustainable financing. This will reduce financial barriers to healthcare, making it more accessible and effective for all citizens.

The glaring differences in healthcare outcomes and access between the rich and the poor prompted South Africa to develop the NHI (Gray, 2019). The nation's healthcare system was divided into two distinct systems: the wealthy minority was served by well-resourced private hospitals, while the mass of the populace was served by underfunded and inadequately equipped public hospitals. By offering universal healthcare coverage and raising the standard of care in public hospitals, the NHI was implemented with the intention of reversing these discrepancies (Burger and Christian 2018).

According to the study by Solanki, Cornell, Wild, Morar, and Brijlal, (2022) South Africa's National Health Insurance (NHI) Bill aims to create a comprehensive healthcare system that offers everyone access to high-quality medical treatment. In order to provide sustainable funding, the Bill restructures primary healthcare, proposes novel reimbursement mechanisms, and pools money. The NHI seeks to improve the

overall standard of healthcare services by addressing current inequalities and budgetary barriers. NHI has had a mixed effect in South Africa. There have been difficulties in implementing the policy, despite the fact that it has the potential to greatly enhance healthcare outcomes and access for the majority of the population. These include problems with inadequate finance, a lack of openness and accountability in the healthcare system, and opposition from some private healthcare industry interests (de Villiers, 2021). The COVID-19 pandemic has further increased the burden on the healthcare sector, underscoring the pressing need for thorough healthcare reform. It is impossible to overstate the significance of NHI for South Africa in spite of these obstacles.

According to Solanki, Cornell, Wild, Morar, and Brijlal, (2022) the National Health Insurance (NHI) Bill, which would increase access to healthcare, improve the standard of treatment, and encourage the fair allocation of resources, has the potential to completely change the way that services are provided in the healthcare industry. In addition to lowering out-of-pocket costs, the NHI seeks to guarantee that healthcare services are provided based on need rather than financial means. Through the simplification of healthcare delivery systems, the NHI may lower administrative expenses, do away with redundant services, and encourage efficacy and efficiency.

A basic human right is the ability to get high-quality healthcare, and NHI has the capacity to guarantee that all residents have equitable access to these vital services. According to the study by Munkombwe and Phiri (2024). The adoption of health insurance plans is increasing in many countries, particularly in Asia and Africa. Social health insurance (SHI) and community-based health insurance (CBHI) are more common in these regions than National Health Services (NHIS).

Developed countries in Europe are more likely to have national health insurance systems (NHIS), but private health insurance (PHI) plans flourish in sub-Saharan Africa due to the inability of public health systems to cover the entire population. African countries face several challenges in adopting social or community-based health insurance systems (Tavares, 2024). These include healthcare sector underfunding, inefficient allocation of resources, poverty, lack of human resources, and inadequate, outdated, underfunded, and data-reporting health systems. The concept of being one's brother's keeper is highly valued by Africans, who value the

idea of providing healthcare to those in need. An increasing percentage of Africa's private sector, especially urban private sectors, is adopting joint health insurance programs for their employees (Chipunza and Nhamo, 2023). As poverty increases, there is a growing army of the unemployed, underemployed, and unemployable in Africa, who need access to healthcare.

Social health insurance would be appropriate for sub-Saharan Africa due to dwindling government resources, reduced healthcare funding, rising health inequalities, and concerns of foreign donors contributing to healthcare in Africa. Moreover, public, or universal social welfare systems are not yet developed in many African countries, making whole-scale adoption of Western health financing systems problematic for Africans (Munkombwe and Phiri, 2024). NHI offers the ability to enhance healthcare outcomes for South Africa's most disadvantaged people by tackling issues including limited personnel, facilities, and resources that impact service delivery in public hospitals. Together, legislators, healthcare professionals, and the general public must confront the obstacles that NHI faces and guarantee that it achieves its mission of provide affordable, high-quality healthcare to all (Gray,2019).

2.6 LEGISLATIVE FRAMEWORKS

2.6.1 Batho Pele

A White Paper on Transforming Public Service Delivery was released in 1997 as a Batho Pele White Paper by the democratically elected South African government following the democratic elections of 1994. The goal of the Batho Pele White Paper was to encourage the efficient provision of public services in South Africa. The constitution of South Africa, which mandates effective and efficient service delivery to society, is known as the Batho Pele principle. The purpose of the Batho Pele principles is to alter how government employees carry out their social obligations. South African citizens can hold civil workers accountable for the calibre of service delivery they provide to the community through the Batho Pele Handbook (2005: 8). The fundamental tenet of Batho Pele is that society should hold public officials accountable and liable for the calibre and nature of the services provided to them. Assessing how well public employees can adapt to society requirements is one way to gauge the efficacy of the services they deliver. In order to transform public service delivery, the Department of Public Service and Administration (DPSA) created the Batho Pele

principles as a policy framework in 1997. The Batho Pele principles propose eight principles that should be followed by public employees when providing services.

Below are the eight Batho Pele principles:

- Consultation

It is critical to survey the public on what they think the government should do. To address societal needs, the government must inform the public about the degree of service provided by public institutions. Furthermore, society should have a say in the types of services supplied (South African Republic, 1997:15).

- Service Standards

Public institutions are required to be open and honest about the quantity and calibre of services they will offer to the public. The society must be informed by the public institutions on the calibre and extent of the services they can expect from them. This will help the general public understand the services they may anticipate from the government. Additionally, it will help the general public gauge the quality of the services being rendered by public institutions (Republic of South Africa, 1997:17).

- Access

Regardless of their political party, race, or gender, society must have equal access to service delivery that is to be given by the government. The provision of services to society should be based on their eligibility (Republic of South Africa, 1997: 18).

- Courtesy

When delivering services, the South African government must treat every member of society with respect, politeness, and regard (Republic of South Africa, 1997: 19).

- Information

Public institutions are required to notify the public in a thorough and reliable manner about the services they will be receiving. The government should notify the public about the services that will be provided (Republic of South Africa, 1997:19).

- Openness and Transparency

Public bearers are required to tell the public about their operations and the use of public monies. In addition to encouraging public engagement in decision-making, this principle aims to make public office holders accountable for the use of public resources (Republic of South Africa, 1997: 20).

- Redress and Handling Public Complaints

This concept encourages society to express its concerns if it does not obtain the promised service delivery to which it is entitled. The public institution should promptly correct any errors and give the public thorough justifications (Republic of South Africa, 1997: 21).

- Value for Money

Since the government uses taxpayer money to deliver services, it should do so in a way that is economical, cost-effective, and efficient. Public organizations should provide services that are worth the money that is spent on them (Republic of South Africa, 1997: 22).

2.6.2. The Constitution of the Republic of South Africa, 1996

Since the South African Constitution is the supreme law of the land, the laws governing the healthcare system and the delivery of healthcare services by healthcare institutions in South Africa are derived from South African Constitution Act 108 of 1996. Section 27(1) of the South African Constitution Act 108 of 1996 states that all citizens of South Africa have a right to receive high-quality medical care and replication services. Section 24(a) of the South African Constitution Act 108 of 1996 provides that everyone has a right to an environment that is free from harm for their health and general well-being. In addition, Section 195 of the South African Constitution Act 108 of 1996 said that public administration must uphold the highest standards of professionalism, offer fair and high-quality services, be unbiased, respond to the requirements of the public, and also deliver accurate information to society.

The Bill of Rights is found in Chapter 2 of the Republic of South Africa's Constitution (no 108 of 1996). Those relevant to this study were picked from a list of all citizens' rights and are paraphrased and discussed in the following context:

- Respect for human dignity

Patients have the right to be treated with respect and dignity. Patients must be treated with decency and dignity by health care staff.

- Life Everyone has a right to life.

Nurses must safeguard the privacy of the patients under their care.

An individual's freedom and security

Patients have a right to biophysical and psychological safety and security, and no medical study can be carried out without the patient's informed consent. Informed permission is required even while performing nursing procedures.

- Maintaining confidentiality

This includes the search for people and their things, as well as information provided about another person. Any citizen's personal information should be kept private.

- Freedom of expression

Individuals have the right to receive and transmit data. This right is particularly relevant in this study to the freedom to complain.

Religious, belief, and choice freedom

Patients are free to follow their religious and religious beliefs. If it does not cause harm, health care practitioners should respect it.

- The environment

This right guarantees that everyone lives in a safe and healthy environment. This right is equally relevant in a medical context in terms of cleanliness and hygiene.

Health care, food, water, and social security

Every citizen has the right to health care, including emergency treatment.

- Language and culture

Patients have the right to speak in their preferred language and, by extension, to be addressed in their preferred language.

- Availability of information

Patients have the right to be informed. In this situation, the right will feature information about their ailment, diagnosis, treatment, and rehabilitation.

- Legal and reasonable administrative action

Patients can anticipate legal and reasonable administrative action. The administration of a public hospital should respect this right.

2.6.3 PRC (Patients' Rights Charter)

In 1999, the PRC was established as a common standard for achieving patients' rights to obtain health care services. This paper also discusses the patient's responsibilities (Van Rensburg 2004:119,120). However, patient responsibilities are not addressed in this study because it focuses on the obligations of health care workers and, as a result, patient rights. The PRC's patients' rights are paraphrased based on their relevance to this study.

- A safe and healthy setting

Everyone has the right to a safe and clean environment, which includes safe drinking water, sanitation, waste disposal, and protection from pollution, infection, and other forms of danger. This will protect both your physical and emotional wellbeing.

- Participation in decision-making

Patients have the right to have a say in their health-care decisions.

- Access to Health-Care Services

This right includes the right to immediate medical attention, treatment, and rehabilitation, as well as the right to be informed about such care. Special needs are indicated for infants, children, pregnant women, the elderly, disabled people, and people living with HIV or Aids. This right entails health-care workers treating patients with decency, empathy, and tolerance, as well as explaining the availability and usage of health-care services in a language that patients comprehend.

- Care from a specific healthcare provider

Patients have the right to know who is providing their health-care services, thus providers should be identified and introduced.

- Confidentiality and privacy

Unless otherwise authorized by the court, any information related to a patient's health and treatment may be disclosed only with the patient's informed consent. During tests and interviews, patients' privacy should be respected.

- Consent after being informed

To make informed judgments and consent, patients have the right to complete and accurate information regarding their health, diagnostic procedures, and planned treatment.

- Treatment refusal

If it does not endanger the health of others, a patient may refuse treatment verbally or in writing.

- Request for a second opinion

Patients may request a referral to a different health provider for a second opinion.

- Consistency of care

It is illegal for a health care practitioner to abandon a patient for whom they have assumed responsibility. Patients should be given information on follow-up services after they are discharged.

- Complaint about health-care services

All patients have the right to file a complaint about health-care services and have it investigated.

2.6.4 The National Health Act No. 61 of 2003

The National Health Act No. 61 of 2003 ensures uniform healthcare service standards in healthcare facilities throughout South Africa, as well as the delivery of equal and high-quality services to all citizens, with a special focus on vulnerable populations like women, children, people with disabilities, and the elderly. The Act also states that patients and other end users of healthcare are responsible for treating healthcare professionals with humanity and respect, and that if they object to treatment, they must sign a release of liability. In addition, the legislation calls for the creation of a district health care system, the size of which is based on the population covered by medical facilities.

2.7 THEORETICAL LITERATURE

According to Swanson (2013), theoretical framework is a conceptual framework that gives a phenomenon or study issue a framework and a set of guiding principles to understand and analyse. It is made up of a variety of interrelated concepts, theories, and ideas that direct the course of the research and aid in the explanation and interpretation of the observed events. In many academic fields, including the social sciences, natural sciences, and humanities, theoretical frameworks are frequently used to construct hypotheses, conduct research, and make sense of empirical data. They provide a framework for developing hypotheses, designing research questions, choosing research methodologies, and analysing results (Berwick, 2016).

The use of a theoretical framework allows researchers to organize their ideas, give their investigations direction, and improve knowledge in their domains. By offering a set of guidelines and concepts to support researchers' data analysis and interpretation, the framework directs the research process and aids in helping them make sense of complicated occurrences (Kivunja, 2018).

2.7.1 Donabedian's Quality of Care Theory.

In this study, Donabedian's Quality of Care Theory will be utilized. Avedis Donabedian, a physician and health care researcher, developed the Donabedian's Quality of Care Theory. This paradigm provides a comprehensive way to analysing and evaluating healthcare service quality (Berwick, 2016). The theory developed by Donabedian is frequently utilized in healthcare research, policy creation, and quality improvement programs. The theory is made up of three interconnected components that are used to assess the quality of care:

Structure: This component focuses on the underlying issues and resources that contribute to healthcare service delivery. It comprises elements such as the physical environment, organizational structure, facilities, equipment, staffing levels, and healthcare professional qualifications (Getachew, 2020). The organization of healthcare services can have a substantial impact on care quality and results. The process component investigates the actual delivery of care and includes the activities and interactions that take place between healthcare personnel and patients. Diagnosis, treatment, communication, coordination of care, adherence to clinical guidelines, patient safety measures, and overall patient experience are all part of it.

Evaluating the process identifies areas where changes can be made to improve care quality (McCullough, 2023).

Outcome: This component focuses on the outcomes or impacts of healthcare interventions on patients' and populations' health. Morbidity, mortality, patient satisfaction, functional status, and quality of life are all included. Outcomes are frequently used to assess the effectiveness and impact of healthcare treatments (Getachew, 2020). Quality of care, according to Donabedian, is attained when all three components—structure, procedure, and outcome—are improved. Each component is interrelated, which means that shortcomings or improvements in one area might have an impact on the others. The framework is commonly used to direct healthcare research and quality improvement initiatives. It assists healthcare organizations and policymakers in comprehending the numerous aspects of quality and identifying areas for development. The Donabedian framework provides a thorough and systematic method to evaluating and improving the quality of healthcare services by focusing on the structure, process, and outcome of care (Begicheva, 2019).

The Donabedian Quality Framework is a well-known approach for assessing and improving the quality of healthcare. It is made up of three interconnected parts: structure, procedure, and outcomes (Ssemugabo, 2020). Here are some of the benefits and drawbacks of using the Donabedian Quality Framework: The Donabedian Quality Framework is a well-known approach for assessing and improving the quality of healthcare. It is made up of three interconnected parts: structure, procedure, and outcomes (McCullough, 2023). Here are some of the benefits and drawbacks of using the Donabedian Quality Framework:

2.7.2 Rationale for using Donabedian Quality Framework

The theory takes a complete approach to evaluate healthcare quality by considering the structure, method, and outcomes. It guarantees that all areas of quality are considered, allowing for a more comprehensive evaluation. Patient-centered care is emphasized: The framework recognizes the relevance of patient-centered care by focusing on outcomes that are important to patients. It promotes healthcare providers to evaluate quality by taking the patient's perspective and experience into account (McCullough, 2023).

The theory includes explicit evaluation criteria for each component (structure, procedure, and outcomes), making it easier to identify opportunities for improvement. It aids in the establishment of quality benchmarks and standards, as well as the facilitation of relevant comparisons. Identifies areas for improvement: The theory assists in identifying areas that may be contributing to unsatisfactory outcomes by assessing the structure and process of healthcare delivery. It enables healthcare organizations to identify and implement focused treatments in specific areas for improvement (McGill et al., 2021).

2.8 EMPIRICAL LITERATURE

2.8.1 To investigate the implementation of the Batho Pele Principles in Public Service Delivery in Public Hospitals

- Consultation

The consultation principle emphasizes how crucial it is to include citizens in the decision-making process. Consulting with patients and their families to learn about their needs and preferences is a common practice at public hospitals. This can be achieved through the use of focus groups, interviews, and patient survey. Among its many purposes, consultation allows patients to have a say in choices pertaining to public services that impact their health (Rijal, 2023). For example, consultation users and consumers of public services should be consulted about the level and quality of services they get and, where possible, given a choice regarding the services available. In this study the consultation users are patients in the Mankweng hospital, and the service providers is the medical practitioners in Mankweng hospital. Consultation fulfils several functions. For starters, it gives the patients the ability to influence decisions concerning public services that affect their well-being. It can also promote a more participative and cooperative connection between public service providers and users (Brandenberger et al., 2019).

Equally important, consultation will provide critical information about management of the hospital together with the medical practitioners should focus their efforts to improve services. Patient surveys, interviews with patients, consultation groups, and meetings with consumer representative bodies and community groups are all approaches to consult service consumers (Copolongo et al., 2020).

Public hospitals are free to choose their own technique, but the end result must be a representative cross-section of the views of the broad range of consumers. A special effort must be made to include the perspectives patients who have historically found it difficult to make their voices heard owing to geography, language obstacles, fear of authority, or any other cause (Wong et al., 2020). More than one mode of consultation is frequently required to provide comprehensiveness and representativeness. A patient survey, for example, which provides statistical information must be supplemented with examples of individual patient's genuine experiences (Ferreira and Marques, 2021).

Patients should not be requested to provide superfluous personal information throughout the consultation process, and they should be free to express their opinions anonymously if they so desire. The outcomes of the consultation process must be presented to management of the hospital and the Department of health, as well as publicly publicized inside the organization, so that all medical practitioners are aware of how their services are perceived. The outcomes must then be considered when deciding on the degree in which services in the hospital gets to be delivered (Brandenberger et al., 2019). This is not to say that consultation should result in a list of unattainable requests that cannot be realized; rather, it should highlight where resources and effort should be concentrated in the future to address patients most immediate needs. It should represent a reasonable compromise between what patient's desire and what the hospital can realistically supply (Haldane et al., 2021).

- Creating Service Standards

According to the service standards principle, public hospitals must provide precise, measurable guidelines for providing services. This includes establishing guidelines for patient care in public hospitals, such as wait times, treatment procedures, and patient safety. Standards for service quality should be publicized at the national, provincial, and departmental levels. They should be SMART—specific, achievable, measurable, relevant, and time-bound (Redi and Marliana, 2024). Citizens must be educated about the volume and quality of services they will receive so that they can plan accordingly (Liao et al., 2019). National, provincial, and departmental service quality standards should be published. These needs must be specific and measurable, as well as relevant and meaningful to the individual user. Users should be able to determine

whether or not the promised services were delivered. Standards should be established and exhibited, and health care providers' performance should be measured at least once a year (South Africa 1997:16,17).

Specific service requirements for ward operation must be posted on the wall in the units in a public hospital so that patients and their families can view them. Such as the nursing staff shift roster and ward rounds. Plan for feeding patients; Schedule tea and lunch breaks for nurses; Timetable for visits. When feasible, patients should be consulted on the level and quality of public services they receive, and they should be given a choice about the services that are available South Africa (1997: 15). A service standard is the South African Policy on Quality in Health Care. As concerns about inadequate health service delivery have been raised in the media, some of the above-mentioned service criteria do not appear to be adequately implemented. Examples of such complaints are provided as substantiation of the above statement (Wong et al., 2020).

- Increasing access

The significance of guaranteeing equitable access to public services for every citizen is emphasized by the principle of increasing access. This entails guaranteeing that patients in public hospitals have access to medical treatment irrespective of their location, financial status, or background (Govender, Girdwood, Letswalo, Long, Meyer-Rath, and Miot, 2021). Patients with disabilities should be accommodated with extra care. This means that citizens have a genuine right to equitable access to services, which government employees must not deny. This principle of service delivery includes delivering health treatments to patients who were previously disadvantaged due to a lack of infrastructure and access restrictions, such as "all citizens should have equal access to the services to which they are entitled" (South Africa 1997:15). The Patients Right Charter (PRC) addresses access to health care (see 1.6.6), which stipulates the availability of necessary resources to deliver health care services. Special provisions should be made to accommodate patients with disabilities, according to the accreditation program, such as an entry door of the toilet in the unit opening outward and at least one toilet and bathroom in the unit with a wide enough door or entrance for a wheelchair to gain access (Wong et al., 2020).

- Ensuring courtesy

According to the principle of ensuring courtesy, public institutions must treat citizens with dignity and respect (Jemal, Hailu, Mekonnen, Tesfa, Bekele, and Kinati, 2021). Members of the public must be considered as consumers with the right to fair treatment by health-care providers. Departmental codes of conduct should cover the following issues at a minimum: how to greet and address clients; identification of health care staff; interviewing principles; deadline for responding to enquiries; complaint management method; and language (South Africa 1997:19). Patients must be treated as individuals, with compassion and understanding, as well as attention and respect. Discourtesy will not be tolerated (Liao et al., 2019). Managers are supposed to provide a good example for junior health care workers by closely monitoring employee performance (South Africa 1997:19).

- Providing better information

The better information principle highlights how crucial it is to keep the public informed about public services. Which entails that the scope and quality of services that patients will receive should be explained to them, and medical professionals should convey information in an understandable and jargon-free manner (Cifra, Sittig, and Singh, 2021). Information Users and consumers of public services should expect complete and accurate information on the services they are entitled to. This principle of information providing seeks to help individuals understand the health services to which they are entitled, as well as their disease, diagnosis, and treatment (Brandenberger et al., 2019). According to the White Paper, health care practitioners should first determine what patients need to know and then determine the best way to communicate that information in comprehensible, jargon-free English (South Africa 1997:19). Both the Bill of Rights (see 2.6.2) and the PRC (see 2.6.3) address the right to information in terms of access to health care, informed consent, and participation in decision-making.

Patients who are treated with dignity and are appropriately informed, according to the South African Policy on Quality in Health Care, are able to participate in treatment decisions and are more likely to stick to their treatment plans (South Africa 2007:13). In actuality, "citizens should be given full, accurate information about the public services they are entitled to receive" (South Africa 1997:15). Ward procedures such as ward rounds, meal service schedules, and visiting hours must be explained to

patients in hospitals. Complaints about failure to provide information to patients are routinely published in the media (Ferreira and Marques, 2021).

- Increasing Transparency and Openness

Public institutions must be responsible and transparent in their decision-making processes in order to adhere to the principle of increasing transparency and openness (Govender et al., 2021). This entails educating patients on hospital rules, practices, and performance metrics at public hospitals. Citizens should be informed about how national and provincial departments operate, how much they cost, and who is in charge." South Africa (1997, p. 15). Openness and transparency are hallmarks of democratic governance and are crucial to public sector improvement. Their significance in terms of public service delivery stems from the necessity to foster confidence and trust between Department of health, medical practitioners, and the patients they serve. One important aspect of this is that the patients should be better informed about how the health departments and hospital administrations are conducted, how effectively they operate, how much money they spend, and who is in control (Wong et al., 2020).

The Department of health and hospital administrations will be required to publish an annual statement - a report to citizens/customers - outlining, in plain language, the staff numbers employed, as well as the names and responsibilities of senior officials; the performance against targets for: financial savings, increased efficiency, improved service delivery and the resources consume. Reports to Citizens/Customers are not intended to replace formal annual reports issued by national departments and provincial administrations. Their goal is to give the public with vital information that they are entitled to know in one or two pages of simple English. The Reports should be extensively distributed around the community (Wong et al.,2020).

- Remedying mistakes and failures/Redress

The principle of remedying mistakes and failures/redress highlights the necessity of responding to public complaints and concerns. In public hospitals, this entails building a fair, efficient, and effective complaint resolution procedure (Mudzusi, 2023). For example, when the promised standard of service is not met, users and consumers of public services should expect an apology, a detailed explanation, and a timely and effective remedy, and that any complaint will be answered with a sympathetic, positive

reaction. The redress principle implies an effective means of handling complaints (Maphumulo and Bhengu, 2019). Employees (medical practitioners) should be encouraged to consider complaints as a chance to find and address problems while also improving service delivery (McGill et al., 2021). Complaints should be accepted in writing, in person, or over the phone. Complaints should be investigated properly and impartially as quickly as possible. Complaints must be handled discreetly to safeguard the complainant. The hospital must have a system in place for providing feedback on complaints to teach health care providers. The complaint management system must be known to all employees (South Africa 1997:21, 22). Unresolved complaints are routinely reported in the press.

- Getting the best possible value for money

The principle of getting the best possible value for money promotes the significance of using public resources efficiently and productively (Rijal, 2023). In public hospitals, this entails ensuring that healthcare services are cost-effective and sustainable. Citizens have the right to expect that the services they receive are worth the money they pay for them. According to the White Paper, services should be cost effective and delivered within the constraints of departmental resources. Procedures should be streamlined, and inefficiencies and waste eliminated (South Africa 1997:22). Unit managers must plan, organize, and oversee all resources to offer cost-effective patient care (Maphumulo and Bhengu, 2019). To minimize avoidable shortages, such as linen shortages, nursing units must manage their resources.

2.8. 2. Effectiveness of service delivery plan in Mankweng hospital.

2.8.2.1 Access to care

Access to care is an important component in determining the efficacy of a service delivery approach (Liao et al., 2019). It entails determining if the target population's access to healthcare services has improved. The evaluation of service delivery at the Mankweng hospital should take several essential factors into account:

Geographic coverage can be used to assess the impact of a service delivery plan to improve access to care by looking at the spread of healthcare services to underserved or distant locations. If the plan has successfully increased the number of healthcare

facilities or providers in previously inaccessible places, it implies that geographic coverage has improved (Usak et al., 2020).

Access to specialized medical services: Access to specialized medical services is critical for certain health disorders. Evaluating the strategy's effects on improving access to specialists and specialized care can provide useful insights into its overall influence on healthcare accessibility (Kamulegeya et al., 2020).

Appointment waits times: shorter appointment waits times indicate better access to care. Long wait times may discourage patients from obtaining prompt medical assistance, perhaps exacerbating their health concerns. Assessing if the service delivery plan has contributed to decreased appointment wait times can be an important component of its effectiveness (Liao et al., 2019).

Aside from wait times, the convenience of getting healthcare services is critical. The plan should be evaluated based on its ability to provide timely care and guarantee that patients can conveniently arrange visits when needed (Oleribe et al., 2019).

Accessibility for vulnerable groups: Careful consideration should be given to whether the service delivery strategy has addressed barriers that impede vulnerable populations, such as low-income individuals, the elderly, or people with disabilities, from obtaining healthcare services. If it has successfully improved access for these populations, it suggests a more inclusive and equitable approach (Usak et al., 2020).

