CHAPTER 3

Data analysis

3.1 INTRODUCTION

In this chapter data analysis will be discussed according to the two phases as indicated in chapter 2.

3.2 DATA COLLECTION

Focus group interviews were used as a method of data gathering as discussed fully in chapter 2.

The four focus groups were all interviewed on the same two questions:

- What factors have an impact on the utilisation of the curative PHC services provided by the clinic to the community?
- What are your suggestions for improving the curative care received in the PHC services?

3.3 DATA MANAGEMENT

In order to present the report in a more structured way, the groups were identified as follows:

- Informants with chronic conditions will be referred to as group A.
- Informants with minor ailments will be referred to as group B.
- Nurse clinicians will be referred to as group C.
- CHC members will be referred to as group D.

According to Field and Morse (1985:45), if interviews have been tape-recorded, they are generally transcribed word for word. They also suggested that three copies be made and that one set of copies be placed in a separate location to
ensure safety against fire, damage or loss.

Every tape that was recorded was labelled immediately and sealed in a labelled envelope.

Interviews were transcribed verbatim and analysed with the assistance of an external coder.

Tesch’s method of data coding was utilised by the researcher and the external coder as described in chapter 2.

The researcher and the external coder agreed on the protocol guidelines which were to be followed and they met after four weeks to discuss and categorise the results.

3.4 DATA ANALYSIS

The results of the data analysis is presented below according to the demographic profiles of the four different focus groups and their responses to the two different questions asked by the researcher.

3.4.1 Demographic profile of focus groups

The composition of the groups was as follows:

**Group A**

Consisted of twelve clients with chronic conditions whom, despite the fact that they were referred to the clinic, preferred to visit the hospital. Five females and seven males participated in the focus group.
Table 3.1: Cultural groups of participants with chronic conditions

<table>
<thead>
<tr>
<th></th>
<th>WHITE</th>
<th>ZULU</th>
<th>SOTHO</th>
<th>INDIAN</th>
<th>TSWANA</th>
<th>XHOSA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMALES</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>MALES</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>7</td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

Out of the twelve, four were illiterate and eight were literate. Their ages ranged between 54 and 68 years.

**Group B**

Consisted of twelve clients with minor ailments who preferred to visit the hospital rather than the clinic. Four were females and eight were males.

Table 3.2: Cultural groups of participants with minor ailments

<table>
<thead>
<tr>
<th></th>
<th>WHITE</th>
<th>SOTHO</th>
<th>ZULU</th>
<th>TSWANA</th>
<th>SHANGAAN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMALES</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>MALES</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

Out of the twelve, nine were literate and three were illiterate. Their ages ranged from 18 to 41 years.

**Group C**

This group consisted of ten qualified registered nurses that have undergone a year course in Clinical Health Assessment, Treatment and Care and are practicing nurse clinicians.

Table 3.3: Cultural groups of nurse clinicians

<table>
<thead>
<tr>
<th></th>
<th>WHITE</th>
<th>SOTHO</th>
<th>ZULU</th>
<th>XHOSA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMALES</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>MALES</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

They were all literate and their ages ranged from 32 to 43 years.
Group D

Group D consisted of six members of the CHC comprising of retired nurses, teachers and a policeman.

Table 3.4: Community health committee

<table>
<thead>
<tr>
<th></th>
<th>ZULU</th>
<th>SOTHO</th>
<th>WHITE</th>
<th>TSONGA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMALES</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>MALES</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>6</td>
</tr>
</tbody>
</table>

They were all literate and their ages ranged from 57 to 72 years. Two of the participants were new members to the CHC whilst four of them had been members for two years. All informants were conversant in Sotho or English and resided in the Eastern Ekurhuleni Metropolitan area.

3.4.2 Perceptions regarding curative primary health care services at the clinic

3.4.2.1 Group A

The following are the responses of group A participants.

