Baseline Patient Satisfaction Survey in 266 clinics located in three Health Districts of the Eastern Cape: Amathole, OR Tambo and Chris Hani

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by

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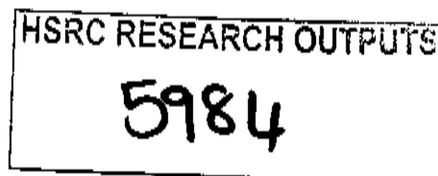

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Executive Summary

Background: The Eastern Cape Department of Health commissioned the Human Sciences Research Council (HSRC) to conduct Patient Satisfaction survey in order to assess patient perceptions, expectations and satisfaction with services.
Aim: To conduct patient satisfaction survey in 275 clinics located in 3 health districts i.e. Amathole Health District (87), Chris Hani (108) and O.R. Tambo (80 clinics) using the DHIS client satisfaction survey module to monitor the satisfaction levels of the customers and also to identify quality issues for continuous quality improvement initiatives.
Methods: A descriptive study was conducted involving a purposive sample of 19136 patients from 266 clinics based in Amathole, Chris Hani and OR Tambo District Municipalities. Data was collected by trained local fieldworkers using an adapted version of the Health System Trust (2004) Patient Satisfaction Survey questionnaire and a widely used and standardised 23-item EUROPEP instrument to tap information on the quality of primary care in the past 12 months (Grol & Wensing, 2000). Data was captured on Excel and exported to the DHIS and SPSS version 16 software and analysed.
Summary of Results:
Access to services: More than 30% of the respondents took longer than one hour to get to the clinic and paid >R10-00 to get to the clinic. More than 60% of the respondents agreed that: the clinic had convenient opening hours, they did not pay money to be treated, the nurse who treated them spoke in a language they could understand, the clinic was user friendly for disabled persons and that the nurse tried to get an appointment to suit them. More than 50% indicated that the health worker was neither accessible/did not speak to the health worker through the phone.
Empathy: More than 60% of respondents agreed that: the nurse or doctor who treated them introduced him or herself, they were also able to answer all the questions they had regarding their illness, gave permission to be examined and treated, their privacy was respected by all staff, the nurse or doctor who treated them was polite, nurses were very interested in their clients and their personal situations as well as made it easy for clients to tell them their problems.
Standards: More than three-quarters of the respondents agreed that the standards of service were good in as far as registration procedures, fast queues, health worker identification tag and the display of required documents on the walls are concerned. However, more than 30% did not know where and to whom to raise their concerns, did not write and put their complaints in the suggestion box provided, did not receive feedback when they complained, did not know the chairperson/member of the clinic committee of their facility. Almost 60% agreed that raising complaints improve services.
General Satisfaction: More than 90% indicated that they will come back next time, they were pleased with the way they were treated in the facility and they would tell their friends to come to the facility if they fell sick. About 80% - 89% indicated that they always get treatment when they visit the facility and staff was helpful. About 70% -79% indicated that their treatment is always better if they get an injection, staff informed clients of delays and changes in service from time to time. About 60% indicated that patients do not usually appreciate all that the staff in the clinic do for them.
Assurance: Respondents were generally assured as more than 80% reported that they were assured on the 21 items that were asked, e.g. involved in decision making, were listened to, their records were kept confidential, got quick relief of symptoms, helped to feel well, thoroughness and the rest of the assurance items , assurance, etc.

Tangibles: More that 70% agreed that the clinic was friendly to people with disabilities, building was in a good condition, the clinic and its surrounds were clean, there were toilets at the facility, which were clean and in a good condition, benches were available to patients to sit on whilst waiting to be seen by a health worker and that clean water was available to patients.
Conclusion: While clinics performed well on some of the domains, there is definitely a room for improvement. An intervention strategy that focuses on health workers, patients, health systems is being proposed in order to enhance effective and efficient service delivery.

1. Introduction

The Department of Health's strategic framework for 2002-2004 identifies improvements of quality of care as one of the four key challenges currently facing the health sector in South Africa. Quality of care is concerned with the interface between provider and patients, between health services and community. Quality has to do with care to meet acceptable technical standards as well as the needs and expectations of user and communities and doing the right thing (providing effective care), right (i.e. efficiently), right away (meeting patients expectations).A quality perspective changes the focus of health systems development from establishing structures to addressing what happens in the structures. Improving quality can, therefore, be regarded as a second phase of health care transformation in South Africa. The first phase was concerned with creating coherent health care structures: the second phase is concerned with ensuring quality of services delivery (Department of Public Services and Administration, 1997; Department of Health, 2007).

One of the characteristics of the health sector is that health professionals have traditionally made decisions on what they think is in the best interest of the patient on the grounds that members of the general public lack the technical knowledge to make fully informed decisions themselves. The White paper on transforming the public services of 1997 requires public service to be customer-driven. For this reason, public services need to identify customers' needs, wants and expectations. Feedback from consumers is required, both in terms of expectations and perceptions of health services. This feedback must be obtained in a rigorous but cost effective manner to feed directly into management monitoring and performance review system. Feedback from customers will not only improve knowledge of decision makers, but will also facilitate more improved prioritization, improved strategic resource allocation and improved value for money. It will also serve as a platform for providing better services to citizens; better in the sense that they more closely match patients' expectations. Moreover, an adequate understanding of patient perceptions allows managerial judgment to be exercised from a position of knowledge rather than guesswork in the important task of managing public expectations and resources. Investing in customer perceptions, offers a mechanism both for tracking and comparing service quality over time.