2.8.2.2 Care Quality

Care quality is an important factor in determining the efficacy of a service delivery approach (Brandenberger et al., 2019). It entails evaluating the quality of care provided to patients using several performance indicators and metrics:

Patient outcomes: The influence of the strategy on patient health outcomes should be thoroughly investigated. This includes determining the efficiency with which treatments, interventions, and preventive actions improve patient health. The researchers can measure the success of the service delivery approach in attaining favorable health outcomes by comparing patient outcomes before and after implementation (Manzoor et al., 2019).

Adherence to clinical recommendations: It is critical to assess if healthcare practitioners are complying to evidence-based clinical guidelines and best practices.

To guarantee best patient outcomes, the service delivery strategy should encourage and assist healthcare personnel in providing care that adheres to set standards (Ng and Luk, 2019).

Polls on patient satisfaction: Measuring patient satisfaction via surveys and polls gives useful feedback on the quality of care received by the target group. Gathering patient perspectives on topics such as communication with healthcare practitioners, overall healthcare experience, and perceived treatment outcomes can aid in identifying areas for improvement and strengths in the service delivery plan (Du et al., 2020).

Scores for accreditation: Many healthcare facilities seek accreditation from reputable organizations to indicate their dedication to providing high-quality care. Evaluating the influence of the service delivery strategy on accreditation scores can provide external certification of the level of care provided. Higher accreditation scores imply that the plan has improved care quality (Manzoor et al., 2019).

2.8.2.3 Efficiency and value for Money

Assessment of Efficiency and Value for Money in Service Delivery Plans: The performance of the service delivery plan can be determined by evaluating its influence on efficiency and value for money, as well as on patients' health outcomes and overall patient experience (Helby et al., 2019). The following actions can be followed to analyse these aspects:

(a) Efficiency and cost-effectiveness:

Hospital Operating and Resource usage Efficiency: Examine data to see if the service delivery plan has improved hospital operations and resource usage efficiency. Reduced wait times, streamlined processes, and optimal resource allocation are all indicators to look for (Helby et al., 2019).

Cost Management: Determine whether the service delivery plan resulted in cost savings or efficient cost management methods. This could entail comparing the budget provided for plan implementation to the actual costs incurred (Strokosch and Osborne, 2020).

Reduced Medical Tests and Procedures: Determine whether the service delivery plan has resulted in a decrease in unnecessary or duplicate medical tests and procedures.

This decrease may indicate a more targeted and efficient approach to healthcare (McGill et al., 2021).

Personnel Level Optimization: Determine whether the plan improves healthcare personnel allocation and usage, resulting in better workforce optimization and improved patient care (Osborne, 2020).

(b) Health Outcomes Evaluation:

Mortality Rates: Compare mortality rates before and after the service delivery plan was implemented to see if there were any improvements or decreases in patient deaths (McGill et al., 2021).

Morbidity Rates: Examine changes in morbidity rates to determine whether the plan was successful in reducing the occurrence and severity of illnesses and consequences (Strokosch and Osborne, 2020).

Readmission Rates: Examine readmission rates to see if the service delivery strategy has reduced hospital readmissions, indicating better patient care and management after discharge (Osborne, 2020).

Changes in Health Conditions Over Time: Examine longitudinal data to evaluate whether there have been any positive trends in patients' health conditions as the plan has been implemented (Helby et al., 2019).

(c) Patient Experience Assessment:

Open Communication and Care Coordination: Collect patient feedback to determine whether the service delivery plan increased communication between healthcare providers and patients, as well as care coordination (Osborne, 2020).

Assess whether patients have improved access to their medical information, such as test results, treatment plans, and other pertinent data (Strokosch and Osborne, 2020).

Consideration of Patient Preferences: Determine whether the service delivery strategy takes into consideration patient preferences and needs, supporting patient-centered care (Yazdani et al., 2020).

Patient Decision-Making Involvement: Determine whether the plan has enhanced patient involvement in healthcare decisions and whether patients feel more empowered in controlling their health (McGill et al., 2021).

2.8.2.4 Stakeholder opinions

It is critical to collect feedback from a varied collection of stakeholders to provide a full evaluation of the service delivery plan's success. The perspectives of legislators, administrators, and healthcare experts can provide useful insights into the plan's strengths and weaknesses, as well as prospective areas for improvement at the Mankweng hospital. (McGill et al., 2021).

Feedback from politicians: Communicate with politicians who are crafting healthcare legislation and regulations. Formal meetings, questionnaires, or focus groups such as the community members (patients at Mankweng hospital) can all be used to accomplish this. Their comments on the service delivery plan can give light on its compliance with current legislation, any legal or regulatory difficulties, and how it fits into the larger healthcare landscape. Furthermore, lawmakers may provide insight on the viability of the idea and its potential influence on the community (Callahan, 2023).

Feedback from Healthcare Professionals: Involve various healthcare professionals, such as doctors, nurses, therapists, and other specialists, who are directly involved in the service delivery plan's implementation. Conduct interviews, anonymous questionnaires, or conversations to get their perspectives. Healthcare experts can provide practical input on the plan's implementation, identify any impediments or challenges encountered during implementation, and highlight areas where changes may be required to increase its efficacy (Moore et al., 2021).

2.8.2.5 Comparison with benchmarks or comparable facilities

Comparisons with benchmarks or comparable facilities are critical for assessing how well hospitals are carrying out their service delivery goals. A more thorough picture of these hospitals' performance can be gained by comparing them to similar institutions or benchmark facilities for example private hospitals. This comparison identifies areas for development and provides useful information for optimizing their offerings. According to Liao et al. (2019), the importance of this technique is that it allows healthcare practitioners and policymakers to assess the effectiveness, efficiency, and

overall quality of treatment of their facilities. Typically, the following steps are involved in such evaluations:

Data Gathering: Collect pertinent data from hospitals implementing the service delivery strategy, as well as comparative or benchmark facilities. Metrics pertaining to patient outcomes, safety, satisfaction, wait times, resource use, and financial performance may be included (Ferreira and Marques 2021).

Normalization: Ensure that the obtained data is standardized and normalized to account for variances in hospital size, patient case mix, and other confounding factors.

Benchmarking: Identify appropriate benchmark facilities or comparable institutions that have similar qualities or serve a similar patient group. The benchmarks should reflect the best practices in the field (Brizuela et al., 2019).

Compare the performance of the hospitals carrying out the service delivery plan to benchmarks or comparable institutions (other public or private hospitals). This can be accomplished by statistical studies, data visualization, or other relevant ways (Torkayesh et al., 2021).

Identify Disparities: Analyse the results to identify areas where the hospitals under examination outperform the benchmarks and areas where they fall short. Highlight both its strength and flaws.

Identify areas for improvement: Identify particular features or procedures that require improvement and develop action plans to address them.

Learn from Best methods: Examine the methods and strategies used by benchmark or high-performing facilities and consider implementing them in the hospital carrying out the service delivery strategy (Brizuela et al., 2019).

Continuous Monitoring: Monitor and re-evaluate the hospitals' performance on a regular basis to measure progress over time and ensure long-term improvements.

Following these steps can help healthcare organizations acquire useful insights about the success of their service delivery plans and strive toward better patient care and outcomes. Comparisons with benchmarks or comparable facilities not will not only assist in identifying areas for development, but also encourage a culture of continual

learning and growth within the healthcare system of Mankweng hospital (Brizuela et al., 2019).

2.8.2.5 Continuity effect

Determine how the service delivery plan will affect the overall healthcare system eventually. Think about how it affects the population's health, the cost of healthcare, and the viability of the services offered. It is crucial to assess the success of the service delivery plan using both quantitative data and qualitative data. This could entail looking over pertinent papers or documents, conducting surveys or interviews, or evaluating statistical data (Mjaset et al., 2020). When assessing the performance of a service delivery plan, continuity of effect is critical. It entails determining how the plan will affect the whole healthcare system over time. This evaluation takes into account the following essential factors:

Population Health: Evaluate the influence of the service delivery plan on the health outcomes of the population Mankweng hospital serves. Examine whether the plan has resulted in improved health indicators, lower morbidity and mortality rates, and general community well-being (Brizuela et al., 2019).

Healthcare expenses: Investigate how the service delivery model affects healthcare expenses, both for healthcare professionals and patients. Consider whether the approach resulted in cost savings, enhanced efficiency, or cost-effective resource use without compromising care quality (Ferreira, 2021).

Service feasibility: Assess the feasibility and sustainability of the services provided by the delivery plan. Determine whether the strategy was successful in addressing current healthcare gaps, improving access to care, and ensuring the continuous availability of vital services (Torkayesh et al., 2021).

Quantitative and Qualitative Data: Use a combination of quantitative and qualitative data to examine the plan's impact thoroughly. Quantitative data sources may include statistical indicators, financial reports, and utilization rates, whereas qualitative data sources may include surveys, interviews, and stakeholder feedback. Examine important papers, reports, and records to acquire insight into the plan's implementation and outcomes. Academic studies, government reports, and reviews can all provide useful insight into the plan's strengths and faults (Ferreira, 2021).

Surveys and interviews: Conduct surveys or interviews with patients, healthcare professionals, administrators, and other stakeholders to learn about their thoughts on the efficacy of the service delivery strategy. Feedback from individuals who are directly involved in carrying out the strategy can indicate opportunities for improvement (Ferreira, 2021).

Long-term Effects: Think at the plan's long-term effects on the healthcare system rather than only the short-term benefits. Determine whether the plan's beneficial effects are long-term and can continue to provide advantages (Torkayesh et al., 2021).

Adjustments and Improvements: Identify areas where the service delivery plan may need to be adjusted or improved based on the review. Putting in place a continuous improvement cycle guarantees that the strategy is adaptive and responsive to changing healthcare needs (Brizuela et al., 2019).

2.8. 3. The challenges encountered by patients within the context of public hospitals

- Medical Negligence

Another major challenge that patients at public hospital suffer is medical negligence. All residents are supposed to have access to healthcare through public systems. In accordance with the value for money principle, patients who visit public health institutions and pay consultation fees in the hopes of receiving better care. Consultation fees must be paid by those aged 6 and over, excluding seniors. This isn't always the case, though, since numerous instances of medical malpractice have been documented (Bateman, 2010, 2013, Treatment Action Campaign, 2018, The Citizen, 2018, Politicsweb, 2018). This suggests that public healthcare delivery standards are not sufficient, which would be against Batho Pele values. According to the study by Aikman (2019), a mother was suing the Gauteng Department of Health after giving birth (naturally) to a baby that was born with its head severed from the body.

The mother claimed that in order to rescue her baby (and spare her the trauma she is going through), the doctors ought to have performed a caesarean section. According to the Treatment Action Campaign (2018), "the freeze on new medical appointments is impeding hospitals' ability to provide quality healthcare and will also raise the possibility of additional medical malpractice claims, further reducing the budget."

According to a source, there were roughly 54 baby deaths in January 31 in February, 46 in March, and 50 in April (Bateman, 2010). These deaths occurred at the Nelson Mandela hospital in the province of Gauteng. A 40% oxygen deficiency was cited as the cause of these deaths (a condition associated with inadequate resources in public health facilities). The source also claims that "nurses were unsurprised by the deaths, blaming poor conditions in the tertiary hospital's neonatal ward" (Bateman, 2010:2). Similar circumstances may be found in the Limpopo Province's Maphutha Malatji hospital, where an average of 28% (64), out of 230 new-borns per month, pass away (Politicsweb, 2018). Medical negligence can have serious implications for patients, such as death disability, and psychological trauma. Medical negligence can be caused by a variety of circumstances, including insufficient staffing, a lack of resources, and poor communication among healthcare providers (Obaro, 2022). As a result, addressing these underlying issues is critical for lowering the frequency of medical negligence and increasing patient safety.

- Negative staff attitudes

One of the biggest challenges that patients in public hospitals confront is the negative attitudes of the healthcare workers. Poor attitudes displayed by personnel toward patients and visitors are one issue that plagues public health institutions (Department of Health, 2011; Health-E News, 2012; Haskins et al., 2014). "Latent hypothetical characteristics that are inferred from external observable cues" is how Ajzen (2005:23) defines attitudes. While the researchers define staff attitudes as simply a negative behaviour displayed by staff toward patients, which is frequently characterized by shouting, angry looks, disparaging (of patients), and providing (health) services in a way that is unsatisfactory to service users. According to Mokgoko (2013:132), "health workers are expected to conduct themselves towards patients in certain ways, and (treat) their relatives as their customers."

In other words, health professionals must adhere to their service standards to the fullest extent possible, failing to do so would constitute a major breach of the respect that patients are due, as outlined in the Batho Pele principles. Despite this, Haskins et al. (2014) report that patients frequently voice their complaints about the unfavourable attitudes of healthcare professionals. Their statement that "poor attitudes of nurses, resulting in poor patient care, could severely undermine the ability of the health system

to provide quality care and improve outcomes for patients" (Haskins et al., 2016) is supported by research. Additionally, according to Dias et al. (2012), medical staff members are described as being callous or indifferent to patients (Schneider, Barron, and Fonn, 2007; Ngene, Khaliq, and Moodley, 2023).

- **Communication Barriers**

One of the biggest challenges that patients at Mankweng Public Hospital experience is communication constraints. According to the study by Matthew and Van Wyk, (2018) communication obstacles impede the provision of fair and excellent healthcare services to patients, which has a significant influence on the cost and quality of healthcare (Al Shamsi et al., 2020). There are South African homes where members speak a language other than English but have not mastered it. When people evaluate essential services, like healthcare, this issue hinders communication (Hanft-Robert, Shongwe, Cossie, Sithole, Roos, Mösko, and Swartz, 2024).

Healthcare providers' ability to provide services is also impacted by this. If a patient cannot speak their native tongue, they may face difficulties getting accurate and trustworthy healthcare information in the host nation (Tasci & Ahmed, 2022). When one party tries to communicate with the other without clarity—for example, by using a foreign language, paying too little attention, or misinterpreting something—communication obstacles are generated (Yue & Xu, 2019). According to Taye et al. (2023), communication hurdles make it difficult for patients with little to no written or spoken English ability to understand the diagnosis and treatment plans of healthcare providers. Effective communication in the healthcare industry is hampered by a number of communication challenges, such as language barriers, cultural differences, patients' low health literacy, and lack of confidence (Agyemang-Duah et al., 2020).

Among other things, quality healthcare service is achievable. But effective communication between patients and medical staff is crucial to delivering high-quality care (Banat et al., 2023). Communication barriers prevent patients with limited or non-existent written or spoken English proficiency from seeking medical care; this leads to mutual incredulity between patients and healthcare professionals and can result in errors, particularly when interpreters are unavailable (Noack et al., 2020). Healthcare workers should prioritize addressing communication barriers, cultural competency, and healthcare literacy as these factors have an impact on effective communication in the healthcare setting (Ratna, 2019). Communication difficulties impede patients from

getting the care and recuperation they need from medical personnel, claim Kwame and (Petrucka, 2021).

Medical Errors in healthcare institutions or by healthcare workers are defined as departures from the care process, failure to carry out the action plan, or unintentional acts (Ortiz-López et al., 2021). According to the study conducted by Bekele et al., (2022) found a positive correlation between effective communication and high-quality service provision. Top-down communication, for example, is the sharing of information between senior management and lower-level employees. In this process, feedback is absolutely crucial. Therefore, communication facilitates the development of understanding between management, staff, and clients (patients). Improving communication is crucial to raising the calibre of services provided. Patients who are happy with their care like to tell others about their experiences and the information they learned from it. Their impression of the hospital also has an impact on their degree of satisfaction. This contentment stems from contented staff members who infect clients with the appropriate attitudes (Tran, et al., 2021).

According to the study Matthews and Van Wyk, (2018) It states that medical facilities or organizations that provide healthcare must set up extremely clear lines of communication between staff and patients as well as between other stakeholders and clients (families and their relatives). In Uganda's local government, Musenze et al., (2014) conducted a study on the relationship between communication and quality service delivery, using total quality management as the mediating variable. They came to the conclusion that without communication, quality service cannot be accomplished. Since the intended quality is disclosed beforehand and the services provided are recorded through a feedback system, the three factors cannot be separated since quality services are accomplished through ongoing monitoring of the quality supplied from the outset. Positive word of mouth (WOM) from patients can open doors for prospective clients to utilize the hospital's services, which enhances the hospital's overall performance (Tran, et al., 2021).

- Adverse events

In public hospitals, adverse events—like patient harm or death—present a serious problem for patients. Patients who were turned away from the public healthcare institution or denied access to healthcare services reported events in which they

experienced problems and, in some cases, died as a result. According to a Sunday Tribune article (2015:2), the family of a 35-year-old lady accused KwaZulu-Natal tertiary hospital employees of her death because they allegedly turned her away despite her serious illness. In one of Cape Town's townships, Kama (2017:2) described the story of a one-year-old infant who passed tragically on his grandmother's back after being turned away from three separate medical facilities.

A teenager gave birth on the ground outside the gates of a medical facility in another instance that occurred in the same area because she was denied entrance (Kama 2017:2). In Mankweng hospital an infant died, and the family blamed the Mankweng hospital due to the treatment that the 16-year-old mother received at the hospital (Mahlangu, 2018:1). Adverse events can have serious and enduring repercussions, such as psychological distress, financial strain, and a decline in confidence in the healthcare system. Therefore, in order to enhance patient safety and treatment quality, it is crucial to determine and address the underlying causes of adverse events (Agarwal, Prasad, Mantri, Chandrakar, Gupta, Babhulkar, Srivastav, Jaiswal, Wanjari, Babhulkar, and Wanjari, 2023).

2.8.4. To investigate how internal and external factors impact health service delivery in Mankweng Hospital.

2.8.4.1 Internal Factors Impacting Health Service Delivery in Mankweng Hospital

A variety of internal factors affect the effective delivery of health services at public hospitals, including Mankweng Hospital. These factors have a significant impact on the quality, accessibility, and overall efficacy of health care (Thema, 2024). This section examines the internal factors that affect health service delivery at Mankweng Hospital. This study investigates these factors, to obtain insight into the internal dynamics that drive health-care delivery and identify potential areas for improvement.

- **Prolonged Waiting Times Caused by Shortage of Staff**

The lack of staff in public hospitals is a key internal factor contributing to lengthy wait times. According to research, a lack of human resources is a key barrier in South African health care systems (Bademosi & Tobin-West, 2022). This shortage may result in fatigue among current employees, poor morale, and impaired patient care. Inadequate human resources are a significant limitation in sub-Saharan African health

systems (Zulu, and van Staden, 2023). According to Fonn, Ray, and Blaauw (2011), Africa has fewer health workers per 1,000 people than Europe (10 per 1000). According to Barron and Padarath (2017:4), inequalities in the allocation of health professionals between the private and public sectors and among the provinces in the public sector increase South Africa's health issues. Participants in a Tana study (2013:82) confirmed the inadequacy and insufficiency of health professionals, which they regarded as causing physical and mental stress and, in some cases, additional deterioration of their medical state. For example, the unexpected facility visits in 2016 mirrored the issues with the healthcare workforce. Hospitals for patients frequently report that there are sometimes not enough medical professionals (Magadze, 2022). Patients typically arrive at the hospital at 5 a.m. and are asked to leave unattended at 4 p.m. since there is only one professional nurse or doctor on staff, and it is determined that the patient is not coping. In hospitals, out-patients are usually told that, if their condition is not an emergency, they should depart by 4 p.m. because medical personnel on the night shift are usually assigned to manage emergency cases (Malakoane, 2020).

- **Absenteeism**

Absenteeism among healthcare personnel is another internal factor affecting healthcare delivery at Mankweng Hospital. According to studies, doctors are the most commonly reported absences from work without leave, followed by nurses (de Paiva, de Lima Dalmolin, and Dos Santos, 2020). This can result in decreased production, higher workload for remaining employees, and impaired patient care. Furthermore, absence might lead to lower patient satisfaction and trust in the healthcare system. It was discovered that several medical professionals were not present in South African public hospitals on the day of inspection. About 85 employees work at the OPD, according to information provided to the inspection team during the 2016 unannounced inspection at Mankweng Hospital. Seven doctors are on call out of the eighty-five (85) staff members; they alternate according on the hospital's roster. But as the inspection team discovered during speaking with one of the doctors, they just seem to know about the current roster and plan according to the rotation method among themselves (Public Service Commission 2016).

Additionally, it emerged that there were only two doctors present rather than the usual seven, and although the OPD Manager claimed that some of the doctors were taking part in a strike, she was unaware of their absence (Public Service Commission 2016). According to an analysis of absenteeism in developing countries, the percentage of absentees in South Africa ranges from 40 to 50%. In addition, there is a lack of alignment or coordination between the regulatory frameworks managing absenteeism and the laws pertaining to different facets of health (Banks and Pearson, 2021). The detrimental impacts of absenteeism on service seekers' trust in the health system and its disproportionate impact on the impoverished, whose access to healthcare is already hampered, are further causes for concern (Naher, Hoque, Hassan, Balabanova, Adams, and Ahmed, 2020). In South Africa, health practitioners frequently engage in "dual practice," which is poorly regulated and contributes to absenteeism (Vian, 2020).

- **Ineffective Infection Control and Inadequate Hygiene**

Internal factors impacting health service delivery in public hospitals include ineffective infection control and inadequate hygiene. Poor infection control and inadequate hygiene have been identified as challenges in public healthcare facilities, according to research. This can raise the risk of hospital-acquired infections, reduce patient safety, and impair patient outcomes (Thema, 2024). Young (2016:20) claims that there are several issues with public healthcare facilities, including excessive wait times, subpar healthcare service, outdated and badly maintained infrastructure, and ineffective disease control and prevention methods. The majority of facilities, according to Dunjwa (2016:1) and the South African Medical Association (2015:36), experienced issues with poor waste management, a lack of hygiene, and inadequate grounds and equipment upkeep. Patients and staff agreed that some departments had an unsuitable physical environment (such as filthy restrooms) for the provision of high-quality healthcare, according to a study by Nevhutalu (2016:138).

- **Poor Management and Maladministration**

Poor management and maladministration are major internal problems affecting health care performance at public hospitals. Studies have identified problems with financial mismanagement, corruption, and inadequate leadership (Obaro, 2022). This can result in lower accountability, impaired patient care, and inefficient resource utilization.

As a result of older citizens repeatedly misusing monies intended to improve public health facilities, poor management and maladministration have also become widespread in public hospitals (Bateman, 2010, 2013; Treatment Action Campaign, 2018). The researchers found a significant association between poor management and safety difficulties in public healthcare, which serves as a bridge between the debate of poor management and maladministration. "No action was taken against government officials responsible for financial problems at the Gauteng health department, including R1.7bn worth of fruitless expenditure," Sowetan Live (2018) reported. The Northwest Department of Health is under administrative control due to mismanagement problems.

Bribe is found to be one of the negatively correlated with health outcomes, such as enrolment in health insurance programs, in public hospitals (Vian, 2020). Once more, it has been demonstrated that recommendations from friends and family about which hospitals to visit might enhance the likelihood of bribery towards hospital employees as well as the magnitude of the bribe. Bribery has also been shown to lower the country's immunization rate, delay the vaccination of new-born, and deter the use of public health services (Bukari, Seth, and Yalonetzky, 2024). In South Africa, the magnitude of the bribe increases with distance from the source. Bribery also takes place in this context during the hiring of practitioners and during the posting and transfer process to a preferred hospital or area. Furthermore, it is common for management authorities to be paid off for taking unauthorized leaves, forging false invoices for fictitious training sessions that never happened or in which the incumbent did not take part, and for embezzling government funds such as patient registration fees (Naher et al., 2020).

Fraud and "a stubborn tendency to retain incompetent senior staff and leaders" are two possible causes of poor management, according to Ovadia et al. (2009). Supporting the foregoing, when cable theft occurred at Chris Hani Baragwanath Hospital, generators were unable to run because there was no money to buy fuel for them to start up during a power outage (Bateman, 2010); this is a situation that is comparable to the problem of electricity load shedding that is common in South Africa. The researchers see this as harmful since some patients may have had immediate operations planned that may depend on power availability for medical devices to work, without which some lives may be at risk. Therefore, patients who depend on electric

technology systems (like incubators) are at risk from power outages associated with fraud and poor management of healthcare facilities, according to Mmadi and Sithole (2019). According to Mabuza (2023:14) the Polokwane municipality said that it might turn off the water and power in government buildings due to unpaid rates and taxes, and the Limpopo health department voiced worry that this might have an impact on the delivery of healthcare at some of its institutions. The municipality had mistakenly sent the health department an R53 million rates and taxes bill for the Mankweng Hospital, according to department spokesperson Neil Shikwambana.

- **Leadership Style**

The leadership style at public hospitals is an important internal factor affecting health care delivery. According to research, good leadership improves organizational performance (Bademosi & Tobin-West, 2022). Bureaucracy is a prevalent management style found in governmental organizations in developing nations such as South Africa. A person's capacity to inspire, encourage, and facilitate others' active participation in and contribution to the success of an organization is referred to as their leadership style. Organizational performance is impacted by the type and calibre of leadership. Inadequate management practices impact the decision-making process and cause suppliers' payments to be delayed. Overly consultative leadership styles, such as bureaucracy, cause delays in the public health sector's drug procurement, which lowers the quality of services provided (Huragu & Chuma, 2019). Therefore, it is imperative that service quality is maintained, particularly in the health sector. In addition, safe, efficient, patient-centered, timely, equitable, and efficient care should be provided. According to the study Bademosi and Tobin-West , (2022) show that leadership has a favorable effect on a company's performance.

The impact of leadership style on institutional performance was investigated by Guterresa et al. (2020). The findings show that a leader's style positively affects the performance of their organization. According to Donkor et al. (2021), the majority of academics and industry professionals concur that employee performance, commitment, and organizational performance are significantly impacted by the style and calibre of leadership in any given corporation. Additionally, in this highly competitive era, companies need adaptable and creative leaders that can link their company to competitive challenges and inspire staff to go beyond to meet goals

(Essel, 2020). Among the many different types of leadership are bureaucratic, autocratic, and democratic (Jekelle, 2021). Democratic leadership, commonly referred to as participative management, involves actively leading others (Donkor et al., 2021).

Democratic leaders routinely solicit feedback and suggestions from their staff members. They encourage dialogue and active participation in the process of making decisions. Autocratic or authoritarian leaders are typically thought of as having ultimate power and influence over others, in contrast to democratic leadership (Singh & Slack, 2022). A hierarchy and clearly defined official responsibilities define the management approach known as bureaucratic leadership (Chikwere et al., 2022). This type of management, which is primarily employed in the public sector, requires employees to follow the guidelines established by their superiors Mulenga et al, (2018).