Table 3.5: Factors that have an impact on the satisfaction with services rendered at the curative primary health care services in the clinic as indicated by clients with chronic conditions

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities, resources and supplies</td>
<td>• No full time doctor and understaffed</td>
</tr>
<tr>
<td></td>
<td>• Small clinic</td>
</tr>
<tr>
<td></td>
<td>• Shortage of drugs</td>
</tr>
<tr>
<td></td>
<td>• Long waiting period</td>
</tr>
<tr>
<td>Safety and security measures</td>
<td>• Cars stolen whilst clients wait for service delivery</td>
</tr>
<tr>
<td></td>
<td>• No security at the clinic and no security measures for parking and gun free zone</td>
</tr>
<tr>
<td>Attitudes of nurses towards clients</td>
<td>• Unfriendly</td>
</tr>
<tr>
<td></td>
<td>• Unapproachable</td>
</tr>
<tr>
<td></td>
<td>• Rude</td>
</tr>
<tr>
<td></td>
<td>• Lack of patience</td>
</tr>
<tr>
<td>Community involvement/Communication</td>
<td>• No consultation about service offered at the clinics</td>
</tr>
<tr>
<td></td>
<td>• No consultation on health issues</td>
</tr>
<tr>
<td></td>
<td>• No community ownership</td>
</tr>
</tbody>
</table>
3.4.2.1.1 Facilities, resources and supplies

The group hinted that there must be enough material and human resources at the clinic as shown in table 3.5. The following statements are illustrative of their views:

“I think there must be enough trained sisters because the queue is always long at the clinic resulting in a long waiting period.”

“The clinic must be extended because it is too small to accommodate all of us.”

“There must be enough drugs at the clinic, there is always shortage of drugs at the clinic.”

3.4.2.1.2 Safety and security measures

The apparent lack of safety and security measures was expressed as follows:

“There is no covered car parking at the clinic to prevent cars from being stolen like here at the hospital.”

“I, err there is no security guards at the clinic and there is no gun free zone. People go inside the clinic with guns and this makes us scared.”

“Yes ma’am, yes she is correct … .”

This group felt strongly about lack of safety and security measures at the clinic and felt that they were exposed to risks unlike at the hospital where they feel safe, based on the safety and security measures present at the hospital.

3.4.2.1.3 Attitudes of nurses

The attitudes of the nurses were also highlighted by the informants. Their perceptions about the attitudes of the nurses were:
“Aah ..., the nurses at the clinic are rude as compared to those at the hospital; maybe it’s because the nurses at the hospital relieve each other and are not like those at the clinic, who work from morning till knock off time which is 16:30. The hospital staff work flexi-hours and relieve each other.”

“Yes, nurses are always in a hurry because they say the queue is long so they can’t waste time on small talks. They say you must follow the instructions on the packet even though you are illiterate.”

“Mmm ... one day I was in pain and I was groaning, the nurse approached me and told me to keep quiet and stop performing, arthritis is arthritis, I’m old and there is nothing she can do about it except to give me the usual pills. Nurses really should be considerate and caring.”

This group also compared the attitudes of nurses at the hospital to those at the clinic and could make out that because those at the clinic are overworked, this attributed to their attitudes. The nurses at the hospital relieve each other and thus are not overworked, that is, they work flexi-hours and relieve each other thus they are working at an acceptable pace unlike those at the clinic who must finish all the clients before knock off time.

3.4.2.1.4 Community involvement/communication

The group felt that there is a lack of community involvement and communication based on the following quotes:

“Ee, ma’am, I don’t know that the clinic can be able to supply me with my monthly chronic medication for high blood pressure. I know that the clinic is doing preventative services which are family planning, immunisations and issuing of TB medication.”

“Yes, we must be told when they introduce additional services at the clinic because it is our clinic you know .... .”
This group felt strongly that communication is lacking between the health service workers and the community and that channels of communication are not followed.

3.4.2.2 Group B

The responses of participants in group B during the focus group, resulted in the same main themes as group A.

