REPORT SUBMITTED BY THE UNIVERSITY OF FORT HARE –
HEALTH MANAGEMENT AND LEADERSHIP PROGRAMME

Patient Satisfaction Survey

Kouga Sub District

Submitted 1 February 2010

Submitted by :
Sharon Munyaka (University of Fort Hare)
Irna Senekal (University of Fort Hare)
Nancy Phaswana-Mafuya (Human Science Research Council)
Adlai Davids (Human Science Research Council)

CONTRIBUTORS

Sharon Munyaka
Researcher
Health Management and Leadership Programme
University of Fort Hare
East London, South Africa

Irna Senekal
Programme Manager
Health Management and Leadership Programme
University of Fort Hare
East London, South Africa

Prof Nancy Phaswana-Mafuya
Research Director
Human Science Research Council
Port Elizabeth, South Africa

Adlai Davids
Senior Research Manager
Human Science Research Council
Port Elizabeth, South Africa

Table of Contents

Acknowledgements

The Kouga Patient Satisfaction Survey (2009) would not have been possible without the commitment and hardwork of the people below:

- Eastern Cape Department of Health
    - Thank you Mr Ntuli (Kouga Sub District Manager), Ms Johanna Whitebooi together with your team for awarding University of Fort Hare the PSS tender. We want to thank you for the funding and the assistance throughout the survey process.
    - Our gratitude goes to the management of the thirteen facilities surveyed for all your help from selection of fieldworkers to overseeing the process during data collection.
    - Thank you to the fieldworkers and fieldwork coordinators for all your hard work. Thank you for going through the survey process with such excitement and tirelessly braving the erratic weather conditions during data collection.
- University of Fort Hare
    - A word of appreciation to the Health Management and Leadership Programme-Irna Senekal, Penny Nhlumayo and Tinashe Nyatoro for your assiduous support throughout the survey process and beyond.
    - Sincere gratitude goes to Mrs Nokele (IsiXhosa National Lexicography Unit-xnlu) and Professor CR Botha (School of Humanities) for all your help with the translation of survey documents.
    - Thank you to Professor Kanyane and Professor Thakhati for your guidance and leadership during this survey.
    - We recognise the effort and hardwork of the datacapturing support from Liberty Maunzagona, Robert Zulu and the Health Management and Leadership programme

Executive Summary

Background: Tender awarded to the University of Fort Hare by the Eastern Cape Department of Health, Kouga sub district. The specifications were to conduct a Patient Satisfaction Survey to assess patient satisfaction, expectations, and perceptions of services rendered.

Objective: To conduct a patient satisfaction survey in 12 selected facilities in Kouga Sub District. Facilities were selected from the municipal areas of Sundays River Valley, KouKamma, and Kouga.

Methods: A descriptive study was conducted using a purposive sample of 939 respondents. Trained community fieldworkers collected data during the survey. The tool used for data collection was the Human Sciences Research Council (2008) version of the Health Systems Trust (2004) Client Satisfaction Survey Questionnaire. The HSRC version included the widely used and standardised 23-item EUROPEP instrument to tap information on the quality of care in the past 12 months (Grol & Wensing, 2000). The University of Fort Hare adapted this tool for data collection and translated it from English into Xhosa and Afrikaans. Data was captured in Excel and analysed using the Statistical Package for Social Sciences version 17.

Summary of Results for Kouga Sub District:

Sample: Of the 939 respondents approached, 836 (89%) took part in the survey. The majority of the respondents were female (72.9%), African (50.9%), in the 18 – 29 year old age group, had a Grade 7 or Grade 10 qualification, unemployed and stated they had limited financial resources to meet their needs. Several respondents within Kouga Sub District have made use of alternative health care like visiting a private doctor or a hospital. A few have consulted a traditional healer before seeking help from the clinic.

The main reason for the health visit was to collect treatment. For those respondents who shared their prior diagnosis the majority had High Blood Pressure, several had TB, HIV, Diabetese, were pregnant or had other STI. Symptoms stated by respondents were consistent with diagnoses they gave.

Access to services: Overall respondents are able to access the facility without difficulty. They stay close to the facility and would therefore not incur transport costs. Most respondents agree that they are spoken to in a language they understand, clinic user friendly for disabled patients and that the opening times were convenient. The majority of respondents was able to get through to the clinic on the telephone and could get an appointment.

Assurance: More than 80% of the respondents agree that the health workers involve them in decisionmaking, they are listened to, their records are kept confidential, and they get quick relief of symptoms and are helped to feel better. Responses were consistent across most categories.