Variations in the perception of quality occur as a result of heterogeneous nature of the definition of quality. Studies have pointed to variations in perception of quality by different socioeconomic groups as well as the environmental aspects such as the social, organisational and technological context of the service (Goldstein & Price, 1995). Van Vuuren & Botes (1994) found among a culturally diverse population in an urban area in South Africa (greater Bloemfontein) that variables such as population group, age and employment status influence their attitudes towards professional health care. They further emphasise the importance of bringing these issues to the attention of health care policy makers. Peltzer (2000) found in a community survey in rural South Africa a low acceptability of primary health care: 78% felt that the medical services are poor. Bediako, Nel and Hiemstra (2006) found among hospital and out-patients in the North-West Province that more than half of patients (56.8%) were not satisfied with the availability of medicines and other supplies. Approximately two thirds of patients (65.2%) did not know about the quality of telephone services rendered. There was a high level of dissatisfaction

(63.1%) among patients regarding accessing doctors after hours. Most patients were satisfied with the general attitude of health workers (62.1%) but 21.2% were dissatisfied. De Jager and Du Plooy (2007) found among in and out-patients in a provincial hospital in Gauteng significant differences between in- and out-patients. Personal safety and cleanliness of facilities were regarded as the most important variables in the assurance and tangibility dimensions. The level of satisfaction was the highest for clear information signage and communication at an understandable level in the tangibility-and assurance categories, respectively. The South African Department of Health (2007) found that there was an increase in the percentage of adults who express dissatisfaction with all types of services, except traditional healers, comparing the DHS of 1998 and 2003. Generally, the results show that considerably more people are dissatisfied with the services rendered in hospitals, both public (23.3%) and private (11.6%). Even the levels of dissatisfaction with the services rendered by solo practitioners in the private sector (7.9%) seem to be on the increase during the period between the surveys. The major reasons for dissatisfaction with the public sector hospitals and community health centres are long waiting times (41.5% and 38.1% respectively), staff attitudes (22.8% and 25.9% respectively), prescribed medication not being available (15.8% and 17.7% respectively) and shortages of staff (doctors/pharmacists). Major reasons for dissatisfaction in the private hospital/clinic sector and private doctor are also long waiting times (26.7% and 7.4% respectively), staff attitude (18.0% and 7.1% respectively), and cost (15.2% and 24.8% respectively) (South African Department of Health, 2007).

Patients' views are being given more and more importance in policy-making. Understanding populations' perceptions of quality of care is critical to developing measures to increase the utilization of primary health care services. Patient satisfaction survey is one of the means to consult the customers about their level of satisfaction with services received. Against this background, the Customer Care Directorate of the Eastern Cape Department of Health, contracted the Human Sciences Research Council to conduct baseline patient satisfaction survey in 275 clinics that are located in three-health districts, namely, Amathole, OR Tambo, and Chris Hani .

2. Definition of key concepts

2.1. Health: an entity, a right, a responsibility

"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (World Health Organization, 1946).

2.2. Health systems

In 2000 WHO defined a health system as a system that includes all actions whose primary purpose is to promote, restore or maintain health.

2.3. Primary health care (PHC)

For decades, health systems were centred around care given to patients in medical facilities. In the 1978 Declaration of Alma-Ata WHO defined an approach under which health systems should focus on essential services – including preventive services and those

promoting health – and make them accessible to all. Today, this strategy is still the main foundation on which health systems are built (WHO, 2004). Whatever the circumstances and political environment, the emphasis is on ensuring universal access to essential health services. While still relevant, the PHC strategy must be adapted to new health problems (HIV/AIDS did not yet exist when the Declaration of Alma-Ata was drafted), to demographical changes (the elderly population poses specific problems in developed countries), to changes in national health policies, which are increasingly reliant on the private sector, and so forth.

2.4. Mobile clinics

Mobile clinics are a strategy for reaching communities that have a permanent problem of access to primary health-care services.

2.5. Health services

Health services comprise specific activities such as immunization, health education and medical consultations, but also combined activities such as prenatal services, which include prenatal consultations, tetanus vaccinations, etc.

2.6. Primary Health Care level of services

The primary level of health care is the first level of contact a community has with the national health system. The corresponding services are delivered either directly within the community or within acceptable reach of it.

3. Objectives of the study

3.1. Overall Objective

To conduct patient satisfaction survey in 275 clinics located in 3 health districts i.e. Amathole Health District (87), Chris Hani (108) and O.R. Tambo (80 clinics) using the DHIS client satisfaction survey module to monitor the satisfaction levels of the customers and also to identify quality issues for continuous quality improvement initiatives.

3.2. Specific Objectives

3.2.1. To conduct training workshops per health district to:

- Empower 275 healthcare facility managers of the participating healthcare facilities (clinics) on patient satisfaction survey techniques.
- Train 4 prospective fieldworkers per facility on patient satisfaction survey techniques (1100)

3.2.2. To gather data in 275 clinics by deploying 2 fieldworkers per clinic (550 fieldworkers)

3.2.3. To collect the filled in patient satisfaction survey questionnaires to a central point for data analysis

3.2.4. To analyze the filled in patient satisfaction survey questionnaires

3.2.5. To disseminate the findings to senior management team in Head Office and, to three district managers of the participating health districts

3.2.6. To develop together with the Department of Health an Intervention Strategy, which is achievable for short, medium and long-term implementation.

4. Methods

4.1. Design and setting

A descriptive design was employed to collect data among patients in three health districts of the Eastern Cape, namely: Amathole, Chris Hani and OR Tambo.

4.2. Sampling and procedure

Table 1: Number of patients interviewed per district

Health District	Targeted No. of clinics	Realized No. of clinics	Patients interviewed per district
Amathole	87	110	8141 (+ 112 refusals)
Chris Hani	108	74	4518 (+ 121 refusals)
OR Tambo	80	82	6477 (+ 32 refusals)
Total	275	266	19136 (+ 265 refusals)

Two hundred and sixty six (266) instead of two hundred and seventy five (275) clinics participated in the study as per above table. The discrepancy was created by the fact that we could not get a list of the total number of required clinics from Chris Hani sub district. We were given a list of 77 clinics instead of 108 clinics, thus 31 clinics were left out. We were advised by the Department of Health to recruit the targeted number of clinics in Amathole (87) plus an additional 31 clinics in order to make up for the 31 that was not included in the study in Chris Hani. Thus, 118 instead of 87 clinics in Amathole district were to be recruited. Unfortunately, Amathole district could only provide a list of 110 instead of 118 clinics after a long wait. Therefore, 110 clinics participated in the study in Amathole district. Overall, 266 instead of 275 clinics participated in the study and 19136 patients were interviewed. A detailed list of the number of patients interviewed per clinic is available. Purposive sampling was used to recruit patients presenting at the 275 clinics during the duration of the study.