Table 3.6: Factors that have an impact on the satisfaction with services rendered at the curative primary health care services in the clinic as indicated by clients with minor ailments

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
</table>
| Facilities, resources and supplies | • Few nurses  
• No full time doctors  
• Small clinic  
• No drugs |
| Safety and security measures   | • No car parking  
• No security guards  
• No gun free zone |
| Community involvement/communication | • Lack of notification even through the media  
• Ruling the services enforced on them without consultation  
• Use of suggestion box |
| Attitudes of nurses            | • Negative attitudes of nurses  
• Unfriendly  
• Non supportive  
• Rude |

3.4.2.2.1 Facilities, resources and supplies

This group perceived the lack of facilities, resources and supplies at the clinic as follows:

“Ee ... , ma’am when I go to the clinic in the morning, I come back in the afternoon because of a long queue. There must be more nurses to be able to provide service delivery.”
“Yes, sometimes we are turned back and told to come back tomorrow because we are many, they can’t see all of us.”

The doctor must always be available. What if I get a heart attack, who’s going to revive me?”

“You know ma’am, the clinic is too small and thus cannot accommodate all of us. It must be extended.”

“There is always shortage or sometimes no drugs at the clinic. The sister doesn’t even know when the stock is going to be delivered. We may die because of no medication.”

This group felt strongly about shortage of resources for service delivery and actually comparing them with those available at the hospital. In the end weighed the best service and felt it was the hospital. They therefore chose to rather pay the bypass fee of R12,00 and attend the hospital to receive, what they regarded as the “better” service, than to attend the clinic and receive the free, but according to them “inferior” service.

3.4.2.2.2 Safety and security measures

People in need of health care need to feel safe and secure in the health care facilities. This group did not feel safe and secure at this clinic as reflected in the following quotes:

“I think there must be a covered car parking like here at the hospital so that our cars are not at risk to be stolen.”

“Oh! Yes ma’am, that is correct, my sister’s car was stolen whilst she was still inside the clinic, waiting to be served. I don’t want to experience that same problem with my car.”

“Yes, there must also be security guards at the clinic who are trained and has a gun to protect us.”
“Ma’am sometimes these young guys come into the clinic carrying guns and make us scared. There must be a gun free zone at the clinic.”

The group shared the sentiments of group A that they are at risk at the clinic because of lack of safety and security which is present at the hospital.

3.4.2.2.3 Community involvement/communication

This group felt that there is neither communication nor consultation between themselves and the health workers through the following quotes:

“Err ... ma’am, we were not notified or consulted, for example through the media that the clinic is now offering curative services, how are we to smell unless somebody tells us.”

“Yes, and we are not involved so that our inputs are taken into consideration. The authority just enforce things on us without consultation.”

“Mmm ..., this is our clinic, we must have a say in the way it serves us. The suggestion box at the clinic is not provided with paper and pen. How does the clinic staff expect us to use it? There must be pen and paper!”

This group expressed that a lack of community participation and communication hinders service delivery because they feel they must also be role players in the decision making of the clinic.

3.4.2.2.4 Attitudes of nurses

These are the informants’ comments about the attitudes of nurses:
“Mmm … ma’am, one day I went to the clinic and asked the nurse where can I make out a clinic card. She asked me whether I can’t read as she isn’t prepared to be my director the whole day. She rudely instructed me to follow that queue. Nurses are supposed to be friendly and smiling all the time.”

“Yes ma’am, I think because they are overworked they take their stresses out on us. There must be enough staff at the clinic.”

“Aah … the nurses at the clinic are rude compared to those at the hospital, maybe it’s because nurses at the hospital relieve each other and don’t have to work overtime like those at the clinic.”

The nurses’ attitude was perceived to be negative based on the fact that they are overworked.

### 3.4.2.3 Group C

The two groups interviewed during phase 2 are both directly involved at clinic level. It was interesting to note that their responses could be categorized in the same main themes as the group that preferred not to use the clinic. One additional theme was, however, identified in groups C and D, namely the role of clinic management.
Table 3.7: Factors that have an impact on the satisfaction with services rendered at the curative primary health care services in the clinic as indicated by the nurse clinicians employed at the clinic