The study's findings show that effective leadership has a beneficial effect on business performance. Additionally, the impact of leadership style on institutional performance was investigated by Guterresa et al. (2020). The findings show that a leader's style positively affects the performance of their organization. Additionally, Suprpti et al. (2020) investigated the relationship between organizational performance and transformative leadership in Indonesia. As a result, organizational performance is impacted by transformative leadership. The current study aimed to better understand how leadership styles, including the bureaucratic style common in most developing economies like South Africa, affect the performance of the public health sector. This was because previous studies had concentrated on how different leadership styles affected other sectors of the economy (Huragu & Chuma, 2019).

According to the study by Allah et al., (2023) toxic leadership in public hospitals caused a decline in organizational performance, which in turn damaged the relationships between medical practitioners and caused them to become quiet and not communicate properly with one another. Silent behaviour within the organization increased as a result of senior managers' unfavourable attitude toward employee comments and feedback (Magadze, 2022). This further reduced opportunities for interaction and communication between managers and staff. The results of the study also highlighted how critical it is to foster an atmosphere at work where open communication is valued and to eradicate toxic leadership practices from the organizational culture of medical practitioners (Zibert and Starc, 2018).Organizational

leaders must address and launch initiatives to promote medical practitioners' involvement and decrease medical practitioners' silence. They must also foster a culture of open communication and reporting between employees and their leaders, lessen the detrimental effects of silence on their leaders' toxic and negative behaviours, and provide training to them on how to handle a variety of toxic behaviours that could impair their performance (Voges et al., 2023). Additionally, the results validated the significance of managerial compassion in fostering nurse cooperation, communication, and performance in addition to creating a workforce of motivated nurses.

Emotional control and overall organizational performance are both greatly enhanced by effective leadership. Interventions aimed at enhancing managers' leadership capacity result in variations in healthcare performance. According to the study Bademosi and Tobin-West, (2022) found that healthcare managers were not exceptionally good at creating and implementing visions or at building followership. In particular, they were not exceptionally good at creating visions. Healthcare leadership performance was influenced by a number of criteria, including leadership style, emotional intelligence, managerial position, and educational background. The primary cause of the difficulties facing healthcare leadership was the inexperience and lack of leadership expertise of managers. The performance of organizations and managers' capacity to collaborate closely with staff members are adversely affected by autocratic leaders, who also lower employee motivation Guterresa et al. (2020). Managers that possess emotional intelligence are adept at handling employees, giving them space to communicate, and recognizing their needs and feelings. Enhancing healthcare managers' emotional intelligence will increase their efficacy as leaders. To improve their leadership efficacy, healthcare managers must also have greater education and experience (Huragu & Chuma, 2019).

According to the study conducted by Mulenga et al, (2018) In the field of public health, leadership can take several forms. Good leadership fosters excellent teamwork, communication, and productivity inside the organization. The overwork of staff members and authoritarian inclinations are examples of poor leadership practices (Bademosi and Tobin-West ,2022) favouritism, slow response times, leaders who are not role models, overworking staff members with disrespect, and self-centred leadership are examples of dictatorial tendencies. Effective leadership entails

networking and communication. Both leaders and suppliers agree that effective communication is essential to ensuring that tasks are completed correctly, and mistakes are avoided (Khairunnisa and Nadjib, 2019). Good leadership involves observation and assessment. This includes leaders that patrol the wards, departments, and other units to see what's going on and make sure that all of the staff members are present at work and that the medical practitioners are performing their duties correctly (Khairunnisa, and Nadjib, 2023). It also includes department directors who make certain that medical professionals have access to the resources they need to carry out their responsibilities effectively. For example, medical equipment such as surgical instruments: used in surgery such as scalpels, forceps, scissors, and retractors, Thermometer; Infusion pumps, used to give patients intravenous access to fluids, drugs or nutrition.

Because leaders are able to identify some of the mistakes made by medical professionals and offer direction to them when they keep an eye on them and make sure they have all the tools they need to carry out their responsibilities (Zibert and Starc, 2018). This will lessen animosity that arises from believing that their superiors are controlling them and provide medical practitioners a sense of value and support in helping them perform better. One example of a negative leadership style is when a leader orders medical professionals around rather than guiding them. For instance, when leaders treat medical professionals disrespectfully, it embarrasses and depresses them, especially while patients are around (Essel, 2020). Negative leadership is also reflected in the overwork of medical professionals as a result of staff shortages, which leaves them exhausted, frustrated, and unable to find time for resting. Within an organization, the kind or style of leadership important because it can affect how staff members carry out their responsibilities. Because motivated medical professionals are better able to carry out their tasks and tend to treat patients with kindness when they feel loved and valued by their supervisor Guterresa et al. (2020).

The ways in which teamwork practices impact the provision of healthcare services, healthcare professionals in hospitals are motivated by teamwork (Bademosi and Tobin-West , 2022). They are especially inspired when their leaders work together to support them in providing the services they do. With a common goal and clear guidance, teamwork enables healthcare providers to deliver well-coordinated services and inspires them (Khairunnisa and Nadjib, 2019). The manner in which the practice

of comprehending situations affects healthcare providers. According to the findings, the way leaders comprehend their employees' situations has a direct impact on healthcare practitioners. As a result, when individuals perceive that leader understand their conditions and respond appropriately, they are driven to work harder. Leaders are expected to understand their providers' spoken and unexpressed needs and make them feel comfortable. Leaders are valued when they listen to and understand their providers' concerns. Dictatorial attitudes undermine healthcare practitioners' performance. It creates problems between the written regulations and what leaders do to providers. This discourages their hard work (Zibert and Starc, 2018).

The manner in which the recognized leadership practices impact the provision of medical care both direct (good) and indirect (bad) effects on the provision of healthcare services were noted. "High quality performance," which includes "avoiding mistakes, togetherness and enhanced providers happiness, increased providers confidence, respect for clients and work with an independent mind," was the direct or positive impact of leadership practice on service delivery (Khairunnisa, and Nadjib, 2023). Then, "poor performance," which includes compromising care quality, unwinding while completing tasks, standing up and down instead of working, providing out-of-date services, completing tasks carelessly, and working in fear, was the indirect or negative impact of leadership practice on service delivery (Huragu & Chuma, 2019). Monitoring's effects on service delivery, this technique has an indirect effect on the healthcare professionals since it makes them feel driven and cared for when executives keep an eye on their performance. Healthcare providers tend to step up and ensure that they are providing quality care when executives manage their performance by walking around (Essel, 2020).

This technique is known as "management by walking around." Understanding providers' effects on service delivery. Leaders that demonstrate empathy towards their staff members' circumstances inadvertently inspire them to put in extra effort. For example, monitoring staff is one approach for a leader to guarantee that assignments are completed successfully (Khairunnisa, and Nadjib, 2023). This leadership approach necessitates dedication and strategic thinking to be maximized in a way that does not frustrate people being monitored. Leadership styles influence employees' dedication, motivation, satisfaction, hard work, and efficiency (Huragu & Chuma, 2019). This, in turn, has an impact on performance and, either directly or indirectly, the quality of

patient care. Health system managers play an important role in promoting excellent practice through effective leadership styles. It is reasonable to say that a number of elements contribute to hospital performance and the provision of high-quality healthcare services. Hospital performance is influenced by a number of aspects, including leadership, as demonstrated by the analysis of leadership practices in this study. The study conducted by Mulenga et al, (2018) demonstrates that the kind of leadership in public hospitals matters since it influences organizational performance and can also help ensure that patients' needs are met (Khairunnisa and Nadjib, 2019).

- **Communication**

Effective communication is another important internal factor affecting health service delivery at public hospitals. According to Ustgorul and Popescu (2023), communication is the exchange of messages between a sender and a recipient. It can be both verbal and non-verbal when it occurs face-to-face and improves interpersonal connections. Eye contact, body language, and facial expressions are examples of non-verbal communication, while words, voice, and speech rate are examples of cognitive and affective messages sent verbally (Riley, 2019). Effective communication between healthcare personnel and patients is crucial for the treatment and follow-up of patients. Effective communication between healthcare providers, patients, and authorized patient families is essential to guaranteeing that patients receive high-quality medical treatment. Medical errors and problems are caused by ineffective communication and communication hurdles, which can result in legal disputes and even fatalities (Ottis et al., 2021). Effective communication fosters relationship-centered care and enhances healthcare providers' capacity to satisfy patient expectations while providing high-quality treatment, claim Dees et al. (2022).

Effective communication is essential for healthcare professional teams because ineffective communication leads to mistakes and subpar work that impacts patients and the organization. When there is a breakdown in the communication system, team members lose trust in one another because they start to doubt the leadership (Parker, 2019). The healthcare system is intricate and ever-changing. Errors resulting from human and technical sources might affect patients and their families collectively. In order to minimize errors, lower clinical morbidities, lower medical expenses, and

enhance patient speed and wellness, healthcare workers must communicate effectively (Kaldjian, 2021). When status and influence are equal and coordination takes precedence over directives to act upon, communication is enhanced (Stuckey et al., 2022). In order to guarantee that patients' cultural values, psychological needs, and physical needs are respected, it is imperative that patient rights are presented in a clear and concise manner (Rodziewicz and Hipskind, 2020). Patients must have access to their test results, medical records, and any other documents pertaining to their care under Promotion of Access to Information Act, 2000 (PAIA).

2.8.4.2 External Factors Impacting Health Service Delivery in Mankweng Hospital

A variety of factors impact health care delivery at public hospitals, including public hospital. While internal factors such as personnel shortages, absenteeism, inadequate management leadership, and communication are critical in defining health-care delivery, external factors also have a substantial influence (Stewart, Robertson, Pan, Kennedy, Haahr, Manoukian, Mason, Kavanagh, Graves, Dancer, and Cook, 2021). This section examined external factors that affect health service delivery at Mankweng Hospital. By examining these factors, this study aimed to acquire a better understanding of the problems affecting health care delivery at Mankweng Hospital and suggest potential improvement methods.

- Lack of Funding

The ability of the current health systems in African nations to meet healthcare needs has been severely impacted by the ongoing underfunding of public health (Zulu, and van Staden, 2023). Despite rising public healthcare utilization brought on by a higher patient load and a high illness burden in South Africa, the public health sector dropped from second to fourth place on the list of spending priorities. Major health system issues as a result emerged in this industry, including unfavourable employee attitudes, lengthy wait times, dirty facilities, medicine stock-outs, inadequate infection control, and jeopardized patient and worker safety (Magadze, 2022). Public hospitals are at great risk because they are unable to provide services to the best of their abilities due to a lack of money for district services and an inadequate budget from the fair share given to the department (Chesaro and Kipchumba, 2023).

- Lack of resources for equipment

The lack of equipment in hospitals causes dangerous delays in urgent surgery, according to certain public concerns published by Zulu, and van Staden (2023). Some patients waiting for treatment experience prolonged delays due to work backlogs, including cancer patients who are impacted by the shortage of oncology doctors and equipment, as well as patients on lengthy waiting lists for surgery or diagnosis due to the same equipment shortage (Magadze, 2022). Public hospitals have allegedly turned into "a death trap for the poor," according to the report, due to the lengthy wait times for medical attention that could expose patients to difficulties or even death (Aikman, 2019).

According to a study by Mokoena (2017:67), a shortage of material resources, equipment, and supplies (such as glucometers for blood glucose monitoring and needles for lumbar punctures to investigate or diagnose meningitis) can cause patients to stay in the hospital longer. The scan machine's poor state was also cited by participants, which led to patients being referred to other institutions for investigations or having to wait until the scanner was fixed, delaying diagnosis and treatment (Mokoena 2017). According to Manyisa and Van Aswegen (2017:36), the standard of treatment provided in medical facilities is negatively impacted by a lack of administrative tools and qualified personnel.

- Information Communication Technology (ICT)

Information and communication technology (ICT), according to the study by Magudulela, Kalema, and Segooa (2023), is widely recognized as an essential tool for enhancing corporate competitiveness and a nation's economic growth since it can enhance the effectiveness, efficiency, and safety of service delivery. Most people acknowledges that information and communication technology (ICT) has a big impact on business efficiency, but these benefits won't materialize until ICTs are extensively deployed and well utilized. People may gather, store, organize, and disseminate knowledge with the use of ICT. For example, information technology (IT) has made it easier for medical staff and patients to communicate in the healthcare industry (Djock, 2023). Cloud-based Hospital Management Systems are recommended to enhance real-time information access and minimize service delivery interruptions, according to the study of Magudulela et al. (2023). According to the study (Magudulela et al., 2023),

technology and its innovations are viewed as one option to bridge the gap of resource limitation by giving remote access capabilities to healthcare resources.

The health sector is one of the most important areas that requires the use of ICT to improve the quality of healthcare delivered to all individuals. E-health applications, in particular, rely on a variety of technologies and ICT infrastructure. In South African public hospitals, there is a lack of ICT infrastructure to support e-health systems. Currently, a number of public hospitals lack adequate e-health infrastructure. The current ICT tools are designed for administrative and procurement operations (Faloye et al., 2021). Many medical practitioners complain about a lack of suitable infrastructure for e-health implementation (Panya and Awuor, 2023). Mankweng Hospital lacks the necessary infrastructure to facilitate e-health. E-health requires a wide range of technologies, including computers, mobile devices, and monitoring equipment. This is one of the key issues that hospitals face when the infrastructure required to enable e-health system is unavailable (Public Service Commission 2016). Information communication technology skills and knowledge e-Health infrastructure is not only costly to build, but it also necessitates ICT skills and knowledge for successful e-project implementation. Medical practitioners with ICT skills are more likely to embrace and really implement e-health in primary healthcare (Htun et al., 2021).

This is due to the fact that medical professionals who possess ICT expertise can recognize the potential advantages of e-health in the workplace (Chuma, and Ngoepe 2022). One of the elements that has been found to have an impact on the provision of services in public hospitals is the absence of ICT expertise. the adoption of electronic health in public hospitals. Many medical professionals lack the necessary ICT knowledge and abilities. A large number of them fall into the computer literacy group of beginners. These kinds of levels have impeded public hospitals' ability to properly utilize e-health resources. These days, every medical professional needs to be knowledgeable about healthcare-related technologies, as technology is becoming the standard in the medical area.

According to the study Noorbhai, and Ojo (2023) the poor adoption of e-health in public hospitals in South Africa is explained by the medical professionals' inadequate ICT skills and expertise. They might therefore be unable to adopt the use of e-health technologies (Faloye et al.,2021) . As e-health is crucial to the success of the public

healthcare system, medical personnel must be educated and trained in its use. Therefore, ICT should be introduced in medical schools, and e-health training sessions should be provided to graduating medical practitioners as part of their in-service training. Moreover, the application of e-health is complicated by a lack of ICT proficiency and understanding among medical professionals (Panya and Awuor, 2023).

Reducing the complexity of technology requires knowledge and abilities in information communication. It is imperative to conclude that potential users possess the necessary knowledge and skills while advertising innovation to the target community. Security issues Generally speaking, ICT adoption in the health sector is significantly impacted by security and privacy breaches. The reason behind this is because people who utilize e-health want to ensure that information will not be disclosed without authorization when technology is used in healthcare Ogundaini, (2021). In the medical industry, one of the most important ethical principles is the security of patient information. The adoption of e-health at public hospitals has been influenced by various issues, including concerns about data privacy, confidentiality, and security. The study states that putting such an ICT system in place could violate patient-doctor privacy. Anyone with the necessary credentials should be able to access any medical records in the system (Gholampour et al., 2020).

This makes the knowledge available to everybody who desires it. Technology plays a significant role in the healthcare industry, but if e-health systems are compromised, patient data integrity may be jeopardized. The inference from this is that if e-health is to win over stakeholders in the healthcare system, data security is critical (Ijeh, Okolo, Arowoogun, and Adeniyi, 2024). The stakeholders assume that the privacy of e-health data will be comparable to that of paper record systems. Research from the past has also revealed that barriers to the use of e-health systems include worries about liability (Panagiotopoulos, 2023), concerns about patient privacy and security being compromised and perceived threats to patient and health professional relationships (Gholampour et al., 2020) The shift to electronic platforms raises certain concerns regarding patient data security and privacy. According to Panagiotopoulos (2023) privacy and security are arguably the most talked-about ICT ethics topics. Therefore, patients and providers need to have confidence that the information being communicated is secure and confidential in order to fully benefit from e-health. Thus,

worries regarding the security and privacy of e-health systems continue to prevent doctors from using it more widely in public hospitals and, if left unaddressed, could jeopardize the success of e-health.

According to the study Chuma, and Ngoepe (2022) it indicates that medical professionals are averse to change. The study's participants expressed concern that the integration of technology could significantly alter their job processes, protocols, and interpersonal interactions. Employee resistance is likely to occur, though, if they are unhappy with the change. In this instance, the majority of medical professionals are accustomed to operating under outdated procedures, such as documenting patient illnesses in patient files, recommending medications, and doing follow-ups. Faloye et al., (2021) claim that because medical staff members believe technology will negatively affect their workflow, they will grow reluctant to its usage. The study found that several contextualized and institutional elements contributed to the hospital's effectiveness as an organizational unit. According to the study Chuma and Ngoepe, (2022) the ICT system had a considerable influence on reducing user burden, improving patient waiting times, and minimizing errors that were a natural part of the paper-based records-keeping system.

Additionally, it has been demonstrated that the electronic health records (EHR) system's unique coding cells have greatly reduced the number of missing patient records and folders and greatly improved patient waiting times. The results of the study by Addo and Agyepong (2020) are consistent with the use of the EHR to advance current, effective, and efficient record-keeping in healthcare delivery. Keeping track of patient medical records, maintaining hospital information systems, maintaining medical equipment, preventing medication errors, and many other challenges facing South Africa's public healthcare facilities, particularly at Mankweng Hospital (Public Service Commission 2016). The accepted practice is continuing to use the card system, and hospital data is stored in files or books. Because the administrative assistants have to spend time searching for their files, some of them end up missing, which forces patients to ask the assistants to create more files for them, this ultimately results in patients having to wait longer to see the doctors (Htun et al., 2021).

Drugs and medical records are never electronically forwarded to the right desk during a general examination. This can occasionally result in sharp practices and record-

keeping fraud on the part of nurses providing patients with home health services. The inefficiencies and lack of transparency in South Africa's public healthcare systems continue unabated. The Mankweng Hospitals must effectively implement ICT in order to completely renovate all of its medical service facilities. The study by Furusa, and Coleman (2018) claims that information and communication technology (ICT) has made it possible for medical practitioners to regularly monitor patients' medical histories, diagnostic results, and general wellness. The medical practitioners are able to consult with the patients, recommend a diagnostic test, and administer the appropriate prescription (Htun et al., 2021).

According to the study by Furusa, and Coleman (2018) risk tolerance and expenses are the issue behind the inadequate use of ICT in public healthcare institutions. The main reasons people avoid adopting ICT include risk tolerance, social influence, perceived susceptibility, the severity of malevolent IT, costs, and self-efficacy toward ICT (Xue et al., 2015). ICT can improve patient safety by making medical cases easier to understand, enabling online treatment evaluations, keeping track of patients' progress, and anticipating possible medical errors. ICT is generally seen as a useful tool for users and healthcare practitioners. Information is now more readily available because to ICT, and people say they feel more comfortable using healthcare services (Ijeh et al., 2024).

Governments now depend on ICT to revolutionize the healthcare industry as a whole. Treating and caring for patients who are afflicted with a chronic illness is simple. Using ICT can improve productivity, reduce healthcare costs, and expand prospects for providing high-quality healthcare services. This research on the use of ICT and the provision of healthcare services was carried out by Addo and Agyepong (2020). There's no shortage of evidence indicating the acceptance of ICT in public healthcare institutions is heavily impacted by risk and expense tolerance. The study by Abdullah (2022) shows a positive theoretical relationship between risk tolerance and ICT adoption in Kogi State's public healthcare institutions.

- Procurement Procedures

Procurement, according to Agbeko et al. (2021), is the process of finding and deciding on terms for obtaining goods, services, or construction projects through competitive bidding or tendering. Local sourcing, multiple sourcing, and electronic procurement

are a few examples of procurement practices (Huragu & Chuma, 2019). According to Javidi et al. (2020), the procurement process also includes the preparation and processing of demands as well as the acceptance of payment upon final delivery. The procurement process includes, among other things, standards-setting, determining specifications, researching, and selecting suppliers, financing, negotiating prices, and inventory control (Huragu & Chuma, 2019). Electronic procurement, multiple sourcing, and local sourcing are all part of the procurement process.

According to Etse et al. (2021), local sourcing is an adaptable supply chain technique that many businesses employ in the event of disruptions to the global supply chain. The term "local sourcing" refers to the opportunity for businesses to ensure prompt delivery of facilities and supplies while creating a second, nearby, and trustworthy source of supplies, products, and services. Working with numerous suppliers is known as "multiple sourcing" (Leal Filho et al., 2019). An organization can use the procurement technique of multiple sourcing as a proactive measure to reduce the risks involved with working with a single supplier (Agbeko et al., 2021). In this study procurement procedure refers to the organized administrative procedure for obtaining supplies, labour, or other items required for providing healthcare. In order to maximize the use of resources and provide services, procurement activities must be coordinated with organizational goals, priorities, and financial restrictions (Otieno, 2023). This method places a strong emphasis on supplier relationship management, performance evaluation, and strategic sourcing in order to attain cost-effectiveness, quality enhancement, and innovation in healthcare procurement. In order to take advantage of economies of scale and bargain favourably with suppliers, it can also entail working together with other healthcare providers or governmental organizations (Goodarzian, 2021).

Furthermore, because it has the potential to affect the quality of services provided by the sector, public sectors take procurement exercises seriously (Agbeko et al., 2021). Procurement procedures and service quality are positively correlated, according to several research (Essel, 2020; Guarnieri & Gomes, 2019; John, 2019); Leal Filho et al., 2019; Mungai, 2019; Mutembei, 2019). The empirical literature now in publication indicates a direct relationship between firm performance, service quality, and procurement procedures. A delay in procurement procedures can have an impact on medicine availability in the hospital, ultimately compromising the quality-of-care

patients get. Shortages of medications increase patient management problems (Currin, 2020). According to the study by Muhammad et al., (2021) claims that patients suffer greatly when there is a lack of medications. Adverse patient events, such as delayed treatment, clinical problems, inadequate treatment, and related medication errors and adverse drug reactions, are recognized to be influenced by them. The study found that patients suffer as a result of delayed procurement, which causes shortages of medications (Chesaro and Kipchumba, 2023).

From the perspective of a hospital, the repercussions of medicine shortages were underlined as compromised treatment medication safety issues and increased risk of mortality. According to the study George and Elrashid (2023) lack of medications causes treatment delays, the spread and consequences of the disease, and treatment failure. It went on to explain that shortages can put patients at higher risk for medication safety issues include incorrect prescription choices, mishandled prescriptions, and negative drug reactions (Goodarzian, 2021). When a brand is running low in public hospitals, medical practitioners suggest switching to a new brand with a different dosage or strength. Because patients are accustomed to following a specific regimen and typically have low literacy levels, this leads to alterations in the treatment plan. In these situations, there is a higher chance of medication errors, and patients frequently come back to report side effects (Currin, 2020).

Lack of medication can occasionally become a life-or-death situation. In public hospitals, many patients are unable to pay even a small portion of the costs of their medications; as a result, when they are unable to receive medication from the hospitals, their conditions worsen or in rare cases, they can end up dying (Chesaro and Kipchumba, 2023). For instance, if a generic drug becomes scarce, it will undoubtedly affect all of the patients taking it. For instance, asthma sufferers must use inhalers, and TB patients must be on ATT, which will disrupt their entire course of treatment and perhaps result in death. Patients are requested to purchase medicines with their own funds when there is a lack of medication at the hospital (Otieno, 2023). This is unfair to them because the majority of patients receive care in public hospitals because they are unable to pay for private hospital visits and pharmaceutical purchases. Going to different pharmacies outside of the hospital to get medication can be exhausting for patients at times because they frequently have to search for a specific brand that their doctor has recommended. Frequently, they cannot find the

brand they are looking for or must pay a higher price for a different brand, which puts a financial strain on the patients (Goodarzian, 2021).

Sometimes it causes patients more confusion because they do not know if a different brand of medication that their doctor recommends will work as well as the first brand (Currin, 2020). Some patients wind up having to return to the hospital to ask the doctors whether the medication will work or not, which takes time away from the patients. Patients can squander time by repeatedly requesting the same medication brand because they are loyal to that particular brand. According to Modisakeng (2020) pharmacists' experiences with drug shortages in South Africa, even though the reasons of shortages are widely understood. The study's findings demonstrate that the difficulties posed by a lack of medications did not favour any hospital category over another because they were uniform at all treatment levels. The study's primary conclusions emphasized the difficulties encountered throughout the procurement process, such as poor supplier performance, protracted buy-out procedures, and API shortages. While not the primary problem in all public hospitals, the study also brought attention to the difficulties associated with using the integrated computerized inventory management system (RxSolution) to manage pharmaceutical inventory in the hospitals (Mkhize, 2023).

The study reveals that medication shortages continue to be an issue for South African hospitals operating at various levels (Magadze, 2022). API shortages, non-performance by vendors, and delayed payments to suppliers were the factors contributing to shortages of medications. Concerns were raised over the fact that most hospitals do not use or comprehend RxSolution. In certain cases, its restricted use may result in a shortage of medications. For RxSolution to be used for appropriate and successful inventory management in the hospitals and to increase medication availability, ongoing supervision and support for pharmacy staff are required. These results are similar to a study conducted in Kenya by Muhia et al ., (2017) wherein one of the major factors influencing the public sector's procurement of medications in South Africa was suppliers' non-payment or late payment.