All patients aged 18 years and older were included in the study irrespective of their gender, race, educational status and income level upon signing the consent form to indicate their willingness to participate. Patients below 18 years were excluded to participate in the study due to ethical reasons, i.e. recruiting patients less than 18 years of age required consent from parents or guardians which was logistically difficult given the manner in which participants were recruited into the study. Patients were interviewed by external and locally trained interviewers in their preferred language at the facility exit point. Four fieldworkers and 1 fieldwork coordinator were trained per facility. Two of the four locally trained

fieldworkers conducted the interviews in the respective clinics, meanwhile the other two served as a reserve. The fieldwork coordinator (clinic nurse) supervised and coordinated the fieldwork process in the clinic s/he was based in.

Ethics approval for the study protocol was obtained from the HSRC Research Ethics Committee. Provincial approval for the study was received from the Eastern Cape Department of Health.

4.3. Data Collection Method

A Patient Satisfaction questionnaire adapted from the one developed by the Health System Trust (2004) was used. Only slight changes were made in collaboration with the Eastern Cape Department of Health to the questionnaire as drastic changes could not be affected in order to allow for cross-comparisons with earlier patient satisfaction surveys that have been undertaken within the Eastern Cape Province using the same questionnaire. In addition, a widely used and standardised 23-item EUROPEP instrument was included to tap information on the quality of primary care in the past 12 months (Grol & Wensing, 2000). Further, some questions were asked on demographics, health status, reason for health visit, and health care utilization. The questionnaire was translated from English into Afrikaans and Xhosa. The domains included in the questionnaire, on a 5 point Likert-type scale were:

4.3.1. Access

- It takes longer than one hour to get to the facility
- It costs more than R10 to get to the facility
- The facility has convenient opening and closing hours
- Although nurses or other health workers sometimes come to where I stay I do not think they come often enough
- I paid money to be treated at this facility
- The nurse who treated me spoke in a language that I understand
- Any time I come to this facility I am always treated and never told to return on another day
- This facility is user friendly to disabled persons
- Getting an appointment to suit you
- Getting through to the clinic on the phone
- Being able to speak to the nurse practitioner on the telephone

4.3.2. Empathy

- The nurse/doctor who treated me introduced her/himself
- The nurse/doctor who treated me answered all questions about my illness
- I gave permission to be examined and treated
- The nurse/doctor who treated me was polite
- The nurses in this facility are very interested in their clients
- Making you feel you had time during consultations
- Interest in your personal situation
- Making it easy for you to tell him or her about your problems

4.3.3. Standards

- The registration procedures in this facility are satisfactory
- Time that I had to wait before I was examined in the facility was reasonable
- There are fast queues in this facility (like child immunisation - TB - VCT - Family Planning - Chronic Care)
- The health worker that assisted me had a name tag
- I saw on the walls of this facility a Patients Right Charter in a language I could understand
- I saw on the walls of this facility Batho Pele Principles in a language I could understand
- I know to where and to whom to raise my complaints
- When I complain I write and put it in the suggestion box provided
- When I complain I receive feedback
- Raising complaints/suggestions improve service delivery
- I know the chairperson/member of the clinic committee of this facility

4.3.4. General Satisfaction

- Next time I am ill I will come back here
- I was pleased with the way I was treated at this facility
- If my friends/family are sick I will tell them to come to this facility
- My treatment is always better if I have an injection
- Patients do not usually appreciate all that the staff in this clinic do for them
- I always get treatment when I come here
- Staff informs clients of delays in service from time to time
- Staff informs clients of changes in service from time to time
- The helpfulness of staff

4.3.5. Assurance

- Involving you in decisions about your medical care
- Listening to you
- Keeping your records and data confidential
- Quick relief of your symptoms
- Helping you to feel well so that you can perform your normal daily activities
- Thoroughness
- Physical examination of you
- Offering you services for preventing diseases
- Explaining the purpose of tests and treatments
- Telling you what you wanted to know about your symptoms and/or illness
- Help in dealing with emotional problems related to your health status
- Helping you understand the importance of following his or her advice
- Knowing what s/he had done or told you during previous contacts
- Preparing you for what to expect from specialist or hospital care
- At the time I was waiting to be seen by a health worker there was a patient that looked more ill
- I always return when asked by the nurse to come
- I finish all my treatment as instructed
- I bring my partner(s) when requested to do so
- I was told how to take my pills/medication

- I was told how to store my pills/medication
- My privacy was respected by all the staff

4.3.6. Tangibles

- The facility building is in good condition
- The facility and its surroundings are clean
- There are toilets for patients in this facility
- The toilets are in good condition
- The toilets are clean
- The facility has enough consultation rooms
- There was a bench for me to sit on while I waited
- There is clean water for patients in this facility
- The services rendered and hours of service are clearly displayed on a board outside the facility
- The services and hours of service displayed on the board outside are in a language I can understand

4.3.7. Referral

- If I cannot be helped here I will be referred to the nearest hospital/doctor
- Nurses in this facility call an ambulance if a client is very sick
- Nurses in this facility ask patients to return to see how they are doing
- When I am sick I visit a traditional healer/sangoma before I come to the facility

4.3.8. Health Promotion

- When I have to wait in this facility I sometimes learn very useful things from the posters and other IEC
- Posters and other IEC materials are in a language I understand
- As patients are waiting to be seen health workers in this facility sometimes talk to us about Health-related issues that affect our community

4.3.9. Reliability

- Waiting time in the waiting room
- Providing quick services for urgent health problems
- If I received medicine/pills I did not have to wait long for them

4.4. Data Capturing and Analysis

Data was captured on Excel and exported to the DHIS software and SPSS version 16.0 and analysed. Quality of collected data was checked throughout all stages: while still in the field by PSCs (for completeness, consistency and quality), at the point of data entry (double data entry, range checks, logical consistency), during cleaning (data checking algorithms for missing, inconsistencies, identification numbers) and finally during analysis (descriptive tables, representativeness, outliers). These quality assurance steps ensured that we get the highest quality results to meet our desired outcomes.