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities, resources and supplies</td>
<td>• Shortage of staff</td>
</tr>
<tr>
<td></td>
<td>• Shortage of drugs</td>
</tr>
<tr>
<td></td>
<td>• No doctors</td>
</tr>
<tr>
<td>Attitudes of nurses towards clients</td>
<td>• Irritable</td>
</tr>
<tr>
<td></td>
<td>• No patience</td>
</tr>
<tr>
<td>Safety and security measures</td>
<td>• No security guards</td>
</tr>
<tr>
<td></td>
<td>• No security fence around the clinic</td>
</tr>
<tr>
<td>Community involvement/communication</td>
<td>• No interest by the community</td>
</tr>
<tr>
<td></td>
<td>• Community not attending meetings</td>
</tr>
<tr>
<td></td>
<td>• Not using the suggestion box</td>
</tr>
<tr>
<td>Role of clinic management</td>
<td>• Staff training</td>
</tr>
<tr>
<td></td>
<td>• Lack of incentives</td>
</tr>
<tr>
<td></td>
<td>• Inadequate resources</td>
</tr>
</tbody>
</table>

3.4.2.3.1 Facilities, resources and supplies

This group expressed the lack of facilities, resources and supplies as follows:

“Ma’am, to start with, we are overworked and underpaid. We work unpaid overtime because we’re short staffed.”

“Yes ma’am, we are stressed up because the authorities don’t care about staff shortage.”

“Mmm ... mostly there are no drugs at the clinic. We are not supplied timeously with enough drugs according to our statistics. This makes the clients to be angry with the service as a whole. After all, what is a health service if it hasn’t got drugs?”

“Sometimes the doctor doesn’t turn up, making the clients angry because he is a sessional doctor and if he is not in we turn the clients away to come back the following day or refer them to hospital if necessary.”

“Yes ma’am, there is no in-service training so we cannot keep abreast with new developments and thus we rely on the doctor for treatment of
most conditions.”

“Sometimes I feel battered because the community is demanding their rights that are displayed on the wall of every facility; one of them being all patients have a right to be attended to, meanwhile there is shortage of staff, inadequate resources and inadequate training.”

This group also felt strongly about the lack of resources because that reflects negatively on their service delivery whilst they are not responsible, for example for the shortage of drugs because they feel drugs are not supplied timeously or are out of stock. This angers the service user.

3.4.2.3.2 Attitudes of nurses

This group seconded the other groups regarding their attitude by stating the following:

“Yes we are irritable because we are overworked. Clients don’t understand that you can’t spend more than 15 minutes with them because of the queue”

“We do quantity more than quality work.”

“Yes ma’am, the clients complain about our attitudes because they don’t understand that there is no time for socializing; we must push the queue”.

Nurses felt strongly that their attitude is attributed to the fact that they are overworked, they cannot attend in-service training because they are short-staffed and that the clinic manager does not compliment them where it is due and that she is not supportive of them.

They also felt that the clinic manager did not evaluate them for incentives and that she did not do a situational analysis because they felt that they are short-staffed.
3.4.2.3.3 Safety and security measures

This group confirmed what the other two groups had to say about safety and security measures:

“All us ma’am, we are not safe. The other day they broke in one of the staff’s car and stole a car radio and a jacket. We’ve been asking for a security guard for the past two years but all in vain."

“Yes, and the authorities say there is no budget for a security fence around the clinic.”

This group felt strongly about safety and security and hinted that the clinic manager must budget for security needs based on the Ekurhuleni Metropolitan Council Safety Document (1998:2), which states that there must be a security fence around local authority buildings.

3.4.2.3.4 Lack of community involvement/communication

This group hinted that there is no community involvement and limited communication through the following quotes:

“All us ma’am, we are not safe. The other day they broke in one of the staff’s car and stole a car radio and a jacket. We’ve been asking for a security guard for the past two years but all in vain.”

“Yes, and the authorities say there is no budget for a security fence around the clinic.”

This group felt strongly about safety and security and hinted that the clinic manager must budget for security needs based on the Ekurhuleni Metropolitan Council Safety Document (1998:2), which states that there must be a security fence around local authority buildings.

3.4.2.3.4 Lack of community involvement/communication

This group hinted that there is no community involvement and limited communication through the following quotes:

“Err ... to be honest with you ma’am, the community is not interested in what is happening in their clinic.”