Empathy: An overwhelming majority were satisfied with the way health workers display compassion towards them. Over 70% of respondents agree that they got answers for questions on their illness, felt reassured and nurses were polite. Fewer respondents agree that the nurses or doctors who treated them introduced themselves,

General Satisfaction: Over 90% of the respondents will use the facility again. They will tell their family and friends about the clinic and the majority agrees that they are treated each time they come to the facility. Most categories were satisfactory.

Health Promotion: The majority is satisfied with the health information displayed and it is in a language that they understand.

Referral: Over 80% are happy that the ambulance will be called if they are sick, they will return if asked to do so and being referred to another place if they cannot be helped. Only 22% visit a traditional healer before accessing services at the clinic.

Reliability: The services offered are to an extent reliable except the waiting time that is problematic across all facilities surveyed.

Service Standards: Over 70% of the respondents agree that the registration process, fast queues, waiting to be examined and staff wearing a nametag are satisfactory. The challenging areas refer to not knowing where to raise a complaint, using the suggestion box, how to get feedback, not knowing who belongs to the clinic committee and not knowing if their complaints indeed contribute to service delivery.

Tangibles: The majority of respondents are satisfied with cleanliness of the buildings, availability of benches to sit on, clean water, clean toilets and general surroundings being clean.

Conclusion: Respondents were generally satisfied on most domains except for a few items under Service Standards domain. There is room to improve these areas and to maintain areas that are working well.

1 Introduction

Achieving quality health care systems requires a continuous process of measurement and evaluation. According to the National Policy on Quality in Health Care for South Africa (2007), achieving high quality health care involves measuring the gap between standards and actual practice. The Patient Satisfaction Survey and variations of it are tools used in health facilities in and outside South Africa to assess the quality of health care services being rendered. Elements of the survey include but are not limited to assessing the quality of care, access to services, service standards, general satisfaction, and facilites available within the facility.

1.1 Background

The Eastern Cape Department of Health –Kouga Sub District Municipality commissioned the University of Fort Hare to conduct a Patient Satisfaction Survey (PSS). This PSS is a quality improvement process conducted annually across facilities in the Kouga Sub District. The survey aims to assess patient expectations and experiences within health care facilities and determine patient satisfaction levels.

1.2 Purpose of the Patient Satisfaction Survey

To enhance good customer service and measure the satisfaction levels of patients utilising health services in twelve selected facilities.

1.3 Overall Objective

- To conduct a PSS in 12 selected facilities in Kouga Sub District and measure the satisfaction levels of clients utilising health services in Kouga Sub District

1.4 Specific Objectives

- To conduct training workshops and train 120 fieldworkers in Kouga Sub District
    - Train 10 fieldworkers per facility on survey techniques
    - Choose two trained fieldworkers per facility to collect the survey data
- To capacitate community members and involve them in a community survey
    - Provide a training manual on how to conduct a community survey
    - Show participants basic data collection and investigation
- To submit reports
    - Submit composite PSS report
    - Submit 12 facility summaries of the report
    - Submit 3 community survey summary reports

The Kouga Sub District commissioned the Patient Satisfaction Survey (PSS) in November 2009. Following a tender process the University of Fort Hare was requested to complete the following activities:

- Conduct a PSS in Kouga Sub District in November 2009
- Train 120 fieldworkers
- Conduct a community survey
- Produce reports for the PSS and for the community survey

1.5 Methods

The PSS was descriptive in its approach. Data was collected in selected facilities in Kouga Sub District in three municipal areas, Sundays River Valley, Kou Kamma and Kouga.

1.5.1 Procedure

The ECDoH, Kouga Sub District selected thirteen facilities to be surveyed across the three municipal areas. Through the Kouga Sub District Management, fieldworkers were selected from each of the selected facilities and trained in survey techniques. Successful fieldworkers were then deployed in the facilities using the utilisation rate to determine the number of fieldworkers deployed per facility.

Purposive sampling was employed in selecting participants in the survey.Participants taking part in the survey first signed a consent form to indicate their willingness to participate. Willing participants had to be 18 years and older irrespective of their race, gender, educational status and income level. Due to ethical reasons and the challenges of getting permission from guardians and parents, participants aged below 18 years could not participate in the survey. Ethics approval for the survey was obtained from the University of Fort Hare Research Committee.