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5. Results

5.1. Demographic characteristics

Demographic characteristics included respondents' age, gender, disability status, race, education, employment status and economic status. The total sample included 19401 patients who were approached for an interview. Of these, 265 (1.4%) refused outright to participate or terminated their participation after the first few questions, leaving 19136 responses in the working database.

Table 2: Distribution of patients who were approached to participate in the study

Health District	No	Yes	Total
Amathole	112	8141	8253
Chris Hani	121	4518	4639
OR Tambo	32	6477	6509
Total	**265**	**19136**	**19401**

Of the participants in all three health districts, 76% were female and 24% male. In total, 35.6% were between 18 and 29 years old, 17.5% were 30 to 49 years and 32.3% were 50+ years. The 18 to 29 year age group also dominates the respondents in Amathole (30.1%), Chris Hani (34.3%) and OR Tambo (43.5%). Generally, about 5% of respondents indicated that they had a disability. The majority of the respondents were African in all three districts (97.9%) and this is reflected in the three individual districts as well.

Table 3: Demographic characteristics of participants

	All 3 districts	Amathole	Chris Hani	OR Tambo
Age: M (SD)	**40.8 (17.5)**	**43.5 (18.2)**	**41.44 (17.6)**	**36.9 (15.9)**
18-29 years	6600 (35.6)	2380 (30.1)	1510 (34.3)	2709 (43.5)
30-39 years	3247 (17.5)	1306 (16.5)	749 (17)	1192 (19.1)
40-49 years	2712 (14.6)	1208 (15.3)	633 (14.4)	870 (14)
50-59 years	2595 (14.0)	1204 (15.2)	691 (15.7)	700 (11.2)
60-69 years	2128 (11.5)	1076 (13.6)	525 (11.9)	527 (8.5)
70-79 years	959 (5.2)	536 (6.8)	231 (5.2)	192 (3.1)
80 years and older	289 (1.6)	189 (2.4)	62 (1.4)	38 (0.6)
Gender	**N (%)**	**N (%)**	**N (%)**	**N (%)**
Male	4453 (24.0)	2120 (26.7)	1053 (23.9)	1279 (20.6)
Female	14130 (76.0)	5827 (73.3)	3362 (76.1)	4940 (79.4)
All	18583	7947	4415	6219
Disability status				
Has Disability	800 (5.2)	347 (5.4)	181 (4.9)	271 (5.2)
Race	**N (%)**	**N (%)**	**N (%)**	**N (%)**
African	18267 (97.9)	7727 (98.2)	4252 (95.7)	6286 (99.1)
White	160 (0.9)	89 (1.1)	36 (.8)	35 (.6)
Indian	40 (0.2)	21 (.3)	8 (.2)	11 (.2)
Coloured	190 (1.0)	31 (.4)	148 (3.3)	11 (.2)
Education	**N (%)**	**N (%)**	**N (%)**	**N (%)**
None	3959 (21.7)	1526 (19.7)	936 (21.6)	1497 (24.3)

Finished Grade 7	6964 (38.1)	2868 (36.9)	1663 (38.3)	2431 (39.4)
Finished Grade 10	4111 (22.5)	1763 (22.7)	928 (21.4)	1419 (23.0)
Finished Grade 12	2952 (16.2)	1473 (1.7)	734 (16.9)	745 (12.1)
Degree/Diploma	289 (1.6)	133 (1.7)	82 (1.9)	74 (1.2)
Is Employed	**1248 (7.1)**	**549 (7.3)**	**374 (8.8)**	**325 (5.0)**
Enough money	**N (%)**	**N (%)**	**N (%)**	**N (%)**
None	8294 (53.3)	3529 (53.6)	1842 (48.3)	2923 (56.6)
A little	5450 (35.0)	2307 (35.0)	1436 (37.7)	1706 (33.0)
Moderately	1317 (8.5)	585 (8.9)	367 (9.6)	365 (7.1)
Mostly	278 (1.8)	105 (1.6)	95 (2.5)	78 (1.5)
Completely	222 (1.4)	57 (.9)	74 (1.9)	91 (1.8)

The majority of the respondents completed primary education (Grade 7), with less than 2% holding a post-secondary diploma or degree. This is the same for the three individual health districts as well. About one-fifth of respondents did not have any formal education, with this figure being highest in OR Tambo health district (24.3%). Only a minority of respondents were employed, with the highest percentage being in Chris Hani at 8.8%. A related question of whether respondents had enough money to meet their need, the majority replied that they had none. This figure was highest for OR Tambo health district at 56.6%.

5.2. Quantitative Results by districts

Data were captured and analysed with descriptive statistics using SPSS version 16.0. In the data presentation the response categories to the questions have been recoded as follows: Strongly Agree and Agree have been combined and similarly Strongly Disagree and Disagree have been combined, and "unsure" was excluded, so that in the data presentation the reported percentages reflect as agree (the combined strongly agree and agree response options) and as disagree (the combined strongly disagree and disagree response options); the "unsure" response option is not reported. Similarly, poor and fair were recoded as bad, meanwhile good, very good and excellent were recoded as good.