“Oh, they don’t even attend meetings, I’m telling you. We send the message early about the CHC meeting but they don’t attend. They never use the suggestion box that is provided for them but run to the press to complain about the clinic. They don’t read in the same press the health column which informs them about, for example campaigns that are going to be carried out which are provided with dates and at the end they say that they don’t know what is happening at the clinic.”

“They don’t even know the complaint procedure. The suggestion box is empty on most occasions but they run to the press with issues that can be sorted out by the clinic staff.”
The group felt strongly that the CHC does not honour meetings that are scheduled between them and the clinic staff and thus resulting in break in the communication chain. They also felt that the community members don’t even know the complaint procedure but go straight to the press.

3.4.2.3.5  **Role of clinic management**

This group felt that the clinic manager is not involved in the running of the clinic through the following quotes:

“We always raise concerns pertaining to the rendering of services at the clinic, but we never get feedback from the clinic manager. The clinic manager seldom come for rounds and thus has no insight into the problems that we are facing here at the clinic.”

“Yes ma’am ...., we are stressed because the authorities don’t care for us.”

“Sometimes I feel battered because the community is demanding their rights that are displayed on the wall of every facility, one of them being all patients have a right to be attended to, meanwhile there is shortage of staff, inadequate resources and inadequate training.”

This group felt that the clinic manager does not fulfil her role and does not exercise a participative management style.

3.4.2.4  **Group D**

This group consisted of six CHC members. They also had an input on what the other groups had to say about factors which have negative impact on curative PHC delivery.

The categories and sub-categories identified by this group are reflected in table 3.8.
### Table 3.8: Factors that have an impact on the satisfaction with services rendered at the curative primary health care services in the clinic as indicated by the community health committee members

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities, resources and supplies</td>
<td>• Shortage of nurses</td>
</tr>
<tr>
<td></td>
<td>• Shortage of drugs</td>
</tr>
<tr>
<td></td>
<td>• No full time doctor</td>
</tr>
<tr>
<td>Safety and security measures</td>
<td>• No security guards</td>
</tr>
<tr>
<td></td>
<td>• No security fence around the clinic</td>
</tr>
<tr>
<td></td>
<td>• No gun free zones</td>
</tr>
<tr>
<td>Attitudes of nurses towards clients</td>
<td>• Rude</td>
</tr>
<tr>
<td></td>
<td>• Negative</td>
</tr>
<tr>
<td></td>
<td>• Inconsiderate</td>
</tr>
<tr>
<td></td>
<td>• Cold</td>
</tr>
<tr>
<td>Community involvement/communication</td>
<td>• No consultation</td>
</tr>
<tr>
<td></td>
<td>• No information given about the clinic</td>
</tr>
<tr>
<td>Role of clinic management</td>
<td>• No interest in the community</td>
</tr>
</tbody>
</table>

#### 3.4.2.4.1 Facilities, resources and supplies

This group expressed the lack of facilities, resources and supplies as hindering the rendering of service as follows:

“There is no full time doctor and there is less nurses who cannot cope with the client load and worse of all, no drugs. How do you run a clinic without drugs.”

“Yes ma’am, the community is complaining about shortage of drugs at the clinic.”

“The doctor is not always available at the clinic. If the staff encounters problems after his session, then the client is referred to hospital. Thus the community feels that they can rather go straight to the hospital.”

This group shared the same sentiments as all the groups especially those hinted by all the other groups, that a clinic cannot operate without resources.
3.4.3.4.2 Safety and security measures

This group shared the same feelings as the other groups that security at the clinic is inadequate.

“There is no fence around the clinic not to mention the absence of a security guard.”

“Yes, even the nurses at the clinic are not safe.”

“Eer ... ma'am, the lives of our community are at risk at this clinic I'm telling you.”

“Yes ma'am, we are partly to blame because we were supposed to participate by forming community groups and take turns in guarding the clinic and the fact that we needed to look for funds from our private sector for the erection of the clinic fence as listed in our role clarification document as the CHC”.

“There is no gun free zone. People come into the clinic with guns. How will one know if they are thieves or not?”