According to the study, hospitals had to wait an exceedingly long time for their purchases to be delivered, and occasionally suppliers would provide fewer items than requested. Furthermore, pharmacists claimed to have received inaccurate information

on stock availability, which resulted in shortages of medications that were comparable to earlier results in South Africa (Currin, 2020). These results are similar to those obtained in Zimbabwe, where shortages of medications were caused by suppliers' non-delivery or delayed delivery of pharmaceuticals. An empirical study conducted by Mutembei (2019) examined how the Ministry of National Treasury and Planning's procumbent delays affected the improvement of service delivery. The study came to the conclusion that service delivery suffers when procurement delays occur. John (2019) investigated the association between procurement tactics and service delivery in a related study that was conducted in Uganda. The study found a positive correlation between service delivery and procurement strategy. Similarly, Mungai (2019) looked into how a firm's performance was affected by its buying procedures. The study's conclusions indicate that strategic procurement procedures are useful instruments for delivering superior customer service.

2.8.5. Strategies to enhance service provision in public hospitals

- Participation

Staff participation is frequently viewed as the key source of public health development. In a democratic setting, public participation is also one of the prerequisites for good administration (Jung et al., 2020). Public participation is vital to democracy's survival. Individuals, interest groups, or group representatives must be involved in the processes of developing and implementing public health policies in order to improve public health services (Kitimutai and Aluvi (2018, cited in Thusi and Selepe 2023). When health planning and decisions are made in public hospitals, only a small number of professionals are invited to discuss the issues. As a result, active staff involvement in health planning and decision making in public hospitals has the potential to improve public health service delivery. Staff members may be asked to submit health plans, offer health advice, and make health recommendations. Employees may become irritated and feel powerless if they are not included in health-care decision-making. This tendency may lead to a loss of employee motivation, which may lead to stagnation, which may lead to a deterioration in public health care delivery (van Dierendonck and Nuijten, 2011).

If citizen participation is overlooked, administrative and political power in the health domain may be abused and misused. With widespread citizen participation, rulers will

be held accountable to the people, and public health officials will be stopped from pursuing health policies that are detrimental to society's overall well-being. Staff over-participation, on the other side, must be avoided; that is, when a staff member contributes more by imposing plans and making recommendations than by actually doing the work. Staff participation in health decision making should be considered as well, according to Shumi and Begum (2017, cited in Thusi 2023). If a decision is made at a higher hierarchical level than his or her own, no subordinate staff member should feel forced to participate in health decision making.

- Accountability

Greater accountability among public health personnel is another strategy for improving public healthcare service delivery. Accountability is an essential component of government (Charterera (2016, cited in Thusi and Selepe 2023). Every member of the hospital's staff is held to a high standard of accountability. Accountability, however, entails more than merely exercising control; it also requires internal and external oversight by a variety of stakeholders who serve as watchdogs in public health matters. As a result, health-care workers should be held more accountable for their activities. The citizen is also critical in ensuring that health staff prioritize public health.

- Transparency

Transparency and openness are frequently synonymous. Transparency and openness are decreasing, and some public health organizations are so closed and opaque that bureaucracy and red tape lead to poor public health service delivery. Secrecy and a lack of openness in the public health sector contribute to abuse of power, corruption, and maladministration. Transparency is an essential component in the delivery of public healthcare services (Charterera (2016, cited in Thusi and Selepe 2023). The operations of this health centre are entirely visible to the public, and there are various lines of communication between the institution and the community it serves. However, the lack of openness in public hospitals permits Public Health Managers to be repressive in providing public health services, which can have serious consequences for patients. It can be argued that a lack of public access to public health information by health officials inhibits the people's ability to exercise public power directly and intelligently on patients. Thus, secrecy, dishonesty, obscure jargon, and health authorities' failure to use their right to obtain public health information should be

avoided at all times when providing public health services. Ali (2017, cited in Thusi and Selepe 2023).

- Empowerment

Empowerment is another issue that has a direct impact on the effective delivery of public health services in public hospitals. Empowerment is defined by Halvorsen et al. (2020) as "the act of gaining, developing, and increasing power through the cooperation of health personnel." Empowerment is the process through which health officials earn and extend power in order to improve public health services. This enables medical personnel to actively participate in health-care decision-making. Participation is an important aspect of empowerment. A willingness to improve public health services, awareness of public health needs, an acceptable climate, feedback, and rewards for improving public health services must all be present for empowerment to be successful. In order to empower public health services, health professionals must consult with the public on a regular basis. According to Gao and Jiang (2019), this will demonstrate friendliness and attentiveness. Empowerment is one of the outcomes of involvement. As a result, once empowerment is adopted, it spreads and creates strong relationships among health personnel, resulting in improved public health services.

- Development and training

Public health employees practice health within the context of public health administration and management, rather than in isolation. Academic education should be used to advance public health knowledge. Specialized training and development can assist public health employees in keeping up with current needs, resulting in improved public health services. Training can be defined as a consistent, systematic, and structured effort to improve health personnel' knowledge, skills, attitudes, methods, judgment, feelings, and efficiency of public health services. Development is regarded from a much larger viewpoint, whereas training is approached and evaluated primarily through the eyes of the trainer; health people are the focus point in development. To shift public health officials' perspectives toward cost efficiency, quality, and timely and effective public health service delivery, Bevins (2018, cited in Thusi and Chauke 2023) emphasizes the importance of developing health personnel capacity through training.

- New recruit induction training

One source of inefficient public health service delivery is that new recruits entering the public health sector are typically unprepared for the enormous challenges of the health environment. Some medical personnel were thrown into the deep end without instruction and ordered to swim. This perplexing circumstance creates anxiety and tension among the new recruits. As a result, induction training for newcomers should be meticulously prepared in order to maximize benefit. The newcomer's first impressions are the ones that stick Bevins (2018, cited in Thusi and Chauke 2023). It must be such that it fosters trust, confidence, and good attitudes toward public health services. Induction training allows new recruits to integrate swiftly and readily into health institutions, resulting in successful public health service delivery.

- Reduction Personnel turnover

Employee turnover, also known as employee turnover rate, is the number of employees who leave an organization in a given time period, usually a year. While a company's total number of people who leave is commonly measured, turnover can also refer to subcategories within an organization, such as individual departments or demographic groupings. Voluntary turnover occurs when an employee actively chooses to leave. This might occur as a result of greater career possibilities elsewhere, workplace strife, disengagement, and other factors. Involuntary turnover occurs when an employer chooses to fire or permanently remove an employee from the group in question, maybe due to poor performance, toxic conduct, or other factors. Turnover is unavoidable in any organization. Personnel turnover reduction can also help to improve public health service delivery in public hospitals Mzini (2019, cited in Thusi and Chauke 2023). One of the consequences of significant staff turnover is low morale among the surviving employees. Reducing employee turnover is a difficult endeavour because it is not caused by a single reason. To limit personnel turnover, the Public Health Manager must promote strong communication between units, foster cooperation and teamwork, and provide enough opportunities for staff development Mathimara and Kumar (2017, cited in Thusi and Chauke 2023).

- Recognition of good performance and promotion professionalism

To maintain a high level of morale, health professionals must know that their efforts will be recognized, even if not necessarily financially. Staff employees are motivated to provide efficient and effective public health services to the community when they

are recognized for their efforts Dina and Olowoseke (2018, cited in Thusi 2023). Professionalism fosters esprit de corps since members of the same profession often have the same level of training and education. It also encourages communication. Professionalism among health professionals may contribute to more effective public health service delivery. To develop professionalism, it is critical to establish realistic entry requirements and to use the merit system in public health institutions in a consistent, fair, and reasonable manner. Professionalism should be encouraged through education and training to improve the delivery of public health services (Wong et al., 2020).

2.9 CONCLUSION

In summary, the public health system in South Africa has long struggled with inefficiencies, which have been made worse by bureaucratic hurdles and inadequate procurement procedures, which has eventually resulted in lower service delivery standards. The empirical literature highlights that despite efforts to improve, the system still faces substantial problems, which were most noticeable during the COVID-19 pandemic. The pandemic brought to light pre-existing problems in staffing, infrastructure, and resource distribution. Going forward, sustainability will continue to be a major concern, requiring creative solutions to deal with systemic problems and guarantee long-term viability. The National Health Insurance (NHI) Bill has the potential to improve the way services are provided, but in order for it to be effective, strong legal foundations and coordinated efforts to solve systemic flaws in the healthcare system are required (Chikwere et al., 2022).

This section of the research provides theoretical literature and empirical literature to underpin the notion of the study. Theoretical literature provides the theoretical perspective underpinning the study while empirical literature provides for the studies conducted on the topic before.”

CHAPTER THREE

RESEARCH METHODOLOGY

3. INTRODUCTION

The previous section of the research provided theoretical literature and empirical literature which underpin the notion of the study. Theoretical literature provided the theoretical perspective underpinning the study while empirical literature provided for the studies conducted on the topic before. This chapter explains the data-gathering methodology and the methodological approach employed in this study. The methodology serves as a pillar, guiding the planning, organization, analysis, and interpretation of data. Research methodology refers to the research technique, namely, the different types of activities used to systematically handle the research problem, which is founded on assumptions and justifications for the decisions taken (Ngulube, 2015). Research methodologies are situated within a research paradigm, which is an overarching notion referring to "the set of common beliefs and agreements shared between scientists about how problems should be understood and addressed", The research technique, or how we acquire new information, is an important part of a research paradigm. It should be distinguished from research methods, which are the tools used to gather and analyse data, that is, how research activities are carried out in practice (May and Perry, 2022). As a result, several research methods can be applied within the study methodology.

According to Creswell (2013), research methods encompass a range of approaches and processes, including, but not limited to, surveys, interviews, observation, document analysis, and artefact analysis. As the lens through which a researcher makes judgments about learning about social phenomena and obtains answers to study questions, the methodology is essential to the research process. Ngulube (2015) outlines the many study designs and methodologies that may be utilized to gain insights into a phenomenon. The research methodology involved systematically selecting and applying various qualitative, quantitative, and mixed methods to investigate phenomena, aiming to produce influential facts for future contributions (Young et al., 2016). It encompasses study design, procedures, and ethical considerations, with qualitative methods using non-textual data such as images, whereas quantitative methods involve numerical analysis for generalization (Trochim,

Donnelly, & Arora, 2016). The chosen methodology is shaped by the research topic, data needs, and objectives, with an emphasis on maintaining rigor, transparency, ethical principles, and the validity of findings (Lee, 2019; Hirose & Creswell, 2023).

The conduct and administration of this research investigation are thoroughly described in this chapter. The study's philosophy, design, data sources and types, sample size, population size, research tools, questionnaire design, and strategies for data measurement are all parts of the research methodology. The evaluation of research findings, interpretations, suggestions, conclusions, and criticism of the validity and trustworthiness of the data requires an understanding of the data collection method.

3.1 RESEARCH PHILOSOPHY

The first step in starting a research project is to decide the research philosophy to be used. Collis and Hussey (2013) define research philosophy as a scientific practice based on assumptions and theories about the nature of knowledge and the world. Denzin (2000:922) defined paradigms as theories about the nature of humanity and the workings of the world: what is knowable and what is not. Guba and Lincoln (1994:117) emphasize that a paradigm is a classification of a body of multifaceted views that serve as a guide for action. The authors argue that each paradigm consists of three sets of beliefs: epistemology, ontology, and methodology. From the Greek word "episteme," which means knowledge, epistemology is the study of how we know the world and the relationship between the knower and enquirer. It also denotes expectations regarding the nature of the relationship between "the would-be" or "knower" and "what can be known (Nefale, 2022)." Ontology addresses issues related to reality and the nature of knowledge. Lastly, the methodology is concerned with learning about the real world and establishing a proper research strategy for gathering reliable empirical data. In this study, the researcher used an interpretivist philosophy.

Interpretivism refers to an alternative to positivist epistemology, which has long dominated social science (Clark et al., 2021). It is founded on the belief that there are fundamental distinctions between humans and objects in natural science. Consequently, social scientists require separate research methodologies that consider the contrasts between the worlds of humans and nature. These methodologies require the researcher to comprehend the subjective experience of social activity, what these experiences mean in practice, how these experiences and meanings are understood

by others, and why they are interpreted in such ways. Interpretivism has been inspired by a variety of philosophical traditions, including Weber's concept of *Verstehen*, hermeneutic phenomenology, and symbolic interactionism (Junjie and Yingxin 2022). According to Pulla and Carter (2018), the tradition of interpretivism can be traced back to non-Western ethnographies in the nineteenth century and is still used to describe human behaviour and societal phenomena today. The interpretivist perspective encourages researchers to study the meaning underlying their understanding of human behaviour, interactions, and society. This entails a researcher aiming to gain an in-depth subjective grasp of people's lives (Pulla and Carter, 2018). According to Sanchez, Bonache, Paz-Aparicio, and Oberty (2023), employing an interpretative lens to study specific persons' life-world experiences necessitates a fresh set of lenses free of established classifications. The emphasis should be on understanding the actor's experience, as it unfolds. Therefore, monitoring in a non-prejudicial manner while excluding our own belief system as researchers is an essential component of interpretative research. The interpretivism philosophy was employed by this study to better understand the experiences, perceptions, and meanings that healthcare workers, patients, and administrators attribute to the factors affecting healthcare delivery.

The application of interpretivism in this study provides several benefits. For starters, it enabled thorough knowledge of the variables affecting health service delivery at Mankweng Hospital, as well as a comprehensive and detailed insight into the experiences and viewpoints of healthcare workers, administrators, and patients. It also considered the hospitals' social, cultural, and historical contexts, which provided a more comprehensive picture of the dynamics at play. The technique also emphasizes the meaning and experiences of the participants, resulting in meaningful and relevant data. Furthermore, Interpretivism is flexible and adaptive, allowing for modifications as the research progresses. Finally, the strategy empowers and allows opinions to be heard.

3.2 RESEARCH APPROACH

Research approaches are essential for directing data collection, analysis, and design (Creswell 2017). Several research approaches are available, each with special qualities, benefits, and limitations. Based on this theory, the deductive approach is a top-down process that seeks to confirm or refute known information (Bryman 2016).

This appraisal tests theory-derived hypotheses using logical arguments and reasonable enquiries. Some of its limitations include its limited flexibility and susceptibility to overlooking contextual elements, even though it allows for generalizability and hypothesis testing through rigorous and methodical investigation (Creswell, 2017). On the other hand, the inductive approach is a bottom-up approach that starts with data collecting and aims to create new frameworks or ideas (Merriam & Tisdell, 2015). This exploratory and discovery-oriented approach identifies patterns and themes through the collection and analysis of qualitative data. According to Denzin and Lincoln (2011), versatility and flexibility facilitate the creation of new ideas, as well as contextual comprehension. However, it is tedious, subjectively interpreted, and lacks generalizability. Grimmer, Roberts, and Stewart (2021) assert that using an inductive method to study can assist researchers discover previously undisclosed but substantively crucial political processes.

In this study, the researcher used the inductive theory to investigate the intricate phenomenon of health care delivery at Mankweng Hospital (Clark et al., 2021). The researcher was able to find patterns and themes in the data using this method without having to rely on assumptions or preconceptions, which helped develop a more complex knowledge of the factors affecting the provision of health services (Bryman, 2016). Using inductive analysis, the researcher investigated the experiences of healthcare professionals and patients by examining the connections between factors including staffing numbers, resource distribution, and patient outcomes (Gerrish and Lacey, 2019). Using the above approach makes it easier to create contextualized insights and identify themes and patterns pertaining to patient treatment delays, insufficient resource allocation, and patient-provider communication breakdowns (Mackey and Gass, 2015). The researcher discovered new perspectives based on the data by applying inductive theory, which helped me develop evidence-based suggestions for enhancing the provision of healthcare services at the Mankweng Hospital.

3.3. RESEARCH DESIGN

Research design is a systematic approach that outlines procedures for addressing research enquiries encompassing method selection, data collection, and analysis strategies (Babbie, 2020). It acts as a guide for structuring the research process for credible outcomes. It involves amalgamating various methodologies, such as

experiments, surveys, interviews, and case studies, to achieve research goals, ultimately determining data gathering, analysis, and result reliability (Hirose and Creswell, 2023). This study employed a descriptive design.

3.3.1 Descriptive design

A descriptive design is a study strategy and methodology that is utilized in a variety of domains, such as social sciences, psychology, and education. Its primary goal is to watch, document, and describe the traits or behaviours of a subject or phenomenon without meddling or changing them in any way. Descriptive research is frequently conducted to obtain a better understanding of a specific issue, produce hypotheses, or provide a snapshot of the existing state of affairs. Descriptive studies aid in the exploration and comprehension of different aspects that affect service delivery in public hospitals. Researchers can use this strategy to describe the existing state of events without changing the factors or making predictions. (Baimyrzaeva, 2018; Kumar, 2018).

This study used a descriptive research approach in order to evaluate factors affecting the provision of health services in public hospitals. This study's design was appropriate as it made it possible to describe the attributes, patterns, and trends of the phenomena under study in great detail (Khosropanah, and Momeni Shahraki, 2024). For investigating complex issues, such as factors affecting the provision of healthcare services at Mankweng Hospital, descriptive study approach was appropriate. By using this design, the researcher was able to collect comprehensive data on the problem, identify trends and patterns, and comprehend the phenomena more thoroughly (Flick, 2022).

This design assisted in identifying service delivery gaps, areas for improvement, and possibilities for development. The researcher identified areas that needed attention and improvement by describing the existing condition of health service delivery at Mankweng Hospital. It also enabled the collecting of data from a variety of stakeholders, such as patients and healthcare professionals. By examining these stakeholders' points of view, the researcher was able to get a thorough grasp of the factors affecting health service delivery. The descriptive study approach laid down the foundation for making suggestions for enhancing health-care delivery in public hospitals (Hall and Liebenberg, 2024). The researcher made evidence-based

suggestions for stakeholders by outlining the present status of service delivery and suggesting opportunities for improvement.

3.3.2 Research methodology

Hirose and Creswell (2023) defined the research methodology as a strategic approach guiding the investigation process, encompassing the overall framework and research procedures. The chosen methodology informs the research methods, data collection, processing, and interpretation of results (Denzini et al., 2023), guiding the study's direction and depth. This study employed qualitative data to acquire a full understanding of the complex dynamics at work in this study of factors affecting service delivery in public hospitals. Each type of data provides unique insights, and when combined, provides a more comprehensive and nuanced view of the issue.

Qualitative data adds context and depth to our understanding of the elements that influence service delivery. Researchers can delve into the details of how and why specific elements affect service delivery using interviews (Cresswell, 2016). Qualitative data will aid in identifying barriers that quantitative data may not immediately reveal. This can illuminate the underlying causes of problems and provide viable solutions. For example, the researcher may discover that communication breakdowns are a major issue in service delivery through interviews with hospital workers. The researcher will be able to capture the viewpoints and experiences of the patients, healthcare practitioners, and management using qualitative data. Understanding the emotional and social components of healthcare delivery requires consideration of human factors. (Jahja, 2021). This comprehensive understanding guided the creation of tailored healthcare solutions. Finally, qualitative method helped to build more effective, compassionate, and responsive healthcare systems, which will improve patients' overall quality of life. The findings will inform policy decisions at Mankweng Hospitals.

3.4. STUDY AREA

The actual location and conditions under which data is collected are referred to as study settings (Brink, Van der Walt, & Van Rensburg, 2012). This research was carried out at Mankweng Hospital in Limpopo Province. The hospital is located in the Capricorn District of Limpopo Province, South Africa. Mankweng Hospital is located

west of the University of Limpopo Stadium and northwest of the Mankweng Business Centre Food Court.

3.5. TARGET POPULATION

According to Murphy (2016:8), the population is a group or individual which the researcher seeks to include in the study. Tang et al. (2018: 13) suggested that the definition of target population varies between regions, reflecting cultural, demographic, economic, and biological differences as well as healthcare priorities. Because it is impractical to obtain data from the entire target population, a specific sample must be selected to participate in the study. The target population comprised inpatients and outpatients, emergency personnel, nurses, doctors, and senior management at Mankweng Hospital.

3.6 SAMPLING

Brynard and Hanekom (1997:44) defined sampling by selecting a subset from a larger population to represent it. This sample was chosen randomly, and the process involved picking individuals or items to gather information and make inferences about the entire population. According to Dumelle et al. (2023), sampling is crucial for quickly obtaining representative data from various fields. The goal was to create an unbiased and accurate sample that mirrors the characteristics of the population, enabling the generalization of findings. Depending on the study's goals and population characteristics, various sampling methods can be employed, as discussed by Babbie (2020). This study used both random and purposive samplings.

3.6.1 Purposive sampling and Random sampling

Purposive sampling, also referred to as judgmental or selective sampling, involves deliberately selecting participants based on their expertise, experience, or unique perspectives related to the research topic (Sharma, 2017). This study purposively targeted medical practitioners, such as nurses (10) and doctors (5), who work at Mankweng Hospital and emergency personnel (4), and senior management (4). By focusing on individuals with specific knowledge, purposive sampling facilitates gathering detailed insights and understanding of the factors affecting service delivery within the healthcare context (Dawadi et al., 2021). Random sampling is a research approach that selects a subset of individuals or elements from a broader population such that every individual or element in the population has an equal probability of being

included in the sample. This procedure entails picking samples in a way that is not affected by personal prejudice, subjective assessment, or any other non-random means (Babbie, 2020). Random sampling was used in this study in order to choose a sample of Mankweng Hospital patients that was representative. Ten outpatients and ten inpatients from Mankweng Hospital made up the sample. In order to reduce selection bias and researcher influence, the sample was selected to ensure that it was representative of the broader patient community (Fox, MacLehose, and Lash, 2021). Patients who were 18 years of age or older, inpatients who were admitted to Mankweng Hospital, outpatients getting treatment at Mankweng Hospital, patients who were able to communicate well, and patients who gave informed permission made up the sampling frame. The criteria eliminated those who were seriously sick or unstable patients.

Random sampling can assist in ensuring fairness in the selection process and eliminating any discrimination or favouritism in selecting participants for the study, which is especially crucial in research involving public hospitals. In this study, patients and medical practitioners were selected randomly at the Mankweng Hospital (Kumar, 2018). In this study, patients were selected randomly and medical practitioners were selected purposively at the Mankweng Hospital (Kumar, 2018). To ensure a thorough understanding of the healthcare delivery system, the researcher purposefully selected a diverse sample population that included managers, emergency personnel, healthcare workers (nurses and doctors). By including managers, the researcher hoped to develop an understanding of hospital policies, resource allocation, and strategic decision-making, as well as perspectives on organizational culture, leadership, and governance (Ginter et al., 2018:205). To benefit from their first-hand knowledge of patient care and service delivery, healthcare professionals, specifically physicians and nurses, were invited to participate. Their expertise has given them important insights about clinical procedures, workload, and resource usage (Bouraima, Jovčić, Dobrodolac, Pamucar, Badi, and Maraka, 2024). Emergency workers provided important perspectives on emergency response and urgent care, illuminating resource allocation, prioritizing, and triage under duress. Patients' distinct viewpoints on patient-centered care and service quality were offered by both inpatients and outpatients, who also shared information about the accessibility, cost, and availability of services.

This study aimed to foster a comprehensive understanding of the factors affecting health service delivery, enhancing the validity, reliability, and generalizability of the findings. This study benefited from a diverse sample population through triangulation of data sources, enhanced validity and reliability, and contextual understanding of healthcare delivery (Bhat, Easwarathan, Jacob, Poole, Sapaetharan, Sidhu, and Thomas, 2022). The rationale behind this inclusive sampling approach was to capture a 360-degree view of health service delivery, ensuring the representation of various perspectives and experiences. Ultimately, by choosing managers, medical staff, emergency personnel, and patients as the study population, the researcher was able to present a comprehensive analysis of the factors affecting the provision of healthcare services at Mankweng Public Hospital. The researcher's ability to pinpoint important areas for development, provide insights into policy choices, and improve the provision of healthcare services was made possible by this research design (Ginter et al., 2018:207).

3.7. DATA COLLECTION

Data collection was essential for conducting this research. According to O'Leary (2004:150), gathering credible data is a difficult process, in which one method is not necessarily superior to another. According to Leedy and Ormrod (2005: 88), research is only a viable response to an issue when there are data to support it. The term data refers to the plural of the Latin verb dare, which means "to give." Furthermore, Leedy and Ormrod (2005:89) claimed that research aims to discover fundamental truths through data. There are two methods for acquiring information: primary and secondary methods. According to Kothari (2008: 95), primary data were obtained for the first time. Secondary data are information that has already been acquired by someone else and, hence, has gone through the statistical process. The purpose of employing primary data is to collect precise real-time information that addresses the study's unique research questions and objectives. This enabled the researcher to obtain first-hand knowledge of the elements affecting service delivery, providing a detailed and up-to-date understanding of the difficulties and opportunities within these healthcare institutions (Leedy & Ormrod, 2005:89). Primary data also allows for the customisation of data-gathering methods, ensuring that the research is adapted to the specific environment and needs of the hospitals under study. The use of secondary data in this study was intended to provide historical context and background information about the

healthcare system, hospital operations, and service delivery patterns. It enables researchers to understand how factors affecting service delivery have changed over time and serves as a benchmark for comparing the performance of hospitals under enquiry to industry or regional norms. Secondary data also aid in identifying gaps in existing research and in the formulation of research questions and hypotheses for primary data collection (Kothari, 2008:95).

3.7.1 Interviews

During data gathering, interviews involve an interviewer collecting responses from interviewees, as explained by Johnson and Christensen (2010). In this study, an assisted interview method was used. The assisted interview method is a general approach or technique used in the context of interviews or surveys, in which an interviewer or interviewer-assisting tool plays a key role in facilitating data collection. In this study the interviewer (researcher) helped respondents clarify questions. Interpreter-Assisted Interviews: When interviewee and interviewer did not share a common language, such as when respondents did not know how to read and write in English, the researcher translated the questionnaire into Sepedi because the researcher was also fluent in that language to help facilitate communication during the interview. The importance of assisted interviews provides an opportunity to collect in-depth and rich qualitative data (Kumar, 2018).

This study used a semi-structured interview approach to investigate the complex factors that affect health service delivery at Mankweng Hospitals. In-depth, open-ended questions were utilized to collect rich, qualitative data from the participants healthcare professionals, and patients. The interview style was flexible and adaptable, allowing participants to express their experiences and viewpoints in depth and nuance manner. Interviews were held at the hospital in a private room to ensure the participants' confidentiality and comfort. One-on-one interviews with patients, hospital managers, doctors, and nurses provided in-depth discussions and personalized insights. The interviews were audio-recorded with the consent of the participants to accurately capture the conversations. To accommodate certain participants' hectic schedules, notably doctors, a few interviews were performed via google meet. This guaranteed that their essential points of view were recorded. To ensure consistency with the in-person interviews, the google meet interviews were also audio-recorded with participants' approval.