5.2.1. Access to services

More than 40% of the respondents took longer than one hour to get to the clinic. More than 30% of the respondents indicated that it costs more than R10-00 to get to the clinic, except for the Chris Hani health district. An overwhelming majority of respondents (more than 70%) indicated that the clinic had convenient opening hours. More than 65% of respondents did not pay money to be treated, but the highest proportion of those who did pay was in the Chris Hani health district. More than 90% of respondents agreed that the nurse who treated them spoke in a language they could understand. More than 70% agreed that the clinic was user friendly for disabled persons and that the nurse tried to get an appointment to suit them. More than half of the respondents indicated that the health worker was neither accessible/did not speak to the health worker through the phone.

Table 4: Access to services

Items	All		Amathole		Chris Hani		OR Tambo	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
It takes longer than an hour to get to the clinic	48.7	46.6	46.8	49.7	42.8	49.9	54.9	40.6
It cost more than R10.00 to get to the clinic	35.9	59.6	33.8	62.2	27.1	67.9	44.5	50.6
The clinic has convenient opening hours	81.1	9.6	78.7	11.5	84.3	7.8	81.8	8.7
I paid money to be treated in this clinic	21.5	76.5	17.9	81.0	28.7	68.6	21.2	76.5
The nurse who treated me spoke in a language I understood	93.6	4.8	95.3	3.8	92.6	5.6	92.1	5.6
Any time I come to this clinic I'm always treated & never told to return on another day	68.0	26.6	66.5	29.1	70.3	24.0	68.4	25.1
This clinic is user friendly to disabled persons	79.9	7.3	80.6	6.7	80.2	7.2	78.7	7.9
Tried to get an appointment to suit you	74.7	25.3	74.2	25.8	75.7	24.3	74.7	25.3
Accessible through the phone	44.7	55.3	45.1	54.9	44.0	56	44.7	55.3
Spoken to me on the telephone	43.7	56.3	44.3	55.7	43.5	56.5	43.2	56.8

5.2.2. Empathy

More than 60% of respondents agreed that the nurse or doctor who treated them introduced him or herself. More than 85% agreed that they were also able to answer all the questions they had regarding their illness and in more than 90% of cases, respondents gave permission to be examined and treated. More than 85% felt that their privacy was respected by all staff and more than 90% felt that the nurse or doctor who treated them was polite. More than 85% agreed that nurses were very interested in their clients and their

personal situations as well as made it easy for clients to tell them their problems. The distribution per district was evenly distributed as reflected on the table.

Table 5: Empathy - ability to care and display compassion towards patients

Items	All		Amathole		Chris Hani		OR Tambo	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
The nurse/Doctor who treated me introduced him/herself	64.4	29.3	62.5	32.3	63.9		67.3	24.9
The nurse/Doctor who treated me answered all questions about my illness	89.3	6.5	89.1	7.1	89.5	6.4	89.3	5.9
I gave permission to be examined and treated	92.5	3.5	94.5	2.5	90.9	4.6	91.1	4.0
The nurse/Doctor who treated me was polite	92.2	3.9	92.8	3.9	92.5	3.8	91.4	4.1
The nurses in this clinic are very interested in their clients	89.5	4.6	89.4	5.0	88.0	5.8	90.7	3.5
Making you feel you had time during consultations	84.8	15.2	85.3	14.7	85.8	14.2	83.6	16.4
Interest in my personal situation	86.5	13.5	85.2	14.8	87.2	12.8	87.6	12.4
Making it easy for you to tell him or her about your problems	87.8	12.2	86.9	13.1	88.8	11.2	88.4	11.6

5.2.3. Standards

More than three-quarters of the respondents agreed that the standards of service were good in as far as registration procedures, fast queues, health worker identification tag and the display of required documents on the walls are concerned. However, more than 30% did not know where and to whom to raise their concerns, did not write and put their complaints in the suggestion box provided, did not receive feedback when they complained, did not know the chairperson/member of the clinic committee of their facility. Almost 60% agreed that raising complaints improve services. The distribution per district was evenly distributed as reflected on the table.

Table 6: Standards of Service

Items	All		Amathole		Chris Hani		OR Tambo	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
The registration procedures in this facility are satisfactory	81.8	9.6	81.1	10.8	82.7	8.7	82.1	8.6
Time that I had to wait before I was examined in the facility was reasonable	80.0	13.0	80.2	14.3	79.2	14.5	80.3	10.1
There are fast queues in this clinic (e.g. < 5 Immunisation, TB clients, etc)	77.5	12.8	77.9	12.6	74.7	13.4	79.0	12.7
The health worker that assisted me had a name tag	75.7	12.8	72.1	16.5	81.6	7.1	76.2	12.0
I saw on the walls of this clinic a Patients Rights Charter in a language I could understand	80.0	10.4	80.5	11.4	82.2	7.4	77.9	11.2
I saw on the walls of this clinic Batho Pele Principles in a language I could understand	75.5	12.5	75.2	13.9	78.8	9.8	73.6	12.7
I know to where and to whom to raise my complaints	54.4	31.9	50.9	63.3	56.4	29.6	57.4	28.2
When I complain I write and put it in the suggestion box provided	57.9	31.0	51.4	37.7	59.9	27.1	63.5	25.5
When I complain I receive feedback	40.9	38.1	39.2	41.3	41.6	37.2	42.6	34.6
Raising complaints/suggestions improve service delivery	59.3	20.2	59.1	21.9	56.6	20.9	61.4	17.6
I know the chairperson/member of the clinic committee of this facility	46.0	41.1	44.1	45.3	44.8	42.1	49.1	35.2

5.2.4. General Satisfaction

Generally, respondents were satisfied with the services. This is evidenced by the fact that: more than 90% indicated that they will come back next time, they were pleased with the way they were treated in the facility and they would tell their friends to come to the facility if they fell sick; between 80% and 89% indicated that they always get treatment when they visit the facility and staff was helpful; between 70% and 79% indicated that their treatment is always better if they get an injection, staff informed clients of delays and changes in service from time to time. About 60% indicated that patients do not usually appreciate all that the staff in the clinic do for them. The distribution per district was evenly distributed as reflected on the table.