This group also felt that there are no safety and security measures and highlighted their lacking roles in forming groups to look for funds from private providers.

3.4.2.4.3 Attitudes of nurses

This group shared the other group’s sentiments by saying:

“Eer ... ma'am, the community is complaining about the nurses attitude towards them, that they are negative, rude, inconsiderate and cold.”

“Yes ma'am, I am seconding the previous speaker that in our monthly community meetings, the community complains about the nurses attitudes that they are rude and inconsiderate.”
This group seconded all the other groups that the nurses’ attitudes contribute to clients not utilising the clinic and rather prefer to go to the hospital where they feel the attitude of nurses is good compared to the attitudes of nurses at the clinic.

3.4.2.4.4 Community involvement/communication

This group identified the lack in community participation and communication through the following quotes:

“Ma’am there is less consultation between the nurses and us as the CHC.”

“Yes, the nurses don’t communicate changes that are taking place at the clinic to us, for example the Batho Pele Principles and the Patients Right Charter. It is just imposed onto the community.”

“To add onto the previous speaker ma’am, these were just displayed on the clinic walls and not worked through for the community to understand their meaning.”

This group felt that the nurses don’t communicate to them the services rendered at the clinic and that most issues are taken for granted that they will understand them like the Batho Pele Principles which is displayed on the clinic wall without being explained to the community what it is intended for.

3.4.2.4.5 Role of clinic management

This group expressed lack of involvement by the clinic management through the following quotes:

“Yes ma’am, the clinic manager does not attend community meetings. How does she know what our needs are?”

“Mmm ma’am, the government says that the clinic must be run according to the communities needs. How does the clinic manager
ensure that if she does not attend the clinic and community’s meetings?”

The group felt that the clinic manager did not know their needs which were important for her to take into consideration when planning the service at the clinic.

### 3.4.3 Suggestions by focus groups to improve curative primary health care services at the clinic

The following suggestions were made by the groups on how to improve curative PHC services:

#### 3.4.3.1 Group A

The suggestions of this group on how to improve the curative PHC services are identified in table 3.9.

**Table 3.9: Suggestions made by clients with chronic conditions on how to improve curative primary health care services at the clinic**

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities, resources and supplies</td>
<td>• Full time doctor</td>
</tr>
<tr>
<td></td>
<td>• Extension of the clinic</td>
</tr>
<tr>
<td></td>
<td>• Availability of drugs</td>
</tr>
<tr>
<td></td>
<td>• Proper staffing</td>
</tr>
<tr>
<td>Safety and security measures</td>
<td>• Having a security guard at the clinic</td>
</tr>
<tr>
<td></td>
<td>• Gun free zones</td>
</tr>
<tr>
<td></td>
<td>• Covered car parking</td>
</tr>
<tr>
<td>Attitudes of nurses towards clients</td>
<td>• Friendly</td>
</tr>
<tr>
<td></td>
<td>• Approachable</td>
</tr>
<tr>
<td></td>
<td>• Have patience</td>
</tr>
<tr>
<td>Community involvement/communication</td>
<td>• Monthly meetings between CHC and Nurses</td>
</tr>
<tr>
<td></td>
<td>• Utilising of the media</td>
</tr>
<tr>
<td></td>
<td>• Considering input of CHC</td>
</tr>
<tr>
<td></td>
<td>• Community ownership</td>
</tr>
</tbody>
</table>

These are suggestions made by clients with chronic conditions at the hospital OPD:
3.4.3.1.1 **Availability of facilities, resources and supplies**

This group expressed the need for facilities, resources and supplies through the following quotes:

“There must be a full time doctor at the clinic because the doctor at the clinic does district surgeon’s work, which takes most of his time. He doesn’t usually stay the stipulated hours at the clinic because he is called to the hospital, for example for raped clients.”

“The clinic must be extended because it is too small to accommodate all of us.”

“There must be enough drugs at the clinic because without drugs there is no clinic!”

“The authorities must train more nurses so that the queues are not long and thus we don’t have too long to wait for help.”

This group felt that resources must be available for service provision.