1.5.2 Data Collection

The tool used to collect the survey data was the Human Science Research Council (HSRC) version of the Patient Satisfaction Survey questionnaire developed by the Health Systems Trust (2001). This was to enable cross comparisons with other patient satisfaction surveys conducted in the Eastern Cape using the same questionnaire. In addition to the PSS is the widely used 23-item EUROPEP instrument, which was included to gather information on the quality of primary health care in the last 12 months (Grol and Wensing, 2000). Other questions asked on the survey questionnaire included demographic details, health status, the main reason for the health visit, symptoms that the client has, previous diagnosis and general health care utilisation. The survey questionnaire was translated from English into Xhosa and Afrikaans. The questionnaire was administered at the exit point of the facility by the fieldworker who spoke in the preferred langauge of the respondent.

2 Results from Facilities Surveyed in Kouga Sub District

The results section will first give an overview of all the facilities that formed part of the 2009 PSS. Results will then give a summary of findings by domain including a brief discussion under each section.

Note in interpretation of the results that frequency (#) is the number of people who answered a particular question. Frequency is used in calculating percentages for each question or section. Some facilities may have many people who participated in the survey but find that the frequency changes depending on the question. This is because some respondents chose not to answer the question or gave responses as unsure.

2.1 Sample across selected facilities in Kouga Sub District

Municipal Area	Name of Facility	Total # Approached	Refused	Accepted
Koukamma	Ravinia Clinic	**81**	3 **(3.7%)**	78 **(96.3%)**
	Krakeel Clinic	**81**	**0**	81 **(100%)**
	Storms River Clinic	**23**	**0**	23 **(100%)**
	Suur Bron Mobile	**17**	**0**	17 **(100%)**
Kouga	Thornhill Clinic	**77**	32 **(41.6%)**	43 **(55.8%)**
	Patensie Clinic	**47**	10 **(23.3%)**	37 **(78.7%)**
	Loerie Clinic	**105**	4 **(3.8%)**	101 **(96.2%)**
	St Francis Bay Clinic	**64**	1 **(1.6%)**	63 **(98.4%)**
Sundays River Valley	Enon Mobile Clinic	**25**	8 **(32%)**	14 **(56%)**
	Kirkwood Clinic	**152**	21 **(13.8)**	130 **(85.5%)**
	Paterson Clinic (KwaZenzele Clinic)	**214**	16 **(7.5)%**	198 **(92.5%)**
	Paterson (KwaZenzele)Mobile Clinic	**47**	1 **(2.1%)**	46 **(97.9%)**
	Bersheba Mobile Clinic	**5**	**0**	5 **(100%)**

Of the 939 clients approached in the 2009 PSS, 89% agreed to participate and 10.2% declined. The reasons for refusing to participate varied from clients having to go to work after seeking treatment or being in hurry and not being able to wait. Others said they had waited at the facility for a long time and no longer wanted to be at the facility. Others were in a

hurry, had a long distance to walk, or were too hungry to wait. A few clients stated that they had only come to collect treatment and were not interested in other activities at the facility.

Bersheba Mobile, Krakeel Clinic, Storms River Clinic, Suur Bron Mobile had 100% response rate. In contrast, Thornhill Clinic (41.6%) and Enon Mobile Clinic (32%) had the highest rate of refusals. Reasons for refusal were rushing back to work, not interested and being in a hurry.

2.2 Demographic characteristics of participants

Characteristic	Frequency (# of Respondents)	Percentage
Age Range	**Frequency (#)**	**%**
18-29	310	33%
30-39	182	19.4%
40-49	153	16.3%
40-49	153	16.3%
50-59	136	14.5%
60-69	54	5.8%
70-79	26	2.8%
80+	4	0.4%
Gender	**Frequency (#)**	**%**
Female	674	72.9%
Male	230	24.9%
Disability	**Frequency (#)**	**%**
Has Disability	39	4.3%
Race	**Frequency (#)**	**#**
African	469	50.9%
Coloured	377	40.9%
White	26	2.8%
Indian	10	1.1%
Education	**Frequency (#)**	**%**
None	139	15.4%
Finished Grade 7	325	36%
Finished Grade 10	266	29.4%
Finished Grade 12	108	11.9%
Finished Degree or Diploma	12	1.3%
Employment	**Frequency (#)**	**%**
Is Employed	336	37.2%

Enough Money	Frequency (#)	%
None	354	39.3%
Alittle	318	35.3%
Moderately	112	12.4%
Mostly	40	4.4%
Completely	10	1.1%

The table/s above describes the respondents who participated in the survey by age, gender, employment, population group, and availability of money. The oldest respondent was 90 years old. The majority of respondents are women as noted in previous surveys. Levels of education show that many have no educational qualification or have completed either Grade 7 or 10.