Table 7: General satisfaction with services

Items	All		Amathole		Chris Hani		OR Tambo	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
Next time I am ill I will come back here	93.5	3.0	94.1	2.8	92.9	2.9	93.2	3.2
I was pleased with the way I was treated at this facility	91.2	4.7	91.5	4.8	90.6	5.4	91.0	3.9
If my friends/family are sick I will tell them to come to this facility	90.7	4.5	91.1	4.4	88.9	5.7	91.5	3.8
My treatment is always better if I have an injection	74.9	11.9	72.4	12.2	72.2	14.4	79.8	9.9
Patients don't usually appreciate all that the staff in this clinic do for them	59.0	23.9	54.5	26.6	64.3	19.6	61.0	23.5
I always get treatment when I come here	84.5	10.2	85.3	10.4	86.3	8.1	82.3	11.4
Staff informs clients of delays in service from time to time	73.6	13.6	75.2	14.2	72.7	14.0	72.4	12.5
Staff informs clients of changes in service from time to time	72.1	14.1	73.1	15.1	70.9	14.8	71.6	12.2
The helpfulness of staff	87.3	12.7	86.2	13.8	89.0	11.0	87.4	12.6

5.2.5. Assurance

It appears that respondents were generally assured as more than 80% reported that assurance was good across all items. The distribution per district was evenly distributed as reflected on the table.

Table 8: Assurance – ability to be knowledgeable and to inspire confidence and trust

Items	All		Amathole		Chris Hani		OR Tambo	
	Good	Bad	Good	Bad	Good	Bad	Good	Bad
Involved you in decisions about your medical care	86.1	13.9	85.5	14.5	87.3	12.7	86	14
Listened to you	91.1	8.9	92.1	7.9	90.8	9.2	90.0	10.0
Kept your records and data confidential	90.7	9.3	91.8	8.2	91.2	8.8	89	11
Quick relief of your symptoms	85.4	14.6	86	14	86	14	84.2	15.8
Helping you to feel well so that you can perform your normal	86.6	13.4	87.1	12.9	88.6	11.4	84.5	15.5

daily activities								
Thoroughness	81.8	18.2	82.2	17.8	84.2	15.8	79.7	20.3
Physical examination of you	82.5	17.5	83.1	16.9	83.8	16.2	81	19
Offering you services for preventing diseases	88.1	11.9	88.9	11.1	88.7	11.3	86.5	13.5
Explaining the purpose of tests and treatments	90.2	9.8	91	9	90.6	9.4	88.8	11.2
Telling you what you wanted to know about your symptoms and/or illness	89.3	10.7	89.5	10.5	89.4	10.6	88.8	11.2
Help in dealing with emotional problems related to your health status	86.9	13.1	86.8	13.2	87.9	12.1	86.2	13.8
Helping you understand the importance of following his or her advice	87.4	12.6	87.3	12.7	88.7	11.3	86.7	13.3
Knowing what s/he had done or told you during previous contacts	82.2	17.6	82.1	17.9	82.5	17.5	82.8	17.2
Preparing you for what to expect from specialist or hospital care	81.8	18.2	82.1	17.9	82.8	17.2	80.7	19.3
At the time I was waiting to be seen by a health worker there was a patient that looked more ill	46.8	43.7	39.9	50.8	48.2	41.8	54.1	36.2
I always return when asked by the nurse to come	92.8	4.0	94.1	3.2	91.9	4.9	91.9	4.3
I finish all my treatment as instructed	94.4	2.8	96.0	2.2	93.9	3.2	92.8	3.3
I bring my partner(s) when requested to do so	81.0	11.2	82.7	9.9	74.9	15.6	83.1	9.8

I was told how to take my pills/medication	95.3	2.4	95.4	2.7	95.8	1.7	94.9	2.6
I was told how to store my pills/medication	87.8	8.3	86.2	9.7	89.2	7.4	88.9	7.1
My privacy was respected by all the staff	88.0	5.4	89.4	4.7	86.7	5.2	87.2	6.3

5.2.6. Tangibles

More that 75% agreed that the clinic was friendly to people with disabilities and more than 70% felt that the building was in a good condition. More than 70% agreed that the clinic and its surrounds were clean, with the highest percentage of positive responses coming from Chris Hani. More than 80% agreed that there were toilets at the facility and more than 70% agreed that they were in a good condition. The exception was Amathole, where only 63% agreed with the latter statement. More than 70% agreed that the toilets were clean, with the exception of respondents in Amathole. More than about 60% agreed that there were enough consulting rooms. More than 75% of respondents agreed that benches were available to patients to sit on whilst waiting to be seen by a health worker, with the highest positive responses coming from Chris Hani. More than 80% of respondents agreed that clean water was available to patients.

Table 9: Tangibles - equipment, and physical surroundings

Items	All		Amathole		Chris Hani		OR Tambo	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
The clinic building is in good condition	76.1	19.1	73.0	22.5	79.1	17.2	77.9	16.3
The clinic and its surroundings are clean	79.2	16.1	74.9	23.0	83.6	12.6	81.4	13.2
There are toilets for patients in this clinics	82.7	11.2	82.8	11.0	86.4	8.0	80.2	13.5
The toilets are in a good condition	70.1	20.8	63.0	26.9	78.9	13.1	72.9	18.6
The toilets are clean	69.8	19.9	64.1	25.2	78.1	12.2	71.3	18.6
The clinic has enough consultation rooms	63.9	27.4	59.5	32.0	69.3	22.0	65.6	25.3
There are benches for patients to sit while waiting to be seen by health worker	81.6	14.2	83.2	13.2	85.3	10.6	77.1	17.7
There is clean water for patients in this	87.5	8.1	89.0	7.3	88.9	6.3	84.7	10.3

clinic								
The service rendered and hours of service are clearly displayed on a board outside the facility	61.8	24.4	53.4	33.7	70.6	16.0	66.0	18.6
The services and hours of service displayed on the board outside are in a language I understand	62.5	24.2	54.3	33.6	70.2	17.0	67.5	17.6

5.2.7. Referral

Referral systems were good as more than 70% agreed that they were referred to other facilities if they could not be helped, an ambulance was called if the patient was very sick and nurses asked patients to return to the clinic to see how they were doing. About one third of the respondents indicated that they usually visited a traditional healer before going to the clinic when they were sick. The distribution per district was evenly distributed as reflected on the table.