This allowed the researcher to gain a more thorough and nuanced understanding of the phenomenon by delving deeper into the experiences, attitudes, and opinions of patients and healthcare providers regarding service delivery.

Public hospitals are complex environments with numerous stakeholders, rules, and practices. Assisted interviews assisted the researchers in understanding the context and nuances that affect service delivery. Face-to-face interviews offer advantages, such as capturing not only verbal responses but also nonverbal expressions, as noted by Jackson (2011). Brace (2008) highlighted the benefits of interviewers delivering questionnaires, including addressing doubts and encouraging deeper open responses. This study employed face-to-face interviews for survey data collection, with some flexibility for busy participants to use platforms such as Google Meet and Zoom. Recordings ensure data precision, and a preliminary write-up is recommended to save time during the analysis (Kumar, 2018). The interviews were conducted in English and Sepedi in semi-structured format.

3.7.2. Documentation

Documentation in research involves using existing written or recorded materials, such as reports, articles, and government records, as secondary data sources. Researchers have analysed and interpreted these materials to extract valuable insights, which are particularly useful for studying historical events and societal trends. This method complements the primary data and provides context, background, and empirical evidence to support the study (Kumar, 2018). Secondary data collection methods included literature studies, accessing archives, reviewing public documents, and utilising online databases. These sources were thoroughly examined and evaluated to address the research questions (Baimyrzaeva 2018).

3.8 DATA ANALYSIS

Data analysis involves extracting meaning from the gathered information for a study and employing statistical technique. In this study content analysis was utilised for data analysis, interpretation of various forms of communication, and discerning themes, patterns, and meanings to draw conclusions and identify trends (Dawadi et al., 2021). Hays and McKibben (2021) state that content analysis is a research method used to study communication, which can include nearly any type of written text (such as journal

articles, newspapers, books, and social media posts), verbal (and nonverbal) communication (such as audio or video recordings), photographs, and artwork.

The objective of content analysis is to offer a contextualised study of communication in a methodical and repeatable manner that can also be applied to a broader communication environment (Kleppendorff 2018). In qualitative study on Mankweng hospital service delivery factors, content analysis is pivotal for systematically analysing textual and visual data. This entails coding and categorising patterns driving care delivery (Dumelle et al., 2023). Content analysis is used for several purposes. First, it identifies and categorises major themes arising from the data, including organizational structures, resource limitations, staff attitudes, patient experiences, and policy impacts. Second, it validates findings from other qualitative methods, such as interviews or observations, bolstering credibility and dependability. Ultimately, it is a rigorous approach to comprehend intricate elements influencing public hospital service delivery, aiding in uncovering patterns and themes (Lee, 2019; Babbie, 2020).

3.9 RELIABILITY AND VALIDITY, CREDIBILITY, OBJECTIVITY AND CONFIRMABILITY

- Reliability and validity

Drost (2011) defines validity as the meaningfulness of a study's components. According to Brynard and Hanekom (2006:47), reliability refers to the accuracy and consistency of measures. Validity and reliability were confirmed in this study. First, the researcher verified the validity and reliability through dependability. Dependability entails assessing the study's findings, interpretation, and recommendations to ensure that they are all supported by data collected from study informants (Cohen, Manion, and Morrison, 2011; Tobin and Begley, 2004). This was accomplished by arranging the interview questions in such a way that the questions and results collected from them will be relevant in future comparable investigations. The degree of trustworthiness also ensures validity and reliability.

- Credibility

Credibility refers to the belief that the research findings are true (Macnee & Wheeler, 2002; Macnee & McCabe, 2008). This was done in this study when the researcher visited the patients and medical practitioners at the hospital to make them more

comfortable and allow them to express themselves freely, in order to assist the researcher in making comparisons based on the replies given by the participants when completing the study. The researcher also ensured the credibility of the study through peer debriefing, which will be accomplished by inviting supervisors to review the research in general. According to Guba (1981), peer debriefing allows enquirers to test their increasing ideas and to subject themselves to probing questions. Furthermore, the degree of confirmability ensures validity and reliability.

- Objectivity

The notion of conducting scientific enquiries and studies in an impartial, unbiased, and neutral manner is referred to as objectivity. This entails minimising human biases, subjective opinions, and preconceived assumptions that may have an impact on the study process and its conclusions. Maintaining neutrality is critical for ensuring the legitimacy, dependability, and validity of research findings. It enables researchers to conduct enquiries without being influenced by personal opinions, interests, or other factors. Researchers seek to offer an accurate portrayal of the phenomenon under study and provide an unbiased interpretation of the results, while maintaining objectivity (Khatwani and Panhwar 2019).

- Confirmability

Confirmability is concerned with demonstrating that data and interpretations of findings are not figments of the enquirer's imagination but are clearly drawn from data (Tobin and Begley, 2004:392). This was confirmed for the purpose of the study when the researcher recorded the interview processes and presented them to the supervisor. This was accomplished to ensure that the conclusions of the study are derived from data obtained from participants rather than from the researcher's perspective or assumptions based on how well he/she knows the subject matter.

10. ETHICAL CONSIDERATION

Ethical considerations are defined as a system of morals, rules of behaviour, and moral guidelines that give researchers a code of moral principles for conducting research in a morally acceptable manner (Struwig and Stead, 2001). Ethics serve to confirm adherence to a certain profession's or group's rules of conduct (Babbie, 2004:64). Because permission to conduct the research is required for this project, a letter of

ethical clearance was sought from the University of Limpopo Turfloop Research Ethics Committee. In addition, a letter from the Department of Health and Mankweng Hospital was requested to request permission to conduct the study. According to Welman, Kruger, and Mitchell (2005:201), when conducting research, researchers must consider the following ethical issues:

Voluntary Participation:

Participation is entirely voluntary, and no compensation or incentives are offered (Babbie, 2004). The principle of optional participation is upheld, ensuring that no one is able to join the study (De Vos et al., 2005). Informed Consent: Informed consent ensures that ethical principles such as voluntary participation, human dignity, and self-determination are respected (Polit & Beck, 2014). Participants were informed of the study's purpose, objectives, and significance in understandable English and Sepedi. They were informed of their right to withdraw even after granting consent (Brink et al., 2012).

Anonymity:

Participants' data were not linked to their identities, thus preserving anonymity (Grove et al., 2007). Names were not used during data collection or analysis, and codes used during interviews and data analyses (Grove et al., 2015).

Confidentiality and Privacy:

Confidentiality ensures participant data can't be linked to obtained data, and privacy avoids undue intrusion (Polit & Beck, 2012). Data and interview records were stored securely and only accessible only to the research team (supervisor). Participants' information will not be shared without permission (Grove et al., 2015). Avoidance of

Harm:

Preventing harm is paramount (Walsh and Wiggins 2003). This study treated all groups equally, regardless of race, ethnicity, religion, or culture. Participants were shielded from embarrassment and sensitive questions were avoided, particularly for illiterate patients (Babbie, 2004; Walsh & Wiggins, 2003). This study adhered to ethical principles to ensure participant well-being, informed decision-making, and confidentiality throughout the research process.

3.11 SIGNIFICANCE OF THE STUDY

Concerns over service delivery in South Africa have been highlighted in various studies (Wasserman et al., 2018; Young et al., 2016; Van Rensburg, 2014) because of the increasing demand for effective services from communities. This demand has led to an increase in service delivery protests, even in healthcare facilities, owing to inadequate resource allocation (Young et al., 2016). Access to quality healthcare services in public institutions has been hindered by factors such as high patient loads and under resourced facilities (Van Rensburg, 2014). To address these challenges, the South African government introduced the National Health Insurance (NHI) scheme to ensure equal access to health care for all residents (South African Department of Health, 2014; The Department of Health, 2013). This initiative is aligned with the constitutional rights of patients and focuses on improving service delivery and the quality of care.

This study aimed to enhance service delivery and healthcare offerings at Mankweng Hospital, identify factors affecting service delivery, and propose improvements (Reddy, 2016). Similar to other public services, the healthcare sector faces challenges with delivery, leading to community protests for better services (Bhengu, 2019). Resource disparities between rural and urban areas further compounded this issue, affecting vulnerable populations (O'Shea et al., 2019). The study also seeks to ensure that Mankweng Hospital upholds patients' constitutional rights to quality healthcare, benefiting various stakeholders, including patients, hospital staff, management, and local communities. The findings will support adherence to national health standards and enhance resource utilization, ultimately delivering better values to patients (Winchester & King, 2018).

3.12 CONCLUSION

This chapter presented the study approach for examining factors impacting health care delivery in public hospitals, especially at Mankweng Hospital. An interpretivist philosophy was adopted to get an in-depth understanding of the subjective experiences and meanings assigned to healthcare delivery by stakeholders (Sanchez, 2023). While qualitative method was used to collect nuanced insights through interviews, a descriptive research design was chosen to give an exhaustive description of the occurrence. This approach was selected due to its capacity to capture the

intricacies and contextual factors affecting the provision of healthcare, enabling a comprehensive and in-depth comprehension of the problem.

Random and purposive sampling were used to choose a sample from the target group, which comprised patients, emergency workers, nurses, doctors, and management. By using this methodology, the research sought to enhance patient outcomes at Mankweng Hospital, generate customized healthcare solutions, and influence policy decisions—all of which would eventually help to create healthcare systems that are more responsive, compassionate, and effective. By using this approach, the researcher was able to investigate the complexities of healthcare delivery, pinpoint service delivery gaps, and provide stakeholders evidence-based solutions (Jahja, 2021).

CHAPTER FOUR

PRESENTATION OF RESEARCH RESULTS, INTERPRETATION AND ANALYSIS

4.1 INTRODUCTION

The preceding chapter focused on the research methodology that guided that study, the sample size, the data collection process, and the research instrument for the study. This chapter seeks to provide research results, interpretation and analysis based on the data collected from the research participants in Mankweng hospital. There will be a presentation, analysis, and discussion of results collected in the field. The study evaluated factors affecting health service delivery at Mankweng Hospital, Limpopo province in South Africa. Data was gathered through an interview guide from purposively sampled Mankweng medical practitioners, patients, emergency personnel and management. The chapter will thus present, analyse, and discuss the results from the collected data based on the study objectives.

Table A: Participant Demographics

Please refer to Table A below for a breakdown of demographic details for each participant, including their assigned code, age group, education level, spoken language, gender (if provided), and employment status:

PARTICIPANT CODE	AGE	Gender	EMPLOYMENT DEPARTMENT	EMPLOYMENT STATUS	LANGUAGE	EDUCATION LEVEL
001	25-30	Female	Healthcare Professional	Working	Sepedi	Degree
002	45-50	Female	Healthcare Professional	Working	Sepedi	Degree
003	35-40	Female	Healthcare	Working	Sepedi	Degree

			Profession al			
004	45- 50	Female	Healthcar e Profession al	Working	Sepedi	Diploma
005	35- 40	Female	Healthcar e Profession al	Working	Sepedi	Degree
006	45- 50	Female	Healthcar e Profession al	Working	Sepedi	Degree
007	50- 55	Female	Healthcar e Profession al	Working	Sepedi	Degree
008	55- 60	Female	Healthcar e Profession al	Working	Sepedi	Degree
009	55- 60	Female	Healthcar e Profession al	Working	Setswana	Degree
0010	45- 50	Female	Healthcar e Profession al	Working	Sepedi	Degree
0011	50- 55	Female	Healthcar e	Working	Sepedi	Diploma

			Profession al			
0012	55- 60	Female	Healthcar e Profession al	Working	Zulu	Diploma
0013	55- 60	Female	Healthcar e Profession al	Working	Sepedi	Degree
0014	55- 60	Female	Healthcar e Profession al	Working	Sepedi	Diploma
0015	45- 50	Female	Healthcar e Profession al	Working	Venda	Diploma
0016	55- 60	Female	Healthcar e Profession al	Working	Venda	Diploma
0017	45- 50		Healthcar e Profession al	Working	Sepedi	Degree
0018	45- 50	Male	Healthcar e Profession al	Working	Sepedi	Diploma
0019	25- 30	Female	Healthcar e	Working	Sepedi	Degree

			Profession al			
0020	25- 30	Female	Healthcar e Profession al	Working	Sepedi	Degree
0021	25- 30	Female	Healthcar e Profession al	Working	Setswana	Degree
0022	30- 35	Male	Healthcar e Profession al	Working	Zulu	Degree
0023	25- 30	Male	Healthcar e Profession al	Working	Sepedi	Degree
0024	30- 35	Female	In-Patient	Working	Sepedi	Diploma
0025	25- 30	Female	In-Patient	Working	Sepedi	Diploma
0026	35- 40	Female	In-Patient	Working	Sepedi	Higher certificate
0027	30- 35	Female	In-Patient	Unemployed	Sepedi	Matic
0028	18- 25	Female	In-Patient	Working	Sepedi	Matric
0029	40- 45	Female	In-Patient	Working	Sepedi	Diploma
0030	30- 35	Female	In-Patient	Unemployed	Sepedi	Diploma

0031	30-35	Female	In-Patient	Unemployed	Setswana	Matric
0032	25-30	Female	In-Patient	Unemployed	Zulu	Matric
0033	30-35	Female	In-Patient	Working	Zulu	Diploma
0034	18-25	Female	Out-Patient	Unemployed	Sepedi	Matric
0035	60-65	Female	Out-Patient	Unemployed	Sepedi	Diploma
0036	18-25	Male	Out-Patient	Unemployed	Venda	Matric
0037	35-40	Male	Out-Patient	Unemployed	Venda	Matric
0038	40-45	Male	Out-Patient	Unemployed	Sepedi	Matric
0039	50-55	Female	Out-Patient	Unemployed	Sepedi	Diploma
0040	50-55	Female	Out-Patient	Unemployed	Setswana	Diploma
0041	18-25	Female	Out-Patient	Unemployed	Sepedi	Matric
0042	25-30	Female	Out-Patient	Unemployed	Sepedi	Degree
0043	18-25	Female	Out-Patient	Unemployed	Sepedi	Matric

4.2 DATA PRESENTATION AND INTERPRETATION

This chapter outlines the data analyses or to analyse data as well as the findings of the research conducted from the study area. The main purpose of this chapter is to summarise and interpret the data collected through semi-structured interview guides

that were asked of patients, management, and medical personnel of the Mankweng Hospital in Limpopo province.

Table 4.3 presents the summary of themes that emanated from the study

Themes	Sub-themes
4.2.1 Implementation of the Batho Pele Principles	4.2.1.1 Poor Application of the Batho Pele Principles 4.2.1.2 Implementation of Batho Pele Challenges 4.2.1.3 Service delivery plans address demands and goals
4.2.2 Challenges observed during the implementations of service delivery plans	4.2.2.1 Infrastructure and Service Delivery Plans 4.2.2.2 Service Delivery Plans affect healthcare outcomes and patient satisfaction 4.2.2.3 Healthcare obstacles impact patient treatment and results 4.2.2.4 Healthcare operational and systematic issues reduction within Mankweng Hospital 4.2.2.5 Socioeconomic factors impact the accessibility of healthcare services at Mankweng Hospital 4.2.2.6 Causes of inadequate delivery of services in Mankweng Hospital
4.2.3 Challenges encountered by patients	4.2.3.1 Experiences of Quality Care Provision at the Mankweng Hospital 4.2.3.2 Factors affecting the satisfaction of receiving treatment within the Mankweng Hospital

	4.2.3.3 Challenges faced by Mankweng Hospital patients while trying to access healthcare services 4.2.3.4 Challenges that patients encounter at the Mankweng Hospital
4.2.4 Factors contribute to poor provision of services	4.2.4.1 Impact of Financial and Human Resources on the Provision of Services within the Mankweng Hospital 4.2.4.2 Challenges faced by healthcare professionals to provide high-quality care within the Mankweng hospital 4.2.4.3 Factors affecting the provision of quality care within the Mankweng Hospital 4.2.4.4 Perception of medical professionals on the quality of services provided by the Mankweng Hospital 4.2.4.5 Information provision and communication of results within the Mankweng Hospital 4.2.4.6 Impact of policies and legislation on the provision of services within the Mankweng Hospital
4.2.5 Strategies can be employed to optimise service delivery	4.2.5.1 Patient participation and empowerment within the Mankweng Hospital 4.2.5.2 Approaches to improve the quality of medical care for patients in Mankweng Hospital 4.5.2.3 Recommendations to improve service delivery and better governance within the Mankweng Hospital

4.2 SECTION A: MANAGEMENT ANALYSIS

4.2.1 Theme 1: Implementation of the Batho Pele Principles

The proper implementation of the Batho Pele Principles is critical to improving health service delivery at Mankweng Hospital. So, according to the Donabedian Quality of Care Theory, which is discussed in Chapter 2, the structure, process, and outcomes of healthcare services have a substantial influence on quality of treatment and patient satisfaction. As a result, this study discovered shortcomings in the application of the Batho Pele Principles at Mankweng Hospital, resulting in the compromise of health care delivery. This theme investigates the barriers to the implementation of the Batho Pele Principles at the hospital, such as limited infrastructure, resources, and staff training.

4.2.1.1 Sub-theme: Poor Application of the Batho Pele Principles

The issue of the application of the Batho Pele Principles for the provision of services at Mankweng Hospital was necessary to be probed into. This has enabled the researcher to understand the framework's implementation process and its implication for the provision of people-centred services. Participant 008 had the following to say:

“The hospital has implemented a poor framework as far as the provision of people-centered service is concerned at Mankweng Hospital. Areas such as Mamotintane, Zone 1, Paledi, Mamadimo Park, and Ngaleng, Extensions are faced with issues of poor service standards, access, and courtesy. The hospital is having challenges in terms of ensuring that there is full and effective accessibility of services that meets the value for money as well as service standards(P008)”

The study argues that people-centered service provision is a problem at Mankweng Hospital. Management concurs that there is little to no adherence to the framework as far as people-centred provision of service is concerned.

P007 outlined that; *“There is an issue of legislation and framework disregard at the hospital. The hospital must ensure the appointment of committees responsible for strong oversight and ensure accountability for failure to adhere to and disregard of the framework (P007).*

Based on the above response, the researcher argues that the hospital is facing difficulties in ensuring effective and efficient implementation of the framework to ensure the uninterrupted provision of people-centered services to the residents of Mankweng. Failure and lack of implementation of the framework have seen the erosion of accountability by the responsible officials. Therefore, the researcher has concluded that there is a lack of implementation of the framework by the responsible personnel within the Mankweng Hospital.

4.2.1.2 Sub-theme: Implementation of Batho Pele Principles and Challenges

The challenges that Mankweng Hospital faces when implementing the framework for the provision of people-centered service delivery were significant. The probe into this question allowed the researcher to under the depth to which officials are implementing the framework of Batho Pele and the challenges they face during the implementation process. Participant 007's response is presented below:

“Internally we are still trying to ensure we have a holistic approach to implementation of Batho Pele principles. We cannot still ensure a successful approach. The hospital still lacks the financial capacity, human resource capacity, and training capacity to better respond effectively and efficiently to the current healthcare demands of the residents. For example, our hospital doesn't have enough financial resources to address and meet all the needs and demands of the patients. We cannot ensure sustainable accessibility and service standards as we still rely on National for funding (P007).”

P006 stated: *“that the officials of the hospital are affected by various issues that make it difficult for the hospital to fully implement the policy to yield good results, and this is supported by the lower level of the management who also agree that the hospital is not implementing the policy to its full potential to give good results as far as the provision of health care is concerned” (P006).*

Within this narrative, participants in this study indicate that the hospital has no confidence in building capacity to ensure effective and efficient implementation of the Batho Pele Principles policy across Mankweng Hospital. The study argues that the management of Mankweng Hospital is reliant on government grants and stakeholders for funding to provide services and the hospital seems to have no solid plan on how

the policy will address the challenges inhibiting people-centered approach to healthcare service and yield good results.

4.2.1.3 Sub-theme: Service delivery plans address demands and goals

The researcher probed into the question to understand if the service delivery plans of the hospital currently meet the demands of the hospital and its goals. Participant 006 had the following to articulate:

“I believe as the hospital currently, we are not as effective as we are supposed to be in terms of goal alignment to the Batho Pele principles as well as the alignment to the process of strategic planning of the hospital. . There is little to no relationship between the plans of the hospital to the demands and goals as the hospital still needs resources to ensure an effective relationship between the components. (P006).”

P003 indicated that: *“there is no relationship between the hospital's plans to meet the ongoing demands and goals of the patients as well as the hospital. Despite the various efforts and attempts to strike a relationship to meet patients' demands, the key factor is that the needs of patients are increasing, and the hospital is operating on limited resources to meet the unlimited demands P003”.*

Based on the above assertion it is evident that the hospital still has challenges on issues of consumer demand for service and strategic planning relationship. Various participants also indicated that there were not aware that there are pieces of legislation that compel the hospital to align their plans to the demands of patients as they do not have the requisite resources. The researcher, therefore, argues that the Mankweng Hospital has a role to play in terms of goal alignment to strategic planning in order to ensure an effective response to the unlimited demands of patients. The hospital must further consult with the community and ensure their response to the demands of patients or communities is in line with the issues they flagged as urgent and will improve their livelihoods. The Mankweng hospital must ensure bottom to top approach to address the challenge of service delivery plans to meet the demands of the patients and hospital goals.

4.2.2 Theme 2: Challenges Observed During the Implementations of Service Delivery Plans

The study's findings indicated substantial barriers to successfully executing efficient service delivery plans at Mankweng Hospital. Inadequate infrastructure and a lack of effective service planning jeopardized patients' healthcare outcomes. Staff shortages, insufficient planning, and limitation of resources were among the root reasons of poor health care delivery.

4.2.2.1 Sub-theme: Infrastructure and Service Delivery Plans

South Africa is a developing country. The country is faced with infrastructure issues with no or little improvement. This includes issues that contribute to this factor such as investment to infrastructure by the government which saw the country faced with old and dilapidated infrastructure that is declining in terms of addressing healthcare issues. The researcher asked this question to understand the factors that affect the effectiveness of the hospital's service delivery plans. The management indicated that for some years the hospital has been working with limited resources which makes it hard to be a 100% effective hospital. In his view, participant 003 raised the following:

"From my view, it is evident that the task of healthcare administration should have been cascaded fully to the provincial government as the national is failing to ensure sustainable provision of this service. The provincial government is subjected to budget constraints and maladministration that emanates from national. Due to these factors, our hospital does not have the best facilities to deliver the best healthcare services despite the help we get from private collaborations. (P003)."

P008 indicated that: *"the healthcare administration is in chaos, and they are suffering as the national government is failing to discharge its mandate of ensuring that they provide support in terms of resources to ensure effective administration. There is also a challenge that we have to continuously explain to the patients the significance of paying consultation fees which is not well received by many. (P008)"*

From the above responses, the administration of healthcare by the provincial government is deemed to be a failing task due to a lack of resources and maladministration that cascades from the national government. Although the hospital is trying to provide state-of-the-art facilities, it is evident that more funding and support are needed to provide and realise the service delivery plans of the hospital. Therefore,

the researcher concludes that the process of healthcare administration must be a collective task at provincial, and national where when the disaster is identified at the provincial the next sphere must intervene to address the disaster and provide support to realise service delivery plans.

4.2.2.2 Sub-theme: Service delivery plans on healthcare outcomes and patient satisfaction

Service delivery remains the responsibility of both the elected and appointed officials within the government. It is through the collective efforts of administrators and politicians that the process of service delivery can be effective and efficient. This seems to be a challenge as provincial government departments and hospitals are still lacking full capacity to deliver certain services. Hospitals still rely on the national government for funding of certain services, and this delays the provision of services leading to poor customer satisfaction and hospitals failing to achieve their outcomes. When asked about the service delivery plan challenges and ways to improve such challenges to ensure good healthcare outcomes and patient satisfaction, participant 005 had the following to say:

“If given enough resources and powers to act independently with a clear definition of roles and responsibilities, hospitals can be effective and efficient and result in good patient satisfaction and healthcare outcomes. The greatest challenge is lack of resources and turnover time of requests for grants to fund the services we have in our IDP (P005).”

P007 indicated that: *“there is little to no support from the national government and provincial treasury to ensure improvement to challenges to ensure patient satisfaction and adequate healthcare outcomes. (P007)”*

Based on the above responses, the researcher argues that there is a need for accountability and transparency to be attached to the processes of national government and treasury funding. There is also a need for the national government to capacitate personnel to ensure skills relevancy and ensure that there is also monitoring and evaluation to deliver adequate healthcare outcomes and meet the needs of the patients.

4.2.2.3 Sub-theme: Healthcare obstacles impact patient treatment and results

The main causes of healthcare challenges were deemed necessary to be probed. Through probing this question, the researcher understood the root causes of healthcare challenges within the Mankweng hospital. South Africa is faced with inadequate and scarce healthcare issues which is caused by various factors such as lack of skilled medical personnel, funding, and infrastructure for years (Ngene, et al., 2023). Participant 006 in this study indicated that the Mankweng Hospital has been faced with these for years. Participant 006 stated that:

“The hospital has limited powers as far as adequate and top-tier healthcare service is concerned. The hospital still lacks the financial and human resources as well as state-of-the-art infrastructure to address the healthcare challenges. There is a lack of funding from the national treasury to fund the spending on healthcare infrastructure. The hospital is still having challenges of building more structure and securing medical equipment to respond effectively to challenges of patients and to ensure effective turnover of treatment and quick results the area of Mankweng and surrounding areas (P006).”

P005 indicated that: *“The hospital is faced with budget constraints to address the obstacles facing the hospital. The participant argues that there is no funding for planned projects to address the challenges. They further indicated that the hospital has to explore other means through donations and partnerships to address the obstacles affecting the hospital. (P005)”*

Based on the above responses, it is evident that the hospital needs funding and grants to be able to address the healthcare challenges that confront the hospital and the patients when consulting the hospital for treatment. There is a need for the national treasury to fund the infrastructure development projects of Mankweng Hospital to ensure effectiveness in the issue of provision of medical care. The immediate attention to approval of infrastructure grants will address the obstacles at the hospital.