The majority of respondents, 50.9% are African, 40.9% Coloured, 2.8% White and 1.1% Indian. This pattern is similar to previous surveys in the Eastern Cape. A few of the respondents, 37.2% are employed as is reflected across all facilities surveyed. In asking if respondents had enough money for their needs, over 35% state that they had none or very little.

2.3 Patient Health Service Frequency in Kouga Sub District

Characteristic	Frequency (# of Respondents)	Percentage
Clinic Visits past 12 months	**Frequency (#)**	**%**
1 – 10 times	439	46.8%
11 – 20 times	280	29.8%
21 – 30 times	26	2.8%
31 times or more	12	1.3%
Hospital Admissions past 12 months	**Frequency (#)**	**%**
Never	436	46.4%
1 – 5 times	361	38.4%
6 – 10 times	27	2.9%
11 times or more	7	0.7%
Private Doctor Visits	**Frequency (#)**	**%**
Never	386	41.1%
1 – 5 times	396	42.2%
6 – 10 times	32	3.4%
11 times or more	17	1.8%
Traditional Healer Visits	**Frequency (#)**	**#**
Never	755	80.4%
1 – 5 times	65	6.9%
6 – 10 times	5	0.5%
11 times or more	2	0.2%

The table above summarises the number of times respondents accessed the clinic, a hospital, a private doctor, or a traditional healer. From the pattern of responses, the majority of respondents have accessed the clinic more than once in the last twelve months. For hospital admissions, 46.4% have never been admitted while 38.4% have been admitted at least once in the last twelve months. An interesting reflection is that nearly half of the respondents have been to a private doctor at least once in the last twelve months. When comparing with the question of having enough money to meet their needs this is an interesting scenario because consultation at a private doctor is not free.

Of the total respondents, 80% have never consulted a traditional healer. The community may not access this alternative service due to the social and cultural set up of that particular community. Overall, several respondents have at some point made use of other forms of health care services other than the clinic.

2.4 Main reason for health visits

In interpreting the results below, respondents gave different reasons for their health visit on that particular day they visited the facility. Respondents further gave symptoms that they felt on that day. Therefore, for symptoms and prior diagnosis not all respondents answered the questions.

Characteristic	Frequency (# of Respondents)	Percentage
Health Reason	**Frequency (#)**	**%**
Treatment	118	12.6%
Family Planning	65	6.9%
Blood Pressure	60	6.4%
Fever	48	5.1%
Coughing	42	4.5%
Headache	32	3.4%
Other health reasons : *Back pains, Pregnancy, Asthma, Epilepsy, Diabetes, Dressing wounds, Dizziness, Flu, Injection for baby, Pap Smear, Mental Illness, Kidney, Stomach Pains*		
Symptom stated	**Frequency (#)**	**%**
Coughing	183	19.5%
Headache	178	19%
Fever	153	16.3%
Body/ limbs ache	110	11.7%
Rash	46	4.9%
Diarrhoea	23	2.4%
Other symptoms stated: *Back pain, Blood Pressure, Dizziness, Flu, Stomach Pains, Chest pains*		
Prior Diagnosis	**Frequency (#)**	**%**
Agreed to share diagnosis	326	34.7%
High Blood Pressure	257	27.4%
TB	105	11.2%
Diabetes	78	8.3%
HIV	56	6%
Pregnancy	38	4%
Other STI	16	1.7%
Other Diagnosis shared: *Asthma, Arthritis, Allergies, Cancer, Heart Problem, Lung infection, Womb infection, Stress, Swollen feet*		

Respondents gave several reasons for their health visit to the facility. The majority had come for treatment and prior diagnosis suggests long-term conditions that require regular treatment. Of the 34.7% who shared their diagnosis, the majority had High Blood Pressure; several had TB, Diabetes, and HIV, were pregnant, or had other STI. Other diagnoses shared include Asthma, Arthritis, Allergies, Cancer, Heart problem, lung infection, Womb infection, and Swollen Feet.