Table 10: Referral

Items	All		Amathole		Chris Hani		OR Tambo	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
If I cant be helped here I will be referred to the nearest hospital/Doctor	87.7	5.8	89.2	4.9	83.9	7.3	88.5	5.8
Nurses in this facility call an ambulance if a client is very sick	81.7	8.7	84.4	8.4	80.5	6.9	79.1	10.4
Nurses in this facility ask patients to return to see how they are doing	78.4	11.1	79.7	10.8	80.3	10.8	75.6	11.8
When I'm sick I usually visit a traditional healer before I come to a clinic	33.0	62.5	30.3	66.0	34.0	60.9	35.8	59.2

5.2.8. Health Promotion

More than 70% of the respondents agreed that they saw useful material displayed in the facility in the language that they understood and received health talks while waiting to be seen by the health worker. The distribution per district was evenly distributed as reflected on the table. The distribution per district was evenly distributed as reflected on the table.

Table 11: Health Promotion

Items	All		Amathole		Chris Hani		OR Tambo	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
When I had to wait in this clinic I sometimes learn very useful things from the posters and other IEC	77.5	13.2	81.0	12.2	74.0	14.2	75.7	13.7
The posters and other IEC material are in a language I understand	80.7	10.4	82.6	11.1	79.4	9.9	79.3	9.9
As patients are waiting to be seen , health workers in this facility sometimes talk to us about health related issues that affect our community	79.6	11.3	79.7	12.6	78.4	10.6	80.5	10.2

5.2.9. Reliability

More than 80% of the respondents agreed that services were reliable, i.e. the time to wait before examination was reasonable, quick services were provided for urgent health problems, and patients did not have to wait long to get their medication. The distribution per district was evenly distributed as reflected on the table. The distribution per district was evenly distributed as reflected on the table.

Table 12: Reliability - the ability to accurately perform the service offered

	All		Amathole		Chris Hani		OR Tambo	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
In this clinic the time I had to wait before I was examined was reasonable	80.0	13.0	80.2	14.3	79.2	14.5	80.3	10.1
Provided quick services for urgent health problems	84.1	15.9	83.8	16.2	85	15	83.7	16.3
If I received medicines or pills I did not have to wait long for them	82.5	12.3	84.9	11.3	81.0	13.6	80.6	12.8

5.2.10. Hospital Admissions

The majority (50.6%) of respondents in all three districts indicated that they were not that ill so as to be admitted to hospital during the preceding twelve months. About 20% indicated that they were admitted once and 19.3% between 2 and 3 times during that period. More than 22% of respondents in OR Tambo were admitted to hospital once in the preceding year, with 17.7% being admitted between 2 and 3 times during the preceding year. Respondents in the OR Tambo health district also had the highest percentage of respondents who were admitted to hospital more than 5 times (10.8%).

Table 13: Hospital admissions

	ALL	AMATHOLE	CHRIS HANI	OR TAMBO
Hospital admissions	**N (%)**	**N (%)**	**N (%)**	**N (%)**
None	9495 (50.6)	4409 (55.5)	2336 (51.2)	2750 (43.8)
Once	3632 (19.3)	1322 (16.7)	913 (20)	1397 (22.3)
Between 2 and 3 times	2970 (15.8)	1181 (14.9)	679 (14.9)	1110 (17.7)
Between 4 and 5 times	866 (4.6)	323 (4.1)	204 (4.5)	339 (5.4)
More than 5 times	1813 (9.7)	702 (8.8)	434 (9.5)	677 (10.8)

5.4. Qualitative Results

The qualitative results are related to three questions: (1) Main reason for visiting the health facility, (2) Health services improvement needs, and (3) Community member's role in improvement of health services. The response rate for these three questions were low (for question 1: 65%, question 2: 39% and question 3: 13%). The responses to question 3 were very similar to responses to question 2, therefore question 3 was not further analysed and described here. In addition, to a low response rate on these questions many responses were not much meaningful, e.g. for the 1st question 21.7% responded by saying that the main reason for visiting the health facility with "treatment", and for the 2nd question some 27% of respondents replied with "yes" or "better". Therefore it has been decided to present the data for the two qualitative question for the total sample.

5.4.1. Main reason for visiting the health facility

Responses were elicited as to why respondents visited the health facility on the day of the interview. The highest response at 21.67% was for 'treatment' without any specific condition mentioned. 'Aches' (13.11%), 'blood pressure' (8.58%) and contraception (7.96%) were the next highest reasons offered (see Table 15).

Table 14: Main reason for visiting the health facility (in descending order)

Reason	N	%
Treatment	2797	21.67
Ache	1692	13.11
BP	1107	8.58
Contraception	1027	7.96
TB	729	5.65
Fever	632	4.90
Health	632	4.90
Illness	605	4.69
Blood Testing	488	3.78
Flu	470	3.64
Immunization	396	3.07
Baby/child	336	2.60
Chest	320	2.48
Asthma	278	2.15
Diabetes	272	2.11
Body	266	2.06
Cough	246	1.91
Check up	221	1.71
Pregnancy	200	1.55
Stomach	197	1.53
Leg	140	1.08
Eye	132	1.02
Disorder	125	0.97
Infection	119	0.92
Sickness	104	0.81
Pregnant (ANC)	102	0.79
Skin	99	0.77
Pain	93	0.72
Arthritis	88	0.68
HIV	82	0.64
Discharge	69	0.53
Wounds	66	0.51
Ear	62	0.48
Heart	12	0.09
Ills	3	0.02

Tuberculosis (TB), 'fever', 'health', "illness' were the only other reasons provided by more than 4% of respondents across all three health districts.