4.2.2.4 Sub-theme: Healthcare operational and systematic issues reduction within Mankweng hospital

The three spheres of government have the role of intergovernmental relations and also ensure intervention where one sphere of government is failing to deliver on certain mandates. It has been noted in various instances that the national government is

having challenges as far as the process of funding provincial hospitals is concerned (Ramutumbu et al., 2023). The national government is failing to provide adequate support through funding and technical as well as systematic to hospitals to carry out this mandate effectively and efficiently. Participant 005 indicated that the national government must ensure effective intervention to support provincial hospitals in terms of the administration of adequate healthcare. P005 further stated that:

“I think convincing and getting support from the national government for this function is of paramount importance. The national government has the requisite resources necessary to help in addressing challenges that are confronting provincial hospitals. However, there is a need for provincial hospitals such as Mankweng Hospital to have operational and systematic plans that outline how this function will be carried out through intergovernmental relations. Without a solid plan, nothing will change. There is a need to ensure accountability of officials involved in this function (P005).”

P007 outlined that: *“We still need support to address challenges raised by patients in the previous years that confronted the hospital. Hospital officials indicated they have operational and systematic plans centered around patients' concerns to address the challenges that confront the hospital but lack financial resources. There is a challenge of capacity building to address the challenges. (P007)”*

Based on the above assertion, the challenges of healthcare raised in operational and systematic plans need contributions from all spheres of government. To address the challenges, there is a need for key measures to be put in place. This includes solid operational and systematic plans coupled with short- and long-term goals achievable and prescripts of accountability attached. Therefore, the researcher concludes that service delivery challenges must be inclusive. There is a need for intergovernmental relations and stakeholder involvement to ensure an adequate process for addressing the challenges (Zungu et al., 2023).

4.2.2.5 Sub-theme: Socioeconomic factors impact the accessibility of healthcare services at Mankweng hospital

Citizens have the right to access healthcare. This is an internationally recognised right derived from an adequate standard of living under Article 11 of the International Covenant of Economic, Social, and Cultural Rights. Furthermore, there is a constitutional obligation which states that people have the right of access to

healthcare. Section 27 requires the state to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right. This is not the case as patients of Mankweng Hospital are still faced with issues of inaccessibility of adequate healthcare services. Participant 007 indicated that:

“Training and development play a positive role in ensuring that the patients seeking medical care in Mankweng Hospital understand that some of the services are constitutional mandates. Adequate healthcare provision requires personnel with high skills, knowledge, and expertise to ensure that people have access to healthcare. Therefore, enforcing training and development as well as consequence management in the hospital and patients’ awareness will result in motivated and determined employees which in turn results in adequate healthcare provision. This will also assist patients in understanding systems and processes that needs to be followed to access the service and also build understanding for patients who do not understand the processes and challenges confronting the hospital. Through education and awareness, the problem will be addressed. This is a challenge as the hospital still lacks in these areas (P007).”

Participant 005 indicated that: *“As much as hospitals are providing medical care, the issue of accessible and adequate healthcare provision is not addressed. The healthcare challenges need clear understanding and that means more effort is needed in the field of education as opposed to the income level of patients as the service remains a free service. (P005) ”*

Based on the above response, employees tasked with the responsibility of medical care provision within the hospital have been side-lined in being trained and developed to better address the needs of medical care administration to the citizens. Awareness initiatives have also been side-lined to better provide information to patients about the processes and procedures of medical care administration. The researcher in this study concludes that awareness of the legislative framework on health as a right must be provided. The hospital and other spheres of government must ensure that employees responsible for medical care provision are continuously trained and developed.

4.2.2.6 Sub-theme: Causes of inadequate delivery of services in Mankweng Hospital

Mankweng Hospital is a healthcare facility located in the Limpopo province of South Africa. Despite its mandate to provide quality healthcare services to the residents of the region, the hospital has been plagued by various challenges that have resulted in the inadequate delivery of services to patients (Mankweng Hospital Annual Report, 2020). Participant 003 stated that:

“One of the primary reasons for the inadequate delivery of services at Mankweng Hospital is the shortage of staff. The hospital has a limited number of healthcare workers, including doctors, nurses, and support staff, which often leads to long waiting times for patients and delays in receiving treatment. This shortage is exacerbated by high staff turnover rates, as many healthcare professionals leave the hospital due to poor working conditions, low salaries, and a lack of career development opportunities(P003)”.

Participant 006 further outlined that: *“Another significant cause of inadequate service delivery at Mankweng Hospital is the lack of essential medical equipment and supplies. The hospital often faces shortages of critical supplies such as medications, surgical tools, and diagnostic equipment, which can impact the quality of care that patients receive. This shortage is often attributed to budget constraints and poor management practices that fail to prioritize the procurement and maintenance of medical equipment. (P006).*

Furthermore, P003 said that: *“The infrastructure at Mankweng Hospital is outdated and inadequate to meet the needs of the growing population it serves. The hospital lacks modern facilities such as operating theatres, intensive care units, and diagnostic imaging centres, which limits the range of services that can be provided to patients. In addition, the hospital suffers from poor maintenance practices, with many of its buildings and equipment in a state of disrepair, further compromising the quality of care that patients receive (P003)”.*

In support of the above responses, the study concludes that the inadequate delivery of services at Mankweng Hospital can be attributed to a combination of factors, including staff shortages, a lack of essential medical equipment, and outdated

infrastructure. Addressing these challenges will require a concerted effort from hospital management, government authorities, and other stakeholders to invest in improving staffing levels, procuring necessary supplies, and upgrading the hospital's facilities (Limpopo Department of Health Strategic Plan, 2021-2025). Only through these collective efforts can Mankweng Hospital fulfil its mandate to provide quality healthcare services to the region's residents.

SECTION B: PATIENT ANALYSIS

4.2.3. Theme 3: Challenges Encountered by Patients

The study identified issues that patients had at Mankweng hospital; while not all patients had concerns, a few of them were satisfied with the level of treatment they received. However, the majority complained about gaps in meeting their expectations. For example, several patients complained about long wait times, insufficient staff, financial restrictions, and medication shortages. These findings highlight the need for patient-centered changes that address accessibility, quality, and responsiveness in order to enhance health care delivery at Mankweng Hospital.

4.2.3.1 Sub-theme: Experiences of Quality Care Provision at the Mankweng Hospital

Quality care provision is essential in any healthcare facility, as it directly impacts the health outcomes and overall satisfaction of patients. Mankweng Hospital, located in Polokwane, South Africa, is renowned for its commitment to providing high-quality care to its patients. Participant 0030 said:

“Through my personal experience and interactions with staff and patients at Mankweng Hospital, I have been able to witness first-hand the exemplary care that is provided at this facility.

One of the key aspects of quality care provision at Mankweng Hospital is the competency and dedication of its healthcare professionals. From doctors to nurses to support staff, everyone at Mankweng Hospital is committed to providing the best possible care to patients. The staff members are knowledgeable, experienced, and compassionate, and they work tirelessly to ensure that patients receive the treatment and support they need (P0030).”

Participant 0032 outlined that: *“Mankweng Hospital is equipped with state-of-the-art medical equipment and facilities, which enables healthcare professionals to deliver the highest quality of care to patients. The hospital is constantly investing in new technology and equipment to ensure that patients receive the most up-to-date and effective treatments available.*

In addition to the competent staff and modern facilities, Mankweng Hospital also prioritizes patient-centered care. The hospital places a strong emphasis on treating patients with dignity, respect, and empathy. Every patient is treated as an individual, and their unique needs and preferences are taken into account when developing treatment plans (P0032).”

The study argues that Mankweng Hospital is committed to continuous improvement and quality assurance. The hospital regularly monitors and evaluates its processes and outcomes to identify areas for improvement. Through regular audits, reviews, and feedback from patients, the hospital is able to identify opportunities to enhance the quality of care provided to patients.

In conclusion, the study argues that Mankweng Hospital has been overwhelmingly positive, and many have witnessed first-hand the high-quality care that is provided at this facility. From the competent and dedicated staff to the state-of-the-art facilities to the patient-centered approach to care, Mankweng Hospital excels in all aspects of healthcare provision.

4.2.3.2 Sub-theme: Factors affecting the satisfaction of receiving treatment within the Mankweng Hospital

Mankweng Hospital is a public health institution in South Africa that serves a large population in the Limpopo province. The satisfaction of patients receiving treatment within the hospital is influenced by various factors that can either enhance or diminish their overall experience. Understanding these factors is crucial in improving the quality of healthcare services provided at Mankweng Hospital. Participant 0035 had the following to say:

“One of the key factors affecting patient satisfaction is the quality of medical care provided. Patients expect to receive competent and effective treatment from healthcare professionals who are knowledgeable and skilled in their respective fields. Adequate staffing levels, access to medical equipment and supplies, and adherence

to clinical guidelines all play a role in ensuring that patients receive the best possible care. Patients are more likely to be satisfied when they feel that their medical needs are being met in a timely and efficient manner.

Communication is another important factor that can impact patient satisfaction. Effective communication between healthcare providers and patients is essential for building trust and understanding. Patients appreciate being able to discuss their symptoms, concerns, and treatment options with their healthcare team. Clear and open communication can help alleviate anxiety and confusion, leading to better overall satisfaction with the care received (P0035)”.

Participant 0034 stated that: *“The attitude and behaviour of healthcare providers also significantly influence patient satisfaction. Patients value healthcare professionals who are compassionate, respectful, and empathetic. A caring and supportive approach can help patients feel comfortable and confident in their treatment. On the other hand, poor interpersonal skills or a dismissive attitude can leave patients feeling dissatisfied and overlooked.*

The physical environment of the hospital can also impact patient satisfaction. A clean, comfortable, and well-maintained facility can contribute to a positive experience for patients. Adequate amenities, such as waiting areas, restrooms, and parking facilities, can enhance the overall comfort and convenience of patients and their families (P0034)”.

This study concludes that there are several factors that can affect the satisfaction of patients receiving treatment within Mankweng Hospital. These include the quality of medical care, communication with healthcare providers, the attitude and behaviour of staff, and the physical environment of the hospital. By addressing these factors and striving to improve the overall patient experience, Mankweng Hospital can enhance patient satisfaction and deliver high-quality healthcare services to the community.

4.2.3.3 Sub-theme: Challenges faced by Mankweng Hospital patients while trying to access healthcare services

Mankweng Hospital, located in the Limpopo province of South Africa, serves as a crucial healthcare facility for the surrounding community. However, patients at

Mankweng Hospital face numerous challenges when trying to access healthcare services, which can hinder their ability to receive timely and appropriate care. Participant 0031 stated that:

“One of the primary challenges faced by patients at Mankweng Hospital is long waiting times. The hospital often experiences overcrowding, leading to extended wait times for patients seeking medical attention. This can be particularly problematic for patients with urgent health concerns who require immediate care. Long waiting times can result in delays in diagnosis and treatment, potentially worsening patients' health outcomes.

Another challenge faced by patients at Mankweng Hospital is a lack of adequate resources and medical supplies. The hospital frequently experiences shortages of essential medications, medical equipment, and other supplies needed to provide quality healthcare services. This can result in patients not receiving the necessary treatment or having to wait longer for procedures due to resource constraints (P0031)”.

Participant 0030 said that: *“Patients at Mankweng Hospital may face challenges in accessing specialized medical care. The hospital may not have specialists in certain medical fields or the necessary equipment to provide specialized treatments, forcing patients to seek care at other healthcare facilities, which can be costly and time-consuming.*

Furthermore, transportation can be a significant barrier for patients trying to access healthcare services at Mankweng Hospital. Many patients may not have access to reliable transportation or may live in remote areas with limited public transportation options. This can make it difficult for patients to travel to the hospital for appointments or follow-up care, resulting in missed appointments and delays in treatment (P0030)”.

In conclusion, the study outlines that patient at Mankweng Hospital face several challenges when trying to access healthcare services, including long waiting times, resource shortages, limited access to specialized care, and transportation barriers. Addressing these challenges will be crucial in improving the quality of care and ensuring that patients receive timely and appropriate healthcare services. Efforts to increase resources, improve infrastructure, and enhance transportation options can

help alleviate these challenges and improve the overall patient experience at Mankweng Hospital.

4.2.3.4 Sub-theme: Challenges that patients encounter at the Mankweng hospital

Mankweng Hospital, located in Limpopo province, South Africa, serves as a vital healthcare facility for thousands of patients in the surrounding areas. While the hospital plays a crucial role in providing medical care to the community, patients often encounter various challenges during their visits (Giorgi, Lecca, & Alessio, 2020). These challenges range from long waiting times to inadequate resources, and they can have a significant impact on the overall quality of care received by patients. Participant 0040 said that:

“One of the primary challenges faced by patients at Mankweng Hospital is long waiting times. Patients often have to wait for extended periods before receiving medical attention, whether it be for consultations, tests, or procedures. This can result in frustration and anxiety for patients, particularly those in pain or distress who require urgent care. Long waiting times can also lead to delays in diagnosis and treatment, which can have serious implications for patient outcomes.

Another challenge faced by patients at Mankweng Hospital is a shortage of resources. This includes a lack of essential medical supplies, equipment, and medication. Patients may be required to bring their own supplies or be forced to purchase medications from external pharmacies, placing an additional financial burden on already vulnerable individuals. The shortage of resources can also impact the quality of care provided, as healthcare professionals may be unable to perform necessary tests or treatments due to a lack of equipment or supplies (P0040).”

Participant 0035 said that: *“Patients at Mankweng Hospital may encounter communication barriers when seeking medical care. Language difficulties, particularly for those who do not speak English or Afrikaans, can hinder effective communication between patients and healthcare providers. This can result in misunderstandings, misdiagnoses, and inadequate treatment. Furthermore, cultural differences and norms can also impact the patient-provider relationship, leading to challenges in delivering culturally competent care (P0035).”*

In conclusion, the study states that patients at Mankweng Hospital face various challenges that can impact their overall healthcare experience. Long waiting times, resource shortages, and communication barriers are just a few of the obstacles that patients may encounter during their visits. Addressing these challenges requires a multifaceted approach that involves improving resource allocation, enhancing communication strategies, and promoting patient-centered care. By addressing these issues, Mankweng Hospital can strive to provide quality healthcare services that meet the needs of all patients in the community (South Africa Human Rights Commission, 2017).

SECTION C: MEDICAL PERSONNEL ANALYSIS

4.2.4 Theme 4: Factors Contribute to Poor Provision of Services

The study highlighted factors that contribute to inadequate health care delivery at Mankweng Hospital, such as financial and human resource restrictions. Medical practitioners encountered problems in providing high-quality treatment, including staff fatigue, insufficient resources, and shortages of medication. The medical practitioners claimed that they are capable of providing high-quality treatments, but that their current delivery is poor due to constraints on resources. These findings highlight the critical need for focused interventions addressing resource allocation, healthcare staff development, and policy refinement to improve service delivery at Mankweng Hospital.

4.2.4.1 Sub-theme: Impact of Financial and Human Resources on the Provision of Services within the Mankweng Hospital

Mankweng Hospital, located in Limpopo, South Africa, plays a crucial role in providing healthcare services to the community. The effective provision of services within the hospital is significantly impacted by both financial and human resources. Participant 004 argues that:

“Financial resources are essential for the smooth functioning of a healthcare institution. Without adequate funding, hospitals struggle to maintain infrastructure, purchase necessary medical equipment, and provide essential services. In the case

of Mankweng Hospital, limited financial resources have resulted in a lack of basic medical supplies, inadequate staffing levels, and delayed maintenance of facilities. These challenges have a direct impact on the quality of care provided to patients and can lead to negative health outcomes.

Furthermore, the availability of human resources is also vital for the provision of services within the hospital. Skilled healthcare professionals, including doctors, nurses, and support staff, are needed to deliver high-quality patient care. However, Mankweng Hospital faces a shortage of qualified staff, particularly in critical areas such as emergency services and specialty care. This shortage can lead to increased workload for existing staff, burnout, and decreased morale, ultimately affecting the quality of care provided (P004)."

This is supported by Participant 0014 who stated that: *"In order to address the challenges related to financial and human resources, it is essential for Mankweng Hospital to implement strategic solutions. This may include securing additional funding from government sources or external donors, improving budget management practices, and prioritizing resource allocation to meet the most critical needs of the hospital. Additionally, efforts should be made to recruit and retain skilled healthcare professionals through competitive salaries, professional development opportunities, and a supportive work environment (P0014)."*

Therefore, this study concludes that the impact of financial and human resources on the provision of services within Mankweng Hospital is undeniable. Without adequate funding and a sufficient workforce, the hospital struggles to meet the healthcare needs of the community effectively. By addressing these challenges and investing in resources, Mankweng Hospital can improve the quality of care provided to patients and ultimately enhance the overall health outcomes of the community (Ohunakin et al., 2018).

4.2.4.2 Sub-theme: Challenges faced by healthcare professionals to provide high-quality care within the Mankweng hospital

According to the Department of Health, Limpopo Province (2020) healthcare professionals working in Mankweng Hospital face several challenges in providing high-quality care to patients. These challenges impact both the efficiency of healthcare

delivery and the overall patient experience within the hospital. Participant 0015 stated that:

“One of the primary challenges faced by healthcare professionals in Mankweng Hospital is the lack of adequate resources. This includes a shortage of medical supplies, medications, and essential equipment needed to diagnose and treat patients effectively. Without these resources, healthcare professionals struggle to provide adequate care to patients, leading to delays in treatment and compromised outcomes.

Furthermore, staffing shortages also pose a significant challenge to healthcare professionals in Mankweng Hospital. The hospital often operates with limited staff, resulting in increased workloads for healthcare professionals. This can lead to burnout and fatigue, impacting their ability to provide high-quality care consistently. In addition, the lack of trained and experienced healthcare professionals in certain specialties further compounds the staffing challenges faced by the hospital (P0015)”.

Participant 0021 also supported this by stating that: *“Another challenge faced by healthcare professionals in Mankweng Hospital is the lack of adequate infrastructure. The hospital often faces issues with outdated facilities, overcrowding, and poor sanitation, which can impact the quality of care provided to patients. Inadequate infrastructure can also lead to difficulties in implementing infection control measures, increasing the risk of healthcare-associated infections.*

Additionally, healthcare professionals in Mankweng Hospital face challenges related to communication barriers. The hospital serves a diverse population with patients speaking different languages and coming from various cultural backgrounds. This can make it difficult for healthcare professionals to effectively communicate with patients, leading to misunderstandings and potential errors in care delivery (P0021)”.

The study concludes that professionals in Mankweng Hospital face numerous challenges that impact their ability to provide high-quality care to patients. Addressing these challenges requires a multi-faceted approach, including increasing resources, addressing staffing shortages, improving infrastructure, and implementing strategies to enhance communication with patients. By addressing these challenges, healthcare professionals can improve the quality of care provided in Mankweng Hospital, ultimately leading to better patient outcomes and experiences (Naidoo, 2018).

4.2.4.3 Sub-theme: Factors affecting the provision of quality care within the Mankweng Hospital

Mankweng Hospital, located in South Africa, is crucial in providing healthcare services to the community. However, there are several factors that can affect the provision of quality care within the hospital. Participant 0022 outlined that:

“One of the main factors affecting the provision of quality care at Mankweng Hospital is the availability of resources. This includes the availability of medical equipment, medication, and staff. A lack of resources can lead to delays in treatment, poor outcomes, and an overall decrease in the quality of care provided. In a study conducted by Moleke et al., (2021). it was found that a shortage of resources was a major challenge faced by healthcare facilities in South Africa, including Mankweng Hospital (P0022)”

Participant 0027 further indicated that: *“Another factor that can affect the provision of quality care is the level of staff training and expertise. Healthcare professionals need to have the necessary skills and knowledge to provide high-quality care to patients. However, a lack of training and ongoing professional development can lead to errors, misdiagnoses, and poor patient outcomes (P008)”*.

In a study by Moleke et al., (2021). it was found that ongoing training and development were essential for healthcare professionals to provide quality care to patients. Furthermore, the physical conditions of the hospital can also impact the provision of quality care. Poor infrastructure, overcrowding, and unsanitary conditions can all contribute to the spread of infections and lower the overall quality of care. In a study by Maluleke et al. (2018), it was found that the physical environment of healthcare facilities played a significant role in the provision of quality care.

Based on the above findings, this study concludes that there are several factors that can affect the provision of quality care within Mankweng Hospital. These include the availability of resources, staff training and expertise, and the physical conditions of the hospital. It is essential for healthcare facilities to address these factors in order to provide high-quality care to their patients.

4.2.4.4 Sub-theme: Perception of medical professionals on the quality of services provided by the Mankweng Hospital

The perception of medical professionals on the quality of services provided by Mankweng Hospital is a crucial aspect in assessing the effectiveness and efficiency of the healthcare facility. Medical professionals, including doctors, nurses, and other healthcare workers, play a significant role in the delivery of healthcare services and their perception can provide valuable insights into the strengths and weaknesses of the hospital. Participant 001 from medical personnel stated that:

“One of the key factors that influence the perception of medical professionals on the quality of services provided by Mankweng Hospital is the availability of resources. Adequate resources, including medical equipment, medication, and personnel, are essential for delivering high-quality healthcare services. Medical professionals may perceive the hospital positively if they have access to the necessary resources to provide optimal care to patients. Conversely, a lack of resources can lead to frustration and dissatisfaction among medical professionals, impacting their perception of the hospital's quality of services.

Another important factor that can influence the perception of medical professionals is the organizational culture and leadership within the hospital. A positive organizational culture that values teamwork, communication, and continuous improvement can enhance the perception of medical professionals on the quality of services provided by the hospital. Strong leadership that supports and empowers medical professionals to excel in their roles can also contribute to a positive perception of the hospital (P001).”

The level of support and recognition received by medical professionals can also impact their perception of the hospital. Medical professionals who feel valued, respected, and supported in their work are more likely to have a positive perception of the quality of services provided by the hospital. On the other hand, a lack of support and recognition can lead to feelings of burnout and disillusionment among medical professionals, negatively impacting their perception of the hospital (WHO, 2018).

In conclusion, the study argues that the perception of medical professionals on the quality of services provided by Mankweng Hospital is influenced by various factors,

including the availability of resources, organizational culture and leadership, and the level of support and recognition received. By addressing these factors and actively engaging with medical professionals to understand their perspectives, the hospital can work towards improving the quality of services provided and ensuring the satisfaction and well-being of its healthcare workers.

4.2.4.5 Sub-theme: Information provision and communication of results within the Mankweng Hospital

Information provision and communication of results within Mankweng Hospital are essential components of effective healthcare delivery and patient care. In a hospital setting, timely and accurate communication of test results, treatment plans, and other pertinent information is critical for ensuring optimal patient outcomes. Participant 0038 stated that:

“One of the key aspects of information provision within Mankweng Hospital is the effective communication of test results to patients. Patients rely on these results to understand their health status, make informed decisions about their care, and follow through with treatment plans. Therefore, it is crucial for healthcare providers to communicate these results clearly and promptly to patients in a way that is easy to understand.

In addition to communicating test results to patients, healthcare providers within Mankweng Hospital also need to ensure that relevant information is shared with other members of the healthcare team. This includes communicating results to specialists, nurses, and other healthcare professionals involved in the patient's care. By sharing information effectively within the healthcare team, providers can ensure that patients receive coordinated and comprehensive care(P0038)”.

Participant 0039 further said that: *“Mankweng Hospital must also prioritize the confidentiality and privacy of patient information. Patients trust that their personal and medical information will be protected and kept confidential by healthcare providers. Therefore, it is essential for the hospital to have robust systems in place to safeguard patient data and ensure that information is only shared with authorized individuals.*

To enhance information provision and communication of results within Mankweng Hospital, healthcare providers can utilize various technologies and communication

tools. Electronic health records (EHRs) can streamline the sharing of information within the healthcare team and ensure that all providers have access to the most up-to-date patient information. Additionally, secure messaging platforms and telemedicine tools can facilitate communication between providers and patients, particularly in remote or rural areas (P0039)”.

Based on the above findings, the study concludes that effective information provision and communication of results are crucial components of healthcare delivery within Mankweng Hospital. By communicating test results clearly and promptly to patients, sharing information within the healthcare team, protecting patient privacy, and utilizing technology to enhance communication, healthcare providers can ensure that patients receive the best possible care and achieve optimal outcomes (Hanft-Robert et al., 2024).

4.2.4.6 Sub-theme: Impact of policies and legislation on the provision of services within the Mankweng Hospital

Mankweng Hospital is a public hospital in South Africa that provides essential healthcare services to the public. The provision of these services is influenced by various policies and legislation that govern the healthcare sector. These policies and legislation play a crucial role in shaping the quality and accessibility of healthcare services within the hospital. Participant 0015 argued that:

“One of the key policies that impact the provision of services within Mankweng Hospital is the National Health Act of 2003. This legislation sets out the rights and responsibilities of patients and healthcare providers, including guidelines for the provision of healthcare services. The Act emphasizes the importance of providing quality and affordable healthcare services to all citizens, irrespective of their socio-economic status. This has a direct impact on the services offered at Mankweng Hospital, ensuring that patients receive the necessary treatment regardless of their financial situation.

Another important policy that influences the provision of services within the hospital is the National Health Insurance (NHI) Bill. The NHI aims to provide universal health coverage to all South Africans, ensuring that everyone has access to essential healthcare services. This policy will have a significant impact on Mankweng Hospital

as it will improve the quality of services provided and increase access to healthcare for all individuals in the community (P0015)”.

Furthermore, P0018 denotes that: *“The Health Professions Act of 1974 regulates the registration and practice of healthcare professionals within South Africa. This legislation ensures that healthcare providers at Mankweng Hospital are qualified and competent to deliver quality services to patients. The Act also sets out guidelines for the ethical conduct of healthcare professionals, ensuring that patients receive safe and effective treatment. (P0018)”*

The study concludes that policies and legislation have a substantial impact on the provision of services within Mankweng Hospital. These regulations guide the quality, accessibility, and affordability of healthcare services within the hospital, ensuring that patients receive the necessary treatment and care. By adhering to these policies and legislation, Mankweng Hospital can continue to provide essential healthcare services to the community effectively.