3 Results Description by Domain

3.1 Access

ACCESS			
Concerning this clinic visit	**Frequency (#)**	**% Agree**	**% Disagree**
It takes longer than an hour to get to the clinic	823	31%	67.1%
It cost more than R10.00 to get to the clinic	821	20.8%	78%
The clinic has convenient opening hours	818	76.2%	16.7%
I don't think healthworkers/nurses come often enough to the place where I stay	821	33.7%	55.8%
I paid money to be treated in this clinic	818	13.9%	85.5%
The nurse who treated me spoke in a language I understood	814	91.9%	7.2%
When I come to this clinic I'm always treated & never told to return on another day	815	73.7%	22%
This clinic is user friendly to disabled persons	817	73.7%	9.5%
Getting an appointment to suit you	783	61.4%	38.6%
Getting through to the clinic on the phone	773	52.3%	47.7%
Being able to speak to the nurse practitioner on the telephone	768	45.4%	54.6%

The domain on access measures the level of satisfaction with how reachable/ available health services are. Within Kouga sub district the majority of the respondents stay close to the facility and do not travel for more than an hour to get to the clinic. However, about 28% of the respondents state that they are paying more than R10 to get to the clinic. The majority of the respondents, 76.2% agree that the clinic has convenient opening hours. Several respondents think the healthworkers need to come to the places where they stay more often.

An overwhelming majority agree that the nurse speaks in a language that they can understand. Regarding treatment, the majority of respondents are always treated and never told to return on another day. The majority of respondents further agree that the clinics are friendly to disabled persons. Half of the respondents state that they are able to get through to the clinic on the phone and are able to make appointments. On the other hand, more than half of the respondents state that they are not able to speak to the nurse practitioner on the telephone.

Many health workers discourage this practise of contacting the facility telephonically because they prefer to see patients face to face and give a diagnosis. Getting an appointment in the health facility is usually for instances where a doctor has a limit to the number of patients they can see for example patients needing a pap smear.

Overall, the majority of the access related items show that the majority of the respondents are able to make use of the health facilities in Kouga without difficulty. Based on the responses, access to services in Kouga sub district is generally satisfactory.

3.2 Assurance

Assurance			
Concerning this clinic visit	**Frequency (#)**	**% Agree**	**% Disagree**
At the time I was waiting to be seen by a Health Worker there was a patient that looked more ill	794	47.1%	38.7%
I always return when asked by the nurse to come back	794	90.7%	6.2%
I finish all my treatment as instructed	793	94.6%	3%
I bring my partner(s) when requested to	793	80.2%	11.9%
I was told how to take my pills/medication	799	95.1%	2.6%
I was told how to store my pills/medication	797	87.7%	8.8%
Involving you in decisions about your medical care	800	81.5%	18.5%
Listening to you	800	89.5%	10.5%
Keeping your records and data confidential	799	88.2%	11.8%
Quick relief of your symptoms	800	82.3%	17.8%
Helping you to feel well so that you can perform your normal daily activities	795	83.6%	16.4%
Thoroughness	795	71.3%	28.7%
Physical examination of you	796	78.1%	21.9%
Offering you services for preventing diseases	796	80.7%	19.3%
Explaining the purpose of tests and treatments	795	85.9%	14.1%
Telling you what you wanted to know about your symptoms and/or illness	793	85.5%	14.5%
Help in dealing with emotional problems related to your health status	798	81.6%	18.4%
Helping you understand the importance of following his or her advice	793	84.6%	15.4%
Knowing what s/he had done or told you during previous contacts	792	78.8%	21.2%
Preparing you for what to expect from specialist or hospital care	789	78.5%	21.5%

The domain on assurance seeks to measure the level of satisfaction of patients on the ability to be knowledgeable and to inspire confidence and trust by health workers. Across all items under assurance, more than 78% of the respondents were satisfied with this service. When asked if there was a worse looking patient when the respondent was waiting to be seen, 47.1% agree that this was the case. This could reflect use of fast lanes or that on that day there were no patients that appeared more ill.

There is an even distribution of responses across most categories.

3.3 Empathy

Empathy			
Concerning this clinic visit	**Frequency (#)**	**% Agree**	**% Disagree**
The nurse/Doctor who treated me introduced him/herself	817	57.3%	36.4%
The nurse/Doctor who treated me answered all questions about my illness	812	80.4%	12.7%
I gave permission to be examined and treated	812	89.8%	7.6%
My privacy was respected by all the staff	813	87.5%	7%
The nurse/doctor who treated me was polite	806	82.6%	12.4%
The nurses in this clinic are very interested in their clients	810	81%	9.1%
Making you feel you had time during consultations	800	79.8%	20.3%
Interest in your personal situation	797	78.5%	21.5%
Making it easy for you to tell him or her about your problems	802	82.5%	17.5%

This domain measures the level of satisfaction of patients on the ability of health workers to care and display compassion towards patients. The majority of the respondents were satisfied with empathy displayed. Fewer respondents agreed that the nurse/ doctor who treated them introduced him/ herself. This in some cases could be due to familiarity where healthworkers know the clients and no longer introduce themselves during consultations.