5.4.2. Health services improvement needs

Clients suggested the following health services improvements as mainly quality of basic amenities, access in terms of more staff, communication, dignity and access to medicines (see Table 16).

Table 15: Health services improvement needs

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Communication	Communication	"Better communication";	47	0.36
	Community involvement	"In this facility nurses are not enough we need doctor every week so he can give us injection. Services are very poor."	965	7.48
		"Clinic must have suggestion box."	24	0.19
		"Patient's Right Charter must be written in Xhosa."		
		"Community must attend the meeting when call it."		
Confidentiality of information	Consulting rooms	Built more consulting rooms	217	1.68
Dignity	Service	"Improve service." "Better service."	871	6.75
		"The staff must improve their respect for patients."		
		"Nurses must improve their way of approaching patients."		
Prompt attention	Time	"We wait too long to get a service."	98	0.76
	Opening hours	"Must be enough nurses to try to avoid long waiting in queues and patient complain about time management during break times."	135	1.05
	Time management	"This clinic should be open 24 hours including weekends."	36	0.28
		"Nurses take long breaks."		
		"The ambulance must come at the right time."		
Quality of basic amenities	Building	"The building is in a poor condition and their toilets."	846	6.56
	Toilets	"X-rays are needed in this clinic."	371	2.87
	Electricity	"We need ambulances, wheel chairs and x-rays."	193	1.50
	Equipment	"Shortage of chairs and benches."	170	1.32
	Benches	"Waiting room is small."	176	1.36
	Garden	"Availability of equipment."	118	0.91
	Cleanliness	Clean the clinic,	262	2.03
	Security	Clean water, Clean toilets, Clean the yard;	212	1.64
		"Shortage of benches and there is no electricity."		
		"Add more security."		
Access (Medicines)	Medication	More medication; We need enough medication;	799	6.19
		Always have enough medicine."		
		"Medicines are not enough for instance. The treatment I get here is not enough sometimes I don't get all the pills I use to get."		
Access (Infrastructure)	Transport	Need patient transport, ambulance	80	0.62
	Roads	"Improve our roads." "The road is very bad."	79	0.61
	Hospital	We need a hospital here; We want this clinic to be a hospital; Day hospital is needed;	69	0.53
	Telephone	Telephone is needed	34	0.26
	Mobile clinic	"Mobile clinic for people who stay far from the clinic."		
	Labour ward	"We want a labour ward."	27	0.21
	Clinic is too far		18	0.14

Access (Staff)	More staff	"There is shortage of nurses." "Employ more nurses"	1811	14.03
	Doctor availability	Doctor's visit (more, daily-twice monthly)	67	0.52
		"More cleaners."	26	0.20
No response			11568	

6. Proposed Intervention Strategy

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades is the attainment by all peoples of the level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice. In the light of the above-mentioned and the findings of this study, which show that although facilities/districts are doing well in some domains, there is definitely room for improvement in other domains. It is therefore proposed that the quality assurance intervention strategy should cover four main targets of intervention, namely:

Health professionals:

In some facilities, empathy, referral, assurance, health promotion and reliability ranked lowest or even had negative scores. Some of the patients indicated that there was poor reception, poor communication, lack of feedback, lack of care and compassion, and lack of respect for privacy. There is a need to develop expertise to help health workers become more empathetic and assuring as well as provide services in a reliable manner and emphasize health promotion activities. , clinicians modernise their practice. Studies have shown that client satisfaction and quality of health care are the most powerful predictors for client satisfaction followed by the provider's behaviour towards the patient, particularly respect and politeness. Studies have found that this aspect is much more important than the provider's technical competence, followed by respect for privacy (Aldana, Piechulek & Al-Sabir, 2001). Health providers should also ensure that their health services address the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;

Patients:

Ongoing patient satisfaction surveys are important. Understanding patients' perceptions and concerns is key to improving quality. There is a growing emphasis in health care on partnerships between the patient and the provider. It is clear that improved communication

between the health professional and the patient, and providing patients with understandable information about their condition and treatment options in the language that they understand is critical for service improvement for positive health outcomes.

The community:

"The active involvement of communities improves the overall health status of the population. Partnerships with community structures such as non-governmental organisations (NGOs) and community-based organisations (CBOs) are important for mobilising community action and advocacy around health issues. These could include environmental awareness (for example, avoiding pollution of rivers and ground water, waste management, sanitation), domestic violence, road safety, and awareness raising campaigns around prevalent diseases and conditions like HIV and AIDS, diabetes, hypertension and obesity. NGOs and CBOs also play a vital role in the delivery of services like home-based care and community health workers. Representative structures like clinic committees and hospital boards help to facilitate community participation in local decision-making on health issues of concern. Clinics ahould therefore promote maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources.

The health service delivery system:

Managers can help to improve quality through modernising health care delivery systems. Like in previous studies (Health Systems Trust, 2004; Baltussen et al.,2002) problems of lack of equipment, poor and lack of infrastructure, inadequacy of resources, were found in some of the facilities. Improvement is needed on tangibles, equipment, buildings, medicines availability, cleanliness of facility and surroundings, waiting time and better access to facilities (where many spent more than an hour to reach the facility) (Department of Health, 2007). According to WHO norms a primary care clinic should be reachable from the clients' residence to the clinic within one hour. Cost for PHC service should reflect and evolve from the economic conditions and sociocultural and political characteristics of the country and its communities. Waiting time can be improved by increasing staff, modernising health care delivery systems (i.e. use computers) and improving infrastructure. Mobile clinics are to be introduced for reaching communities that have a permanent problem of access. Further, a performance appraisal system could be put in place to recognise and motivate good performance. There is a need to ensure sustained, integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need. The success of the referral system relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

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