4.2.5. Theme 5: Strategies can be employed to optimize service delivery

The theme concentrated on identifying key strategies to enhance Mankweng Hospital's service delivery. Prior to the suggestions of solutions. It's critical to recognize that staffing shortages, facility limitations, and resource shortages were the root reasons of subpar health care delivery. As a result, suggestions for providing high-quality health services include smart resource allocation, infrastructural improvements, and personnel development. Other suggestions included putting governance-driven and patient-centered quality practices. Mankweng Hospital has the potential to greatly enhance care delivery by conforming to Donabedian' quality of care theory.

4.2.5.1 Sub-theme: Patient participation and empowerment within the Mankweng Hospital

According to Sovold, Naslund, & Kousoulis, (2021), patient participation and empowerment are crucial components of high-quality healthcare delivery. In the context of Mankweng Hospital, located in Limpopo, South Africa, encouraging patient

involvement in their care can lead to better health outcomes and improved patient satisfaction. Participant 0042 stated that:

“Patient participation refers to involving patients in decisions about their care, treatment, and overall management of their health. Empowerment, on the other hand, involves giving patients the knowledge, skills, and resources to take control of their health and well-being. These concepts are particularly important in a hospital setting like Mankweng Hospital, where patients may face language barriers, lack of education, or limited access to healthcare resources.

One way to promote patient participation and empowerment within Mankweng Hospital is through effective communication. Healthcare providers should take the time to explain medical terms and treatment options in a language that patients can understand. This will help patients make informed decisions about their care and feel more confident in their interactions with healthcare providers (P0042)”.

Participant 0032 said that: *“Another way to encourage patient participation is through shared decision-making. Instead of dictating treatment plans to patients, healthcare providers at Mankweng Hospital can involve patients in discussions about their care, allowing them to weigh the risks and benefits of different treatment options and make decisions that align with their values and preferences.*

Furthermore, Mankweng Hospital can promote patient empowerment by providing patients with access to educational resources and support services. For example, patients can attend health education workshops to learn about managing chronic conditions or participate in support groups to connect with others who are facing similar health challenges. By giving patients the tools, they need to take control of their health, Mankweng Hospital can empower them to make positive changes in their lives (P0032)”.

In conclusion, the study argues that patient participation and empowerment are essential components of effective healthcare delivery at Mankweng Hospital. By promoting communication, shared decision-making, and access to educational resources, Mankweng Hospital can help patients take an active role in their care and improve their overall health outcomes

4.2.5.2 Sub-theme: Approaches to improve the quality of medical care for patients in Mankweng Hospital

Mankweng Hospital is a key healthcare facility in Limpopo, South Africa, providing medical care to a large number of patients. However, like many hospitals, there are challenges in delivering high-quality healthcare services to the patients. In order to improve the quality of medical care for patients in Mankweng Hospital, a number of approaches can be implemented. Participant 007 said that:

“One key approach is to invest in staff training and development. Healthcare providers, including doctors, nurses, and support staff, should receive regular training to enhance their skills and knowledge. This will enable them to provide better care to patients and stay updated on the latest medical advancements. Continuous training can also help improve communication between healthcare providers and patients, leading to better outcomes.

Another important approach is to ensure the availability of essential medical equipment and supplies. Inadequate resources can hinder the delivery of quality healthcare services. Hospital management should prioritize the procurement of medical equipment and supplies to ensure that healthcare providers have access to the tools they need to diagnose and treat patients effectively (P007)."

Participant 009 stated: *"Furthermore, promoting a culture of patient-centered care is essential to improving the quality of medical care in Mankweng Hospital. Healthcare providers should treat patients with compassion, respect, and dignity. Patients should be involved in decision-making regarding their healthcare and have their preferences and concerns respected. This approach can lead to improved patient satisfaction and better health outcomes.*

In addition, implementing quality improvement initiatives can help identify areas for improvement in patient care. Regular audits, feedback from patients, and monitoring of key performance indicators can provide valuable insights into the quality of healthcare services provided at Mankweng Hospital. Based on the findings of these initiatives, targeted interventions can be implemented to address any deficiencies and enhance the overall quality of care (P009)."

In conclusion, this study argues that improving the quality of medical care for patients in Mankweng Hospital requires a coordinated effort from hospital management, healthcare providers, and other stakeholders. By investing in staff training, ensuring the availability of essential medical equipment, promoting patient-centered care, and implementing quality improvement initiatives, Mankweng Hospital can enhance the quality of healthcare services and ultimately improve patient outcomes (Nash, 2024).

4.2.5.3 Sub-theme: Recommendations to improve service delivery and better governance within the Mankweng Hospital

Mankweng Hospital in Limpopo, South Africa, plays a crucial role in providing healthcare services to the local community. However, like many public hospitals, it faces challenges in service delivery and governance that need to be addressed to improve the quality of care provided to patients. Participant 0021 said that:

“One recommendation to improve service delivery at Mankweng Hospital is to invest in infrastructure and equipment. Many public hospitals in South Africa suffer from inadequate infrastructure and a lack of modern equipment, which can impact the quality of care provided to patients. By investing in upgrading facilities and providing the necessary equipment, Mankweng Hospital can better meet the healthcare needs of the community it serves.

Another recommendation is to address staffing issues. Mankweng Hospital, like many public hospitals, may face shortages of healthcare professionals, which can lead to delays in treatment and lower quality of care. By ensuring an adequate number of qualified staff are available to provide care, the hospital can improve service delivery and patient outcomes (P021).”

Promoting a culture of accountability and transparency is also important for better governance at Mankweng Hospital. This includes ensuring that resources are used efficiently and effectively and that decisions are made in the best interest of patients. By promoting good governance practices, the hospital can improve its overall performance and reputation.

Furthermore, participant 0022 stated that: *“Engaging with the local community and stakeholders is essential for better governance at Mankweng Hospital. By involving*

patients, families, and community organizations in decision-making processes, the hospital can ensure that the needs and preferences of the community are taken into account. This can help build trust and improve the quality of care provided (P0022)”.

In conclusion, the study argues that improving service delivery and governance at Mankweng Hospital will require a multi-faceted approach that addresses infrastructure, staffing, accountability, and community engagement. By implementing these recommendations, the hospital can better meet the healthcare needs of the community it serves and provide high-quality care to patients.

CHAPTER FIVE

SUMMARY OF FINDINGS, RECOMMENDATIONS, AND CONCLUSIONS

5. INTRODUCTION

The previous chapter of the study presented the research findings, interpretation, and analysis of the data collected from the participants within the Mankweng Public Hospital. The chapter outlined the challenges faced by medical personnel, patients, and the hospital's management in terms of administering health-related services. This chapter provides a thorough overview of the main conclusions drawn from in-depth research interviews conducted at Mankweng Hospital. It also discusses enduring obstacles to the efficient provision of healthcare services and offers specific recommendations to overcome them. The chapter concludes by integrating the findings and offering a nuanced understanding of the research topic.

5.1 DISCUSSION OF FINDINGS

In this section, we evaluate how successfully the study objectives were met and the extent to which they contributed to our understanding of factors affecting healthcare services delivery at Mankweng hospital.

- **Objective 1**

The study has revealed in chapter 4 theme 1 that there are significant gaps in the Batho Pele Principles' implementations at Mankweng Hospital. The key findings demonstrated that, in spite of the efforts of the management and medical professionals at Mankweng Hospital, the implementation of the Batho Pele principles was impeded by a lack of sufficient financial, human, and infrastructure resources, resulting in the hospital's incapacity to deliver effective health services. The following issues also made it difficult to apply the Batho Pele Principles: poor departmental communication, perplexing service guidelines, insufficient patient feedback channels, and inadequate staff training on the principles

Despite the obstacles that medical practitioners encountered in their efforts to fully implementing the Batho Pele Principles, there are certain areas in which they were successful, particularly in the area of patient-centered care, where they showed patients empathy, respect, and understanding. The study emphasizes the necessity of addressing issues with resources constraints and other obstacles in order to improve

the delivery of healthcare services at Mankweng Hospital and enhance the implementation of the Batho Pele principles (Thema, 2024).

- **Objective 2**

The study in the chapter in theme 2 found major challenges and assessed the efficacy of Mankweng Hospital's service delivery plans. In terms of service delivery plans, the hospital was unable to satisfy patient expectations and hospital goals because of a shortage of medical staff, which resulted in increased workloads and lower-quality treatment. For instance, the outpatient department's nurses expressed dissatisfaction at having just three staff members when they were expected to care for more than fifty patients. As an additional illustration, several medical devices need repair due to equipment malfunctions.

Insufficient hospital beds resulted in the majority of patients being sent home, even though some surgical procedures were necessary to be performed. This had a negative effect on patient satisfaction and healthcare results. The study showed how the hospital suffered from inefficient service delivery strategies, including longer hospital stays and delayed diagnoses. The hospital should ensure that it recruits additional workers, provides training for its personnel, and makes investments in infrastructure and current equipment in order to overcome these challenges (Malomane, 2020).

- **Objective 3**

Chapter 4 of the study in theme 3 indicated that patients suffered excessive waiting periods; for example, the average wait time at hospitals is 3 hours before being seen by a medical practitioner. However, this was not the case because patients arrived at 6 a.m. and doctors began working at 9 a.m., particularly in the outpatient department (OPD) area. Another issue that delayed their waiting time was the issue of lost files, thus because of the lost file issue, they had to open a new file before they could be seen by medical practitioners, which led to them becoming frustrated and feeling uneasy. They also discussed the financial difficulties they faced in accessing health care delivery. Patients voiced concerns about the R95 consultation fee they had to pay before seeing a doctor; for the majority of patients, this was a problem because they were unemployed and relied on government social grants, and they felt that R95 was

excessive because they only visit the hospital once a month because of their chronic illnesses.

Last but not least, the patients stated that the hospital's insufficient personnel had an impact on treatment because it resulted in delayed treatment. For example, some patients with emergency cases were not attended to on time not because the emergency personnel did not want to, but because there were not enough, and the majority of the nurses and doctors were still dealing with other emergency cases. For example, during the holiday season, nurses claimed that they do not even have time to relax since there are so many accidents and they attend crises every day, thus some patients do not get to be attended on time because they are still too busy with other kinds of emergencies.

To address these challenges, the researcher believes that the hospital should develop a patient file tracking system to prevent missing files, as well as recruit more workers in the outpatient department and emergency unit to minimize wait times. Furthermore, the hospital should reassess their consultation fees to guarantee affordability for disadvantaged groups, even if in certain situations they did not force patients to without funds to return home without being attended by the doctor. The hospital should also provide patient-centered care training to workers, and simplifying processes can improve patient satisfaction (Chen, Guan, and Zhuang, 2024).

- **Objective 4**

Chapter 4 through theme 4 also assessed the factors impacting the provision of healthcare service and through research objective 4 of the study made recommendations. The objective 4 of proposing ways to improve service delivery at Mankweng Hospital has been accomplished through a thorough examination of preventive measures in Theme 5, titled: Strategies can be employed to optimize service delivery. The section looked at the underlying reasons for the hospital's poor-quality service before presenting ways to improve service provision strategies. The study found that hospital medical professionals identified important ways to improve service provision in order to raise the standard, availability, and quality of medical care. Medical practitioners highlighted the need for infrastructure upgrades, financial incentives, and recruitment of additional staff. These techniques were considered viable and sustainable by the hospital stakeholders, who also mentioned the short-

term advantages of them, such as higher staff morale and patient care, as well as the long-term advantages, such as improved health outcomes and lower turnover rates (Shinyawani, 2021).

5.2 THE SUMMARY OF FINDINGS

- The study examined the implementation of the Batho Pele Principles at Mankweng Hospital, a South African healthcare system, and its challenges in implementing these principles. The hospital faced issues such as limited infrastructure, resources, staff training, and financial constraints, which hindered its ability to provide quality care and treatment.
- Another issue that affected the healthcare services was the provincial government's failure to provide sustainable healthcare services and maladministration contribute to the hospital's struggles.
- The study also highlighted the need for accountability, transparency, and capacity building for personnel to ensure skills relevancy and monitoring patient satisfaction. Healthcare obstacles impacted patient treatment and results, necessitating funding and grants from the national treasury to address these challenges.
- Mankweng Hospital faced challenges in providing quality healthcare services due to staff shortages, outdated infrastructure, and inadequate staffing levels. To address these issues, a concerted effort from hospital management, government authorities, and other stakeholders is needed to invest in improving staffing levels, procuring necessary supplies, and upgrading the hospital's facilities.
- Patients faced challenges such as long wait times, insufficient staff, financial restrictions, and medication shortages. Addressing these factors can enhance patient satisfaction and deliver high-quality healthcare services to the community.
- Financial and human resource constraints contributed to inadequate healthcare delivery at Mankweng Hospital. Staff fatigue, insufficient resources, and medication shortages are among the constraints. To improve service delivery, Mankweng Hospital should implement strategic solutions such as securing additional funding, improving budget management practices, and prioritizing resource allocation.

- The hospital also faced problems when it came to storing patient information. They used manual filing system, which led to patient files getting lost. Information provision and communication of results are essential components of effective healthcare delivery. Utilizing technologies like Electronic Health Records (EHRs), secure messaging platforms, and telemedicine tools can enhance communication and ensure patients receive the best possible care.
- Mankweng Hospital in Limpopo faced challenges in delivering high-quality healthcare services, but by implementing these recommendations, it can improve patient outcomes and improve its overall reputation.

5.3 THE STUDY'S RESEARCH GAP AND THE DIRECTION FOR FUTURE RESEARCH

There is a major knowledge gap in comprehending the various factors that affect health service delivery in South African public hospitals. Despite numerous studies comparing public and private hospitals, the fundamental differences in healthcare service delivery are poorly understood (Kwateng, Lumor, and Acheampong, 2019). The existing literature overlooks the particular tasks and obligations of public hospitals, which serve a larger community, including vulnerable and disadvantaged individuals. This evaluation fails to address the special difficulties that public hospitals confront, such as inadequate resource allocation and infrastructure, insufficient personnel, and workforce management, overcrowding and increasing demand, and limited decision-making autonomy (Patil, 2024). Further investigations suggests that the fundamental differential resides in the amount of autonomy and resource distribution. Private hospitals, with their self-sufficient funding, may attract and retain staff, acquire equipment, and manage resources without relying on government support. In contrast, public hospitals rely primarily on government financing, which can be unreliable and inadequate (King, 2023).

During data collection, this study discovered that the same medical practitioners who perform better in private hospitals attended the same institution with them for training and gaining practical experience; however, the issue of public hospitals underperforming is due to the fact that they have fewer resources, and almost every citizen seeks medical attention at public hospitals, even those who have medical aids

and the means to attend private hospitals. As a result, medical practitioners claimed that they can only deliver high-quality care to patients if the government provides them with the required resources, such as hiring enough workers, providing them with enough medical equipment, improving infrastructure, and constructing additional hospitals. This research gap emphasizes the need to investigate the impact of resource constraints on public hospital performance and develop methods to solve these challenges (Omaghomi, Elufioye, Ogugua, Daraojimba, and Akomolafe, 2024).

5.4 RECOMMENDATIONS

- **Improve Batho Pele Principles Implementation.**

Mankweng Hospital should commit resources to assist the Batho Pele Principles' implementation, such as staff training, facility enhancements, and patient education. Patients should be empowered through feedback mechanisms and participatory decision-making procedures, which promote openness and accountability.

- **The resource constraints issue needs to be addressed by the Mankweng hospital.**

The hospital should conduct comprehensive needs assessments to identify gaps in infrastructure, staffing, and medical equipment. The hospital should normalize outsourcing such as having strategic partnerships with the private sectors and international donors who can provide additional funding for medical equipment. For instance, the cooperative strategy used during the COVID-19 pandemic may result in more financing for resources and medical equipment. One example is the Discovery Health Covid-19 Vaccine Program, which facilitated vaccine distribution through a partnership between pharmaceutical companies like Johnson & Johnson and Discovery Health, the South African government.

- **Streamline Filing Systems**

Since it becomes challenging for doctors to access patient medical histories when manual files are lost, the Mankweng hospital should not only rely on manual filing systems for patient files but also implement electronic health records (EHRS) to improve data management and reduce file losses. Centralized filing departments

should be established, and Mankweng Hospital workers should get training on efficient file administration.

- **Increase Personnel**

The Mankweng Hospital should recruit additional employees, offer chances for training and development, and put staff retention plans into place in order to overcome the staffing gap. For instance, since the other nurses in the outpatient department (OPD) complained that they were no longer receiving bonuses while other departments, like the emergency department, did, the hospital should introduce competitive compensation packages, recognition, and reward programs, such as Employee of the Month, Quarter, or Year, for all employees in every department.

- **Appointing permanent managers**

All departments, including the labour ward, emergency department and outpatient department, should have permanent managers appointed by the Mankweng hospital. Since most medical professionals reported that most of their managers were acting managers, which created uncertainty among staff, this will help the hospital by providing constant leadership and minimizing confusion. Long-term supervisors will encourage accountability and ownership since they will be more invested in the department's success. Hospitals can guarantee leadership continuity, enhance patient care, and boost employee satisfaction by hiring permanent managers.

- **Involve medical practitioners in Policy Development.**

As indicated in Chapter 4, most of the medical practitioners at Mankweng Hospital have protested that several of the policies they are following appear to be unfair to them, such as the Leave policy. So, medical practitioners underlined the necessity of inclusive policy formulation, emphasizing that policymakers should cooperate with healthcare workers because they are the ones who conduct the actual work. They said that present policies are sometimes unworkable because policymakers generalize them and do not construct the policy in accordance with the hospital capability such as resources, staffing, infrastructure, and the number of patients they cater for daily.

So, by incorporating medical practitioners in policy development, the hospital can ensure that its policies are feasible. For example, the policies will be based on reality, taking into account the availability of staff, resources, and facilities at Mankweng

Hospital. Medical practitioners will be more invested in executing policies that they helped shape. To do this, the Mankweng Hospital should form interdisciplinary policy committees to conduct feedback sessions and surveys, train policy committee members, and promote open communication channels. By embracing collaborative policy development, the Mankweng Hospital will be able to produce effective, implementable policies to improve healthcare service delivery.

This is consistent with Donabedian Quality of Care Theory, which emphasizes the interdependence of structure, process, and outcomes. When it comes to Structure: involving medical practitioners will increase hospital structural capacity by using frontline expertise to guide decision-making. Process: Collaborative policy creation will ensure that the implementation process is feasible, efficient, and effective. Outcome: Patient-centered policies designed collaboratively result in improved health outcomes, more patient satisfaction, and higher quality of treatment.

- **The Issue of paying consultation fees**

Patients who are unemployed and rely on social grants should have their fees waived or reduced by the hospital in order to address the problem of patients paying for their consultations with doctors in the outpatient department. The solution stems from the fact that patients with chronic illnesses who continue to visit the Mankweng hospital struggle to pay for their frequent visits because of their frequent hospitalizations. Therefore, putting this solution into practice will help patients have better access to necessary healthcare services, as most of them used to miss some hospital appointments because they could not afford them.

Thus, a sliding scale fee structure that bases patient charges on their income and social grant status is one of the many techniques that may be used to accomplish this goal. Another strategy is for the hospital to think about forming relationships with social agencies to find and help needy patients so they may get the medical care they need without having to worry about paying for it. The Mankweng hospital will be able to better meet the requirements of patients who are vulnerable by implementing this approach, which will eventually result in better health outcomes and less financial strain.

- **Introduction of Mobile Clinics**

In order to address the difficulties that patients encounter in remote locations, the majority of medical professionals recommended that more mobile clinics be established. Since most rural areas, such as Ga Kama and Ngalleng, lack mobile clinics, many patients are constantly overcrowded at Mankweng Hospital, even if their conditions do not necessitate them visiting a hospital but rather a clinic. As a result, they must constantly travel to Mankweng Hospital for medical care. Access to treatment can be improved and the strain on public hospitals can be lessened by bringing healthcare services closer to rural populations through the use of mobile clinics.

The mobile clinics should be supplied with necessary medical supplies, prescribed medications, and diagnostic equipment to guarantee a seamless operation. A sufficient number of healthcare professionals, including doctors, nurse practitioners, and other support workers, should be recruited by the mobile clinics. It is important to continue making regularly scheduled visits to rural areas in order to offer a steady and trustworthy supply of medical treatment. To provide smooth referrals and follow-up care, mobile clinics should also be integrated into the existent healthcare systems. The benefits of having more mobile clinics are that Mankweng Hospital will be less crowded. Another benefit of mobile clinics is its ability to reach neglected and distant places, giving vital healthcare services to those that most need them. As a result, patients will have better health outcomes, lower rates of morbidity and death, and an improved quality of life.

- **Implementation of National Health Insurance (NHI)**

Since the National Health Insurance program (NHI) seeks to give universal access to healthcare services, it is also recommended that it be implemented in order to improve the delivery of health services at Mankweng Hospital. The NHI will contribute to universal healthcare access, guaranteeing that all patients, irrespective of their financial situation, have access to medical treatment. The majority of patients struggle to pay for their own medications and fees, as was previously indicated in this study's Chapter 4. The NHI will assist solve this by giving patients financial protection and lessening the financial burden of healthcare costs on patients.

By paying for necessary medical services like prescribed medications and consultations, the NHI will guarantee that patients can get the treatment they require

without worrying about running into financial difficulties. Additionally, the NHI will lessen the issue of people believing that access to high-quality healthcare services is a privilege rather than a right. Since Mankweng Hospital is a public hospital, patients there have claimed that they are now simply continuing to attend for their medical needs there; but they would travel to a private hospital if they ever had the resources to do so in order to access better healthcare services. As a result, there is a two-tiered healthcare system, giving the rich access to higher-quality care while leaving the poor with few alternatives. The NHI will contribute to closing this gap by ensuring that everyone, regardless of income level, has access to healthcare. This will help guarantee that every patient can obtain high-quality healthcare services without worrying about becoming bankrupt.

5.5 RECOMMENDATIONS FOR FURTHER STUDIES

Future research should consider employing mixed methods to give a more thorough knowledge of the factors affecting the provision of health services. This method will aid in triangulating findings and offer an extensive understanding of the obstacles. In order to discover a wider representation of the factors affecting the delivery of health services in public hospitals, the researchers should employ multiple case studies rather than a single embedded study in order to maximize the generalizability of their findings.

Researchers should investigate workforce dynamics in public hospitals, including staff motivation, job satisfaction, and retention methods, as this study primarily evaluated constraints on resources affecting health-care delivery, such as medical equipment and a shortage of personnel. And also, future research ought to probe at the policies and regulations that govern public hospitals, as well as their influence on health-care delivery. Addressing these gaps would allow future researchers to expand on the study's findings and give a more thorough knowledge of the factors affecting health service delivery in public hospitals.

5.6 LIMITATIONS OF THE STUDY

Several limitations were encountered by the researcher while conducting the study. Firstly, the researcher focused on one public hospital in Limpopo, the Mankweng

Hospital, which may not be representative of all public hospitals in the province. Future studies should investigate adopting a multiple case study design rather than a single embedded approach to maximize the generalizability of the results (Hunziker, and Blankenagel, 2024). Secondly, the researcher was unable to collect quantitative data from the hospital, which would have offered a more comprehensive understanding of the factors affecting health service delivery in Mankweng hospital, therefore the study relied entirely on qualitative data gathered through interviews.

Future studies should collect both qualitative and quantitative data to have a more complex understanding of the phenomena. Thirdly, the data collection process was challenging because medical practitioners had a busy schedule, the hospital was always busy, and some of the participants were hesitant to share their full experience with the Mankweng hospital because they did not want to portray it as a bad hospital. This may have resulted in some bias in the findings. Future studies should investigate employing several data collection methods, such as surveys or focus groups, to triangulate findings and improve their validity (Sciberras, and Dingli, 2023).

5.7 MAJOR FINDINGS

This study provides deductions into the factors affecting health service delivery at Mankweng Hospital. The deductions are based on thorough investigation and analysis conducted.

- **Ineffective healthcare service delivery.**

The study found that people are dissatisfied with the quality of healthcare services at Mankweng Hospital. Patients expressed concerns about long wait times, consultation fees, and dependency on social grants, making it difficult to pay fees. This shows that people are not completely satisfied with the healthcare treatments they get since they do not adequately meet all of their needs.

- **Inadequate resource allocation**

The study found that the hospital did not have enough staff, particularly doctors and nurses, as well as medical equipment such as medications and x-ray machines. This shows that the hospital is not recruiting adequate staff or allocating resources efficiently to satisfy its patients' healthcare requirements.

- **Poor management and leadership.**

The study found that the hospital's issues may have been exacerbated by having acting managers in all departments rather than permanent management. Effective management and leadership are essential for delivering healthcare services efficiently.

- **Inadequate file management and record-keeping.**

The study found that misplaced patient files and inefficient records can lead to delayed diagnosis, ineffective treatment, and poor health consequences. To maintain accurate, full, and accessible patient information, hospitals should prioritize excellent record-keeping and file management.

- **Socioeconomic factors affecting healthcare access.**

The study found that socioeconomic factors, including unemployment and dependency on social grant, affect patients' access to treatment at Mankweng Hospital. The hospital should consider patients' socioeconomic status when providing healthcare services.

- **The necessity of patient-centered treatment**

At Mankweng Hospital, the study has underlined the need of patient-centered treatment. In order to successfully meet the requirements of patients, healthcare providers should consider their points of view and experiences. These results highlight the primary challenges Mankweng Hospital is dealing with. In order to address these challenges, the hospital must recognize that a variety of factors, including a lack of funding, inadequate management, missing files, and socioeconomic factors that impact patients' access to medical treatment, affect the delivery of health services. The hospital will be able to develop a patient-centered system that prioritizes the needs of its patients and enhances their health and well-being by tackling these challenges.

5.8 Suggestions

Based on the findings and deductions of this study, multiple suggestions arise to guide future research, policy creation, and interventions aimed at improving healthcare service delivery at Mankweng Hospital.