3.4 General Satisfaction

General Satisfaction			
Concerning this clinic visit	**Frequency (#)**	**% Agree**	**% Disagree**
Next time I am ill I will come back here	806	91.3%	4.2%
I was pleased with the way I was treated at this clinic	811	88.4%	7.6%
If my friends/family are sick I will tell them to come to this facility	806	85.2%	8.4%
My treatment is always better if I have an injection	804	61.7%	22%
Patients don't usually appreciate all that staff in this clinic do for them	809	55.6%	19.2%
I always get treatment when I come here	806	86.7%	7.3%
Staff informs clients of delays in service from time to time	807	71.1%	13.6%
Staff informs clients of changes in service from time to time	808	67.9%	14.2%
The helpfulness of staff	806	82.8%	8.6%

In this domain, the measure is on level of satisfaction with the overall services rendered within the health care facility. An overwhelming 91.3% of respondents state that will use the facility again if they get ill. Overall levels of satisfaction are over 70% across most items. About 55% of the respondents' state that patients do not usually appreciate all that the clinic staff do for them.

3.5 Health Promotion

Health Promotion			
Concerning this clinic visit	**Frequency (#)**	**% Agree**	**% Disagree**
I saw on the walls of this clinic a Patients Rights Charter in a language I could understand	800	70.3%	16.9%
I saw on the walls of this clinic Batho Pele Principles in a language I could understand	800	67.1%	19.3%
When I had to wait in this clinic I sometimes learn very useful things from the posters and other IEC (Information, Education & Communication) materials	792	69.9%	18.7%
The posters and other IEC material are in a language I understand	785	74%	16.8%
As patients are waiting to be seen, health workers in this facility sometimes talk to us about health related issues that affect our community	784	62.9%	24.7%

In health promotion, the survey aims to measure levels of satisfaction with the health information shared and being displayed in the health facility. Over 60% of the respondents agree that the information displayed in the faciltiy is in a language they understand. This information is also informative and educational and health workers do share health related issues with them while they wait to be seen by the nurse/ doctor. This could improve through ensuring a match exists between the levels of literacy of the community and the type and mode of health promotion material given.

3.6 Referral

Referral			
Concerning this clinic visit	**Frequency (#)**	**% Agree**	**% Disagree**
If I can't be helped here I will be referred to the nearest hospital/Doctor	806	82.8%	8.6%
Nurses in this facility call an ambulance if a client is very sick	804	85.2%	4.7%
Nurses in this facility ask patients to return to see how they are doing	802	78.3%	14.2%
When I'm sick I usually visit a traditional healer before I come to clinic	807	22.3%	75.8%

The domain on referral measures patient satisfaction within the system of referring patients should the need arise. Levels of satisfaction regarding referral systems are high with over 75% of respondents agreeing to this. Only 22.3% of the respondents visit a traditional healer before accessing the clinic if they are sick. This could be due to the social and cultural set up of the communities' aorund the facilities surveyed.

3.7 Reliability

Reliability			
Concerning this clinic visit	**Frequency (#)**	**% Agree**	**% Disagree**
If I received medicines or pills I did not have to wait long for them	801	72.3%	20.6%
Waiting time in the waiting room	787	53.4%	46.6%
Providing quick services for urgent health problems	791	71%	29%

The domain on reliability deals with the ability of the facility to accurately perform the service offered. The majority of the respondents agree that health services are reliable. Over 70% of respondents' state, that when receiving medicines or pills they did not have to wait long for them and service was quick for urgent health problems.

The waiting time as with previous survey is still problematic. Half of the respondents are not satisfied with the waiting time in the health care facility.

3.8 Service Standards

Service Standards			
Concerning this clinic visit	**Frequency (#)**	**% Agree**	**% Disagree**
The registration procedures in this clinic are satisfactory	808	74.3%	14.9%
In this clinic the time I had to wait before I was examined was reasonable	802	62.2%	29.3%
There are fast queues in this clinic (e.g. under 5 Immunisation, TB clients, etc)	797	57.3%	26.7%
The health worker that assisted me had a name tag on him/her	796	78.8%	9.3%
I know where and to whom to raise my complaints	799	42.8%	39.4%
When I complain I write it and put it in the suggestion box provided	796	43.2%	35.6%
When I complained I received feedback	796	31.2%	39.9%
Raising complaints/suggestions improve service delivery	794	40.6%	35.3%
I know the chairperson/member of the clinic committee of this facility	776	26.4%	58.4%

This domain measures levels of satisfaction as they relate to the standards of service at a facility. The majority of respondents are satisfied with the registration process, fast queues, and seeing health workers with nametags.