Suggestions	Explanations
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Patient-Centered Care	A comprehensive approach to care is necessary to enhance medical treatment at Mankweng hospitals. This entails putting into practice patient-centered care methods that give priority to each patient's unique needs and experiences. For instance, the hospital may provide mental health services to patients experiencing anxiety or depression. Another examples, is offering a shuttle service from the hospital to a neighbouring taxi rank for patients who come from rural areas, the hospital can also attempt to provide transportation services for patients who depend on public transit. Personalized care plans should be created to meet each patient's specific needs, and patient-centered care teams should be formed to coordinate treatment (Watson, Estenson, Eden, Gerstein, Carney, Dotson, Milnes, and Bierman, 2024).
Effective Resource Allocation	Allocating resources effectively is crucial to enhancing the quality of healthcare. Needs assessments should be carried out by the Mankweng hospital in order to prioritize allocations and find resource shortfalls. For instance, the hospital's administration ought to discuss with all of the staff members from the paediatrics, operating theatre orthopaedics, and intensive care unit departments what resources are lacking, such as the

	number of nurses required, ventilators, X-ray machines, incubators, and dialysis equipment. Training for employees should improve their ability to use resources effectively. Simplified paperwork and better decision-making will result from modernized record-keeping systems that make use of data analytics and electronic health records (Rolla, 2024).
Community Engagement	Community participation is critical to improving health outcomes. Partnerships with local groups, clinics, and faith-based initiatives will help with health outreach. For example, a CHoice Trust (Non-Profit Organization) NGO in Limpopo Province demonstrates the efficacy of collaborative methods to healthcare delivery. So, by including cultural sensitivity training, healthcare workers in Mankweng will be able to give more empathic and effective treatment to varied community members (Elelwani, 2022).
Socioeconomic Considerations	Socioeconomic support services are crucial in reducing health inequities. socioeconomic work services and financial assistance programs will connect patients to resources while addressing the socioeconomic determinants of health. Government funding structures and private partnerships can offer subsidized

	treatment and affordable healthcare financing options (Ghasemi, Amini-Rarani, Zadeh, and Karimi, 2022).
Enhancement of Quality	Initiatives for quality improvement are required to track healthcare procedures and patient feedback. Peer review and patient satisfaction surveys will be used to continuously assess quality and pinpoint areas that need improvement. Programs for staff development, such as mentoring and ongoing education, will improve abilities (Rolla, 2024).
Development of Policies	Developing policies is essential to improving healthcare. Reforming healthcare policies should be their first priority, in line with the goals of the National Health Insurance (NHI) (Whyle, and Olivier, 2024). Equitable access to healthcare will be ensured by tackling socioeconomic factors, fostering public-private partnerships, and creating inclusive policy frameworks. Effective implementation will be ensured by regular policy reviews and stakeholder participation
Research and Development	Researchers and Scholars should concentrate on studying healthcare systems and finding evidence-based solutions. Decisions regarding policy will be informed by longitudinal investigation and examination of healthcare trends and outcomes. Utilizing technology and creating creative care models will

	enhance patient outcomes (Rolla, 2024). Translation of knowledge will be ensured by cooperation among scholars, policymakers, and practitioners.
Implementation and Monitoring	Monitoring and implementation must be done effectively. In order to monitor progress and fill in any gaps, the Mankweng Hospital should set up quality improvement teams. To guarantee long-term progress, healthcare services, patient happiness, and health outcomes should be regularly evaluated. Trust will be built and fair access to high-quality healthcare will be guaranteed through accountability, transparency, and community involvement (Elelwani, 2022).

Mankweng Hospital can improve patient outcomes, enhance the delivery of healthcare services, and create a more hospitable and sympathetic healthcare environment by putting these helpful suggestions into practice.

5.9 CONCLUSION

This study's objectives were effectively achieved by evaluating the factors affecting health services delivery at Mankweng Hospital in the Province of Limpopo. Inadequate infrastructure, socioeconomic gaps, poor management and leadership, and insufficient resource allocation were among the major issues highlighted by the study. Infrastructure improvements, staff training, efficient resource allocation, and patient-centered care have all been identified as ways to improve health outcomes. In order

to address systemic issues, effective policy formulation, research, and quality improvement programs are crucial (Whyle, and Olivier, 2024).

The recommendations made by the study offer an approach forward for improving healthcare delivery. Health outcomes may be enhanced by putting patient-centered care concepts into practice, allocating resources effectively, and launching community engagement initiatives. Sustainable development will be ensured through quality improvement programs, research-driven solutions, and modifications to legislation that are in line with National Health Insurance (NHI) objectives. These results will help researchers, medical practitioners, and policymakers in the healthcare industry by directing efforts to enhance quality, allocate resources, and engage the community. Thus, enhancing health-care delivery necessitates a multidimensional strategy that considers systemic, socioeconomic, and patient-centered factors (Kagura, Khamisa, Matsena Zingoni, Dulaze, Awuku-Larbi, and Tshuma, 2023). Policymakers, medical practitioners, and researchers must work together to put recommendations into action and provide fair, high-quality healthcare for all South Africans.

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APPENDIX A: CONSET FORM

Research Project Title: An Evaluation of Factors Affecting Health Service Delivery at Mankweng Hospital, Limpopo Province.

Project Leader: Masenya Moreba Sharon

I.....hereby voluntary give my consent to take part in the research project titled: An Evaluation of Factors Affecting Health Service Delivery at Mankweng Hospital, Limpopo Province.

I confirm that: I have read/ had read to me the leaflet about this research project and I understand the content.

I understand that my participation is voluntary and that I am free to withdraw anytime, without giving a reason.

I understand that the interview will be recorded written out word-for-word later.

The recording will be stored securely stored in accordance with the Data Protection Act.

I understand that anything I say will be treated confidentially and only used for research purposes.

Participant's signature:

Date:

Researcher's signature.....

Researcher's Contact Details:

Phone: 0724216635

Email: morebamasenyas@gmail.com

Supervisor's Contact Details

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Co-Supervisor's Contact Details:

Phone: 0768541214

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APPENDIX B: RESEARCH QUESTIONNAIRE



AN EVALUATION OF FACTORS AFFECTING HEALTH SERVICE DELIVERY AT MANKWENG HOSPITAL, LIMPOPO PROVINCE

Greetings, my name is Moreba Sharon Masenya and I am currently enrolled at the University of Limpopo to pursue my Masters in Public Administration. As part of my research in **AN EVALUATION OF FACTORS AFFECTING HEALTH SERVICE DELIVERY AT MANKWENG HOSPITAL, LIMPOPO PROVINCE**, I politely request that you participate in and attend this interview to assist in the information gathering process.

As a matter of ethics, I guarantee the confidentiality, anonymity, privacy, and discretion of each participant. There is no doubt that no one will be coerced to answer the interview answers. The interview questions will be optional. Participants are always allowed to decline an interview if they feel uncomfortable or doubtful about it. Your personal information will not be included in the forms used for data collection, thus all information supplied will be kept private and confidential as this study is purely for academic purposes. Please be reminded that suggestions and solutions to problems discovered in this research are welcome. Your participation in this data collection will be extremely helpful to the execution of my research, and I would be grateful for your active participation.

Instructions:

1. This interview is divided into five/ six themes
2. The themes are divided according to the objectives being addressed by the study.
3. Kindly provide responses to all the questions and/or statements in all sections.
4. Answer the set questions to the best of your knowledge and ability.

SECTION A

Biographical information

- 1.Age:**
- 2. Gender:**
- 3. Employment Department:**
- 4. Employment Status:**
- 5. Language:**
- 6. Education level:**

SECTION B

INTERVIEW QUESTION FOR MEDICAL PRACTITIONERS

DIPOTŠIŠO TŠA DIPOTŠIŠO TŠA BAŠOMI BA BONGAKA

THEME 1: ALLOCATION AND UTILIZATION OF RESOURCES

SEHLOPHA SA 1: KABO LE TŠHOMIŠO YA METHOPO

1.What effects do financial and personnel shortages have on the provision of services in the South African public health sector?

1.Ke ditlamorago dife tšeo tlhaelelo ya ditšhelete le ya bašomi e nago le tšona go kabo ya ditirelo ka lefapheng la maphelo a setšhaba la Afrika Borwa?

.....
.....
2.What are the main challenges that healthcare professionals encounter while trying to get and make use of the resources required to deliver high-quality care?

2.Ke ditlhohlo dife tše kgolo tšeo ditsebi tša tlhokomelo ya maphelo di kopanago le tšona ge di leka go hwetša le go šomiša methopo yeo e nyakegago go aba tlhokomelo ya maemo a godimo?

.....
.....
3.What impacts do inequalities in resource distribution between various departments or healthcare facilities have on patient satisfaction and healthcare outcomes?

3.Ke ditlamorago dife tšeo go se lekalekane kabong ya methopo magareng ga dikgoro tše di fapanego goba dinolofatši tša tlhokomelo ya maphelo go nago le tšona go kgotsofalo ya balwetši le dipoelo tša tlhokomelo ya maphelo?

.....
.....
THEME 2: PATIENT SATISFACTION AND QUALITY OF SERVICES

SEHLOGWA SA 2: KGOTSOFALO YA MOLWEDI LE BOKGONI BJA DITIRELO

1.What aspects of the healthcare services rendered by the South African public health system are regarded as satisfactory by patients?

1.Ke dikarolo dife tša ditirelo tša tlhokomelo ya maphelo tšeo di fiwago ke tshepedišo ya maphelo a setšhaba ya Afrika Borwa tšeo di tšewago e le tše di kgotsofatšago ke balwetši?

.....
.....
2.What is the perception of medical professionals on the quality of care they can provide within the limitations of the public health system?

2.Naa temogo ya ditsebi tša kalafo ke efe ka ga boleng bja tlhokomelo yeo di ka e fago ka gare ga mellwane ya tshepedišo ya maphelo a setšhaba?

.....
.....
3.What can be done better at public health institutions to improve patient experience and care quality?

3.Ke eng seo se ka dirwago bokaone dihlongwa tša maphelo a setšhaba go kaonafatša maitemogelo a balwetši le boleng bja tlhokomelo?

.....
.....
THEME 3: ACCESS AND HEALTH EQUITY

SEHLOPHA SA 3: PHIHLELO LE TEKANYETSO YA BOPHELO

1.In the context of South African public health, how does socioeconomic status impact access to healthcare services?

1.Ka gare ga maemo a maphelo a setšhaba a Afrika Borwa, maemo a ekonomi ya leago a ama bjang phihlelelo ya ditirelo tša tlhokomelo ya maphelo?

.....
.....
2.What challenges must patients overcome in order to receive healthcare services, especially in underserved or rural areas?

2.Ke ditlhohlo dife tšeo balwetši ba swanetšego go di fenywa gore ba kgone go hwetša ditirelo tša tlhokomelo ya maphelo, kudukudu mafelong ao a sa fiwego ditirelo tše di lekanego goba tša dinagamagaeng?

.....
.....

3.How do differences in healthcare access affect the way that various population groups' health outcomes differ from one another?

3.Diphapano tša phihlelelo ya tlhokomelo ya maphelo di ama bjang tsela yeo dipolelo tša maphelo tša dihlopha tša baagi tše di fapanego di fapanago ka yona?

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THEME 4: CHALLENGES IN THE HEALTHCARE WORKFORCE

SEHLOPHA SA 4: DITHHHLO MO SETHONG SA MOŠOMO SA BOPHELO BJA BOPHELO

1.What are the main challenges to providing care in the South African public health sector that face medical practitioners, such as doctors, nurses, and emergency personnel?

1.Ke ditlhohlo dife tše kgolo tša go aba tlhokomelo ka lefapheng la maphelo a setšhaba la Afrika Borwa tšeo di lebanego le ditsebi tša kalafo, go swana le dingaka, baoki, le bašomi ba tšhoganetšo?

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2.What effects do factors like workload, fatigue, and retention have on how well healthcare is delivered?

2.Ke ditlamorago dife tšeo mabaka a go swana le mošomo, go lapa, le go boloka di nago le tšona go gore tlhokomelo ya maphelo e fiwa gabotse gakaakang

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3.What strategies may be employed to empower and assist healthcare professionals in overcoming these challenges?

3.Ke maano afe ao a ka šomišwago go matlafatša le go thuša ditsebi tša tlhokomelo ya maphelo go fenywa ditlhohlo tše?

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THEME 5: IMPLEMENTING POLICIES AND GOVERNANCE

SEHLOGWA SA 5: GO PHETHAGATŠA PHOLISI LE PUŠO

1.What effects do policies and governance systems have on the provision of services in the South African public health sector?

1.Ke ditlamorago dife tšeo melawana le ditshepedišo tša taolo di nago le tšona go kabo ya ditirelo ka lefapheng la maphelo a setšhaba la Afrika Borwa?

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2.What are the main elements affecting the operational level of healthcare policy implementation?

2.Ke dikarolo dife tše kgolo tšeo di amago maemo a tshepedišo ya phethagatšo ya pholisi ya tlhokomelo ya maphelo?

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3.What recommendations are possible to improve service delivery results through better governance and policy implementation?

3.Ke ditšhišinyo dife tšeo di kgonegago go kaonafatša dipelo tša kabo ya ditirelo ka taolo ye kaone le phethagatšo ya pholisi?

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INTERVIEW QUESTIONS FOR PATIENTS

DIPOTŠIŠO TŠA DIPOTŠIŠO TŠA BALWETŠI

THEME 1.THE EXPERIENCE AND SATISFACTION OF PATIENTS

SEHLOPHA 1.MAITHELELO LE KGOTSOFALO YA BALWEDI

1.What experiences do patients have of the quality of care they receive at Mankweng Public Hospital?

1.Ke maitemogelo afe ao balwetši ba nago le ona ka boleng bja tlhokomelo yeo ba e hwetšago sepetleleng sa setšhaba sa Mankweng?

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2.What elements affect the degree of satisfaction that patients have with the treatment they received while they are in the hospital?

2.Ke dilo dife tšeo di amago tekanyo ya kgotsofalo yeo balwetši ba nago le yona ka kalafo yeo ba e hweditšego ge ba le sepetlele?

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THEME 2. ACCESSIBILITY AND TIMELINESS OF CARE.

SEHLOPHA 2. PHIHLELO LE NAKO YA THLOKOMELO.

1.What challenges do Mankweng Hospital patients face while trying to access healthcare services?

1.Ke ditlhohlo dife tšeo balwetši ba Sepetlele sa Mankweng ba lebanego le tšona ge ba leka go fihlelela ditirelo tša tlhokomelo ya maphelo?

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2.How does the period of time patients must wait for treatments, consultations, and medicine administration affect their overall experience as patients?

2.Nako ya nako yeo balwetši ba swanetšego go leta dikalafo, ditherišano, le taolo ya dihlae e ama bjang maitemogelo a bona ka kakaretšo bjalo ka balwetši?

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THEME 3. INFORMATION PROVISION AND COMMUNICATION

SEHLOPHA 3. KABO YA TSHEDIMOŠO LE KGOKAGANO

1.To what extent do medical professionals inform patients about their diagnosis, treatment plans, and instructions for discharge?

1.Ditsebi tša kalafo di tsebiša balwetši go fihla bokgoleng bofe ka tlhahlobo ya bona, maano a kalafo le ditaello tša go lokollwa?

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2.What are the main challenges that patients encounter when attempting to get and understand information regarding their health care journey?

2.Ke ditlhohlo dife tše kgolo tšeo balwetši ba kopanago le tšona ge ba leka go hwetša le go kwešiša tshedimošo mabapi le leeto la bona la tlhokomelo ya maphelo?

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THEME 4.THE QUALITY OF CARE AT HOSPITAL

MORERO WA 4 WA TLHOKOMELO BOOKELONG

1.What impressions do patients have of the professionalism and manner of the medical staff at Mankweng Hospital?

1.Ke dikgopolo dife tšeo balwetši ba nago le tšona ka bokgoni bja profešenale le mokgwa wa bašomi ba tša kalafo sepetleleng sa Mankweng?

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2.From the viewpoint of patients, what are the key indicators of the quality of clinical treatment, such as medication safety, infection control, and pain management?

2.Go ya ka pono ya balwetši, ke ditšhupetšo dife tše bohlokwa tša boleng bja kalafo ya kliniki, go swana le polokego ya dihlare, taolo ya tshwaetšo, le taolo ya bohloko?

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THEME 5. MAKING APPOINTMENTS AND WAITING TIMES

SEHLOPHA 5. GO DIRA DIPEELETŠO LE DINAKO TŠA GO LETA

1.What are the main challenges that outpatients at Mankweng Hospital encounter when trying to schedule appointments and get timely access to healthcare services?

1.Ke ditlhohlo dife tše kgolo tšeo balwetši ba ka ntle ba sepetlele sa Mankweng ba kopanago le tšona ge ba leka go rulaganya dipeeletšo le go hwetša phihlelelo ya ditirelo tša tlhokomelo ya maphelo ka nako?

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2.What impressions do patients have of the effectiveness and efficiency of systems for making appointments and waiting periods for consultations?

2.Ke dikgopolo dife tšeo balwetši ba nago le tšona ka ga go šoma gabotse le go šoma gabotse ga ditshepedišo tša go dira dipeeletšo le dinako tša go leta ditherišano?

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THEME 6. PATIENT PARTICIPATION AND EMPOWERMENT

SEHLOGWA 6. GO TŠEA KAROLO LE MATLAFATŠO YA MALWEDI

1.How much do Mankweng Hospital patients feel empowered to take part in decisions about their care?

1.Balwetši ba Sepetlele sa Mankweng ba ikwa ba matlafaditšwe go fihla bokgoleng bofe go tšea karolo diphethong mabapi le tlhokomelo ya bona?

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2.What initiatives are in place to promote shared decision-making between healthcare professionals and patient engagement?

Ke maitapišo afe ao a lego gona go tšwetša pele go tšea diphetho ka go abelana magareng ga ditsebi tša tlhokomelo ya maphelo le go tsenela balwetši?

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INTERVIEW QUESTIONS FOR MANEGEMENT AT MANKWENG HOSPITAL

DIPOTŠIŠO TŠA DIPOTŠIŠO TŠA MANEGEMENT KA SEPETLELE SA MANKWENG

THEME 1: BATHO PELE PRINCIPLES IMPLEMENTATION

SEHLOPHA SA 1: MELAWANA YA BATHO PELE PHETHAGATŠO

1.How well are the Batho Pele principles being applied at Mankweng Public Hospital, and what are the main areas that still require development in order to improve the provision of people-centred services?

1.Naa melawana ya Batho Pele e dirišwa gabotse gakaakang sepetleleng sa Setšhaba sa Mankweng, gomme ke mafelo afe a magolo ao a sa nyakago tlihabollo gore go kaonafatšwe kabo ya ditirelo tšeo di lebanego le batho?

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2. What are the main challenges preventing Mankweng Hospital from successfully implementing Batho Pele principles?

2. Ke ditlhohlo dife tše kgolo tšeo di thibelago Sepetlele sa Mankweng go phethagatša melawana ya Batho Pele ka katlego?

3. What effect do you think the Batho Pele principles have on the results of service delivery at Mankweng Public Hospital?

3. Naa o nagana gore melawana ya Batho Pele e na le mafelelo afe go dipoelo tša kabo ya ditirelo Sepetleleng sa Setšhaba sa Mankweng?

THEME 2: SERVICE DELIVERY PLANS EFFECTIVENESS

SEHLOGWA 2: MELAO YA KABO YA TIRELETŠO GO ŠOMA

1.How well do the Mankweng Hospital's service delivery plans currently meet the demands of the hospital and its goals?

1.Naa maano a kabo ya ditirelo ya Sepetlele sa Mankweng ga bjale a fihlelela dinyakwa tša sepetlele le maikemišetšo a sona gabotse gakaakang?

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2. What are the ways in which various factors affect Mankweng Hospital's service delivery plans' effectiveness?

2. Ke ditsela dife tšeo mabaka a go fapafapana a amago go šoma gabotse ga maano a kabo ya ditirelo a Sepetlele sa Mankweng?

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3. What measurable findings demonstrate how well service delivery plans affect healthcare outcomes and patient satisfaction?

3. Ke dikhwetšo dife tše di ka lekantšhwago tšeo di bontšhago ka fao maano a kabo ya ditirelo a amago dipoelo tša tlhokomelo ya maphelo le kgotsofalo ya balwetši gabotse ka gona?

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THEME 3: PATIENT CHALLENGES IN PUBLIC HOSPITALS

SEHLOPHA SA 3: DITLHAHLO TŠA MALEDI DIPEPELO TŠA SETŠHABA

1. What are the main obstacles that patients must overcome in order to receive medical care at Mankweng Hospital, and how do these obstacles affect the course of their treatment and its results?

1. Ke mapheko afe a magolo ao balwetši ba swanetšego go a fenyha gore ba kgone go hwetša tlhokomelo ya kalafo sepetleleng sa Mankweng, gomme mapheko a ama bjang tsela ya kalafo ya bona le dipoelo tša yona?

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2. What operational and systemic issues have patients brought to the attention of Mankweng Hospital that affect their care?

2. Ke ditaba dife tša tshepedišo le tša tshepedišo tšeo balwetši ba di tlišitšego tlhokomelong ya Sepetlele sa Mankweng tšeo di amago tlhokomelo ya bona?

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3. How do socioeconomic factors like education and income level affect patients' ability to access and use Mankweng Hospital's healthcare services?

3. Mabaka a ekonomi ya leago go swana le thuto le maemo a letseno a ama bjang bokgoni bja balwetši bja go fihlelela le go šomiša ditirelo tša tlhokomelo ya maphele tša Sepetlele sa Mankweng?

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THEME 4: FACTORS CONTRIBUTING TO POOR SERVICE PROVISION

SEHLOGWA SA 4: MAKARETŠO AO A TLAGO SEBAKA GO KABELO YA TIRELETŠO YE E PHOŠAGO

1.What are the primary causes of Mankweng Hospital's inadequate delivery of services?

1.Naa ke dibaki dife tše kgolo tša go se be le kabo ya ditirelo tša Sepetlele sa Mankweng?

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2. How do external factors like finance, regulations, and leadership affect Mankweng Hospital's ability to provide quality care?

2. Mabaka a ka ntle go swana le ditšhelete, melawana, le boetapele di ama bjang bokgoni bja Sepetlele sa Mankweng bja go fana ka tlhokomelo ya boleng?

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3. How do Mankweng Hospital's personnel capacity, infrastructure, and service quality interact to one another?

3. Bokgoni bja bašomi ba Sepetlele sa Mankweng, mananeokgoparara, le boleng bja tirelo di dirišana bjang?

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THEME 5:ENHANCEMENT STRATEGIES FOR SERVICE PROVISION

SEHLOGWA SA 5:MAANO A GO GODIŠA GO KABO YA TIRELETŠO

1. Given the deficiencies found in Mankweng Hospital's service delivery, what approaches might be suggested to improve the standard, availability, and quality of medical care for patients?

1. Ka lebaka la mafokodi ao a hwetšwago kabong ya ditirelo ya Sepetlele sa Mankweng, ke mekgwa efe yeo e ka šišintšwego go kaonafatša maemo, go hwetšagala, le boleng bja tlhokomelo ya kalafo go balwetši?

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2. To what extent are the suggested techniques for improving service delivery at Mankweng Hospital feasible and sustainable?

2. Dithekniki tše di šišintšwego tša go kaonafatša kabo ya ditirelo Sepetleleng sa Mankweng di kgonega le go swarelela go fihla bokgoleng bofe?

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3. How do stakeholders perceive the plans being designed and put into action to improve services at Mankweng Hospital?

3. Bakgathatema ba lemoga bjang maano ao a hlangwago le go tsenywa tirišong go kaonafatša ditirelo Sepetleleng sa Mankweng?

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THANK YOU!!!!!!!!!!!!!!

KE A LEBOGA!!!!!!!!!!!!!!

**APPENDIX C, D AND E: DEPARTMENT OF HEALTH LETTER AND MANKWENG
HOSPITAL PERMISSION TO CONDUCT RESEARCH APPROVAL LETTER AND
TURLOOP RESEARCH ETHIC COMMITTEE (TREC) CERTIFICATE**



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

Ref : LP_2024-07-020
Enquires : Legodi P
Tel : 015-293 6028/6410
Email : Malesela.Legodi@dhsd.limpopo.gov.za

SHARON MASENYA

CC: UNIVERSITY TO ENSURE COMPLIANCE WITH CLAUSE 2d OF THIS APPROVAL LETTER

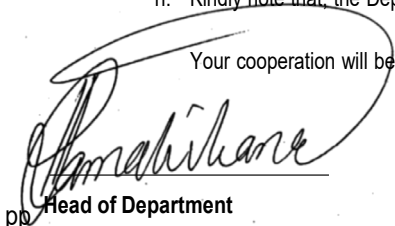
PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

AN EVALUATION OF FACTORS AFFECTING HEALTH SERVICE DELIVERY AT MANKWENG HOSPITAL, LIMPOPO PROVINCE

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 Clinical Executive Director a week before the study is conducted.
 - b. This permission is **ONLY** for Mankweng hospital
 - 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 Head of Department

19/08/2024

Date

Private Bag X9302, Polokwane 0700
Fidel Castro Ruz House, 18 College Street, Polokwane 0700
Tel: 015 293 6000. Fax: 015 293 6211. Website: www.doh.limpopo.gov.za

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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
MANKWENG HOSPITAL**

Ref: S5/3/1/2

Enq: Modula MC

Tel: 015 286 1042/1022

Email: mottatso.modula@dhsd.limpopo.gov.za

From: HR Training and Development

TO: MASENYA SHARON

PERMISSION TO CONDUCT RESEARCH AT MANKWENG HOSPITAL

1. The above matter has reference.
2. This is to confirm that the CEO has granted you permission to conduct your case study on

**"AN EVALUATION OF FACTORS AFFECTING HEALTH SERVICE DELIVERY AT
MANKWENG HOSPITAL, LIMPOPO PROVINCE."**

3. During the course of your Case study, there should be no action that disrupts services and also note that the department can withdraw the approval at any time.
4. Wishing you all the best with your case study.

Yours in service delivery

Dr. Siebani MS
Chief Executive Officer (Acting)



19 / 09 / 2024

Date



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: tukiso.sewapa@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

DATE: 18 JUNE 2024

PROJECT NUMBER: TREC/1268/2024: PG

PROJECT:

Title: An Evaluation of Factors Affecting Health Service Delivery at Mankweng Hospital, Limpopo Province
Researcher: MS Masenya
Supervisor: DR X Thusi
Co-Supervisor/s: Mr M Selepe
School: Economics and Management
Degree: Master of Administration in Public Administration

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

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

Note:

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