The challenges with several respondents are with knowing where and to whom to raise complaints, using the suggestion box, getting feedback, and knowing the chairperson/ members of the clinic health committees. The governance structures are areas of improvement requiring some involvement from the community.

3.9 Tangibles

Tangibles			
Concerning this clinic visit	**Frequency (#)**	**% Agree**	**% Disagree**
The clinic building is in a good condition	795	85%	9.3%
The clinic and its surroundings are clean	798	89.6%	5.9%
There are toilets for patients in this clinic	782	88.7%	5.8%
The toilets are in a good condition	783	81%	8.8%
The toilets are clean	781	78.7%	9.6%
The clinic has enough consultation rooms	798	70.1%	21.3%
There are benches for patients to sit while waiting to be seen by health worker	792	85%	10.5%
There is clean water for patients in this clinic	789	86.3%	7.4%
The services rendered and hours of service are clearly displayed on a board outside the facility	781	73.5%	18.1%
The services and hours of service displayed on the board outside are in a language I can understand	790	71.4%	18.2%

The tangibles domain measures the satisfaction levels in terms of equipment and physical surroundings. Overall, respondents are satisfied with the condition of the facilities. Cleanliness, toilets, benches to sit on, services rendered, and hours of service all had over 70% of respondents being satisfied.

3.10 Self-rating of health by respondents

Self Rating of Health			
How would you rate your health?	**Frequency (#)**	**% Good/ Excellent**	**% Poor**
Self rating	795	77.2%	22.8%

After answering, all the survey questions, respondents were asked to rate their health. The majority of the respondents' state that their health is good or in excellent condition. This is inspite of the main reason for their health visit or the number of times they have accesses health care facilities like clinics, hospitals, private doctor or traditional healers.

3.11 General comments from respondents

General Comments		
Concerning this clinic visit	**Frequency (#)**	**%**
Staff issues: • Increase staff e.g. doctors and nurses • Doctor to come everyday • Doctor to examine patients • Staffing assistants to be present • Attitude of nurses to change to avoid patients going to other facilities • Get White nurses • Young nurses • Xhosa speaking nurses • Staff to involve community in the management of the clinic • Service offered to improve	344	36.2%
Buildings • Extend the facility • Build more consultation rooms • Build baby room • Increase facilities-Xray, dental and eye care unit • Acquire a heart machine and back scan • Fix facilities-especially toilets • Have clean water available for patients • Increase chairs in the waiting room • Have TV in the waiting room • A fridge in the waiting room	157	16.4%
Satisfied: • Overall happy with current service	66	7%
Service Times • Increase mobile clinic visits • Have a functioning ambulance system • Open everyday including weekends • Open on time and close at displayed time • Reduce waiting times • Improve services	60	6.3%
Community involvement: • Community members to be more involved in issues in the facility e.g. recruiting more doctors and nurses • Community leaders to play more significant role in ensuring better service delivery • Patients to respect staff	32	3.3%
Medication: • The clinic should stock up on treatment to avoid returning on another day to collect it	18	1.9%

There were several comments made by respondents. The majority would like more staff employed as they feel this will make the service better. Related to staffing is having more white nurses, more Xhosa speaking nurses and having a doctor available everyday. Challenges of waiting times, limited services offered attribute to staff shortage. Respondents want assistants for the nurses to enhance efficiency.

Respondent request an extension of current buildings and include extension of services offered at facilties. Several respondents have mentioned having X-rays taken at the facility. Areas without a clinic are requesting clinics to be built. Others state that the mobile clinic that comes to their areas needs to stockup with medicines to be able to manage several ailments. Other respondents want TVs to watch in the waiting room and more seating space.

Several respondents made comments on the community involvement. The community wants to form clinic committees and be able to deal with the complaints from patients. There is a desire for food parcels and food while patients wait especially if they are coming from far.

4 Conclusion

Overall respondents surveyed in Kouga Sub District are to an extent satisfied with the services they are receiving. Categories within the Service Standards domain have the least levels of satisfaction. Respondents want to know where and to whom to raise complaints, how to get feedback after raising complaints and to have an active clinic committee. Within facility summaries, a more detailed outline on the levels of satisfaction is reflected.

Accoring to the Alma Ata Declaration (1978) primary health care is healthcare that is essential, scientifically sound (evidence based), ethical, accessible, equitable, affordable and accountable to the community. There is a need for intergration of health services into the process of community development. This process requires political commitment, intersectoral collaboration, and multidisciplinary involvement for success.

References

Bentar, S.R. et al, (2004). *Health and Health Care in South Africa*. Pretoria: Van Schaik Publishers.

De Haan, M. 1(996). *The Health of Southern Africa: formerly Wright's Hygiene in South Africa*. 7th ed. Cape Town. Juta & Co, Ltd.

Department of Health. *South African Demographic and Health Survey 2003*. Pretoria: Department of Health, 2007.

Department of Health. A Policy on Quality in Health Care for South Africa. Pretoria: National Department of Health, 2007.

Earle, S., Lloyd, E.C., Sidell, M. & Spurr, S. (2007). *Theory and research in promoting public health*. London: Sage Publications.

Goodwin, N.,Gruen, R. &Iles, V. (2006). *Managing Health Services*. London: Open University Press.

Grol R, Wensing M. Patients evaluate general/ family practice. The EUROPEP instrument. Nijmegen: KUN/UMC,2000

Health Systems Trust (2004) The National Primary Health Care Facilities Survey 2003. Durban: Health Systems Trust and Department of Health.

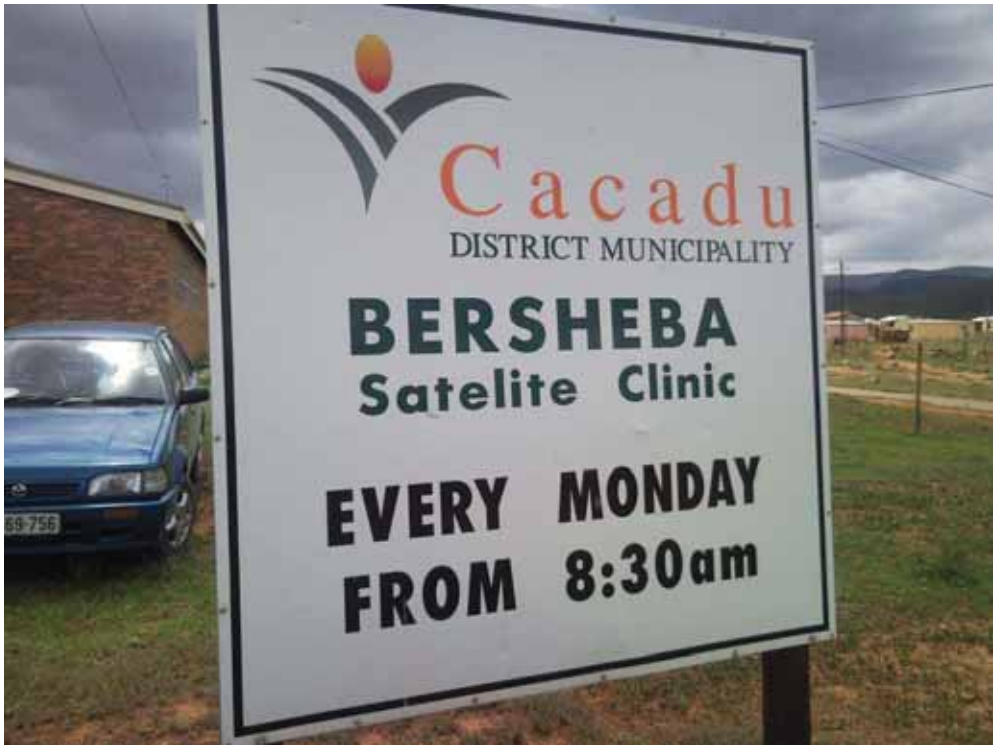
Lutz,W., Lockerbie, L. , Chalmers, J. & Hepburn, W. 1992. *Health and Community Surveys*. Volume II. Malaysia: Macmillan Education Ltd

Kielman, A.A., Janovsky, K. & Annet, H. (1991). *Assessing District Health Needs, Service and Systems: Protocols for Rapid Data Collection and Analysis*. London: Macmillan Education Ltd.

Niit R, Armstrong, S. (2008). Client Satisfaction Survey Report as Conducted in Gauteng Public Hospitals –September 2007 – April 2008. Durban: Health Systems Trust and Gauteng Department of Health.

Shi, L. 1997. *Health Services Research Methods*. South Carolina: Delmar Publishers.

Appendix: Facility Images across Kouga Sub District




MOBILE
CLINIC