3.4.3.1.2 **Safety and security measures**

This group felt that security measures must be addressed at the clinic so that they won’t be at risk by saying:

“The safety measures at the clinic must be looked into, for example the gun free zone, car parking and the availability of security guards.”

“Yes ma’am, and I also feel that a fence according to me, is a major issue to be taken into consideration.

“Mmm … a covered car parking would not be a bad idea to curb car stealing.”

“Yes ma’am, we can organise funds to assist with the needs of the clinic, but because we not involved in the running of the clinic, we
This group felt that they must play their role by organising community groups to look after the clinic and to look for funds from private providers and raise funds to erect a fence around their clinic.

### 3.4.3.1.3 Attitudes of nurses

This group suggested that nurse’s need to change their attitude by quoting that:

> “Nurses at the clinic must change their attitudes for the better. They must be considerate and have patience.”

> “Yes ma’am, during their training they must be taught etiquette and manners.”

This group indicated that nurses must change their attitude as it hinders service delivery.

### 3.4.3.1.4 Community involvement/communication

This group suggested that communication be improved between the clinic staff, the CHC and the community:

> “Monthly meetings must be scheduled between the clinic staff and the CHC so that development issues and problems pertaining to the clinic must be discussed.”

> “Any changes occurring at the clinic must be communicated to us.”

This group felt that they were not involved through, for example notices that the clinic made their services comprehensive by including the PHC curative wing which was erected for them without them being consulted.
3.4.3.2 Group B

Group B’s views about the improvement of the curative PHC services closely relate to the views of group A. The suggestions of this group on how to improve the curative PHC services are indicated in table 3.10.

Table 3.10: Suggestions made by clients with minor ailments on how to improve curative primary health care services at the clinic

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities, resources and supplies</td>
<td>• Full time doctor</td>
</tr>
<tr>
<td></td>
<td>• Increase nurses</td>
</tr>
<tr>
<td></td>
<td>• Availability of drugs</td>
</tr>
<tr>
<td>Safety and security measures</td>
<td>• Security fence around the clinic</td>
</tr>
<tr>
<td></td>
<td>• Gun free zones</td>
</tr>
<tr>
<td></td>
<td>• Covered car parking</td>
</tr>
<tr>
<td>Attitudes of nurses towards clients</td>
<td>• Friendly</td>
</tr>
<tr>
<td></td>
<td>• Caring</td>
</tr>
<tr>
<td></td>
<td>• Show interest</td>
</tr>
<tr>
<td>Community involvement/communication</td>
<td>• Suggestion Box</td>
</tr>
<tr>
<td></td>
<td>• Regular Meetings</td>
</tr>
</tbody>
</table>

3.4.3.2.1 Availability of facilities, resources and supplies

This group confirmed the suggestions resulting from the discussions by group A that facilities, resources and supplies must be made available for service delivery by stating that:

“Ma’am, the doctor must always be available so that nurses don’t refer us to the hospital frequently because he will be available.”

“Ee ... ma’am when I go to the clinic in the mornings, I come back in the afternoon because of a long queue. There must be more nurses to be able to provide service delivery.”

“There is no clinic without drugs ma’am, drugs must always be available or close down the clinic.”
This group stressed the need for facilities, resources and supplies to be the same as at the hospital.

3.4.3.2.2 Safety and security measures

This group seconded group A on the issue of safety and security by commenting that:

“There must be a fence around the clinic and a gun free zone like here at the hospital for our safety.”

“Yes ma’am, not forgetting the covered car parking like here at the hospital.”

This group felt that safety and security measures are necessary for the clinic users.

3.4.3.2.3 Attitudes of nurses

This group hinted that nurses must change their attitude based on the following statements:

“Nurses must be friendly and patient towards us. The reason they get paid is because of us! If we are not there as patients, they wouldn’t have a job.”

“They must be taught respect and manners during their training for them not to be rude to patients. How will you get better if the tablets that were given to you are followed by nasty remarks?”

Group B felt that nurses must change their attitude for the better to encourage them to utilise the clinic.

3.4.3.2.4 Community involvement/communication

This group seconded group A by making the following suggestions:
“Regular meetings must be held by the CHC and the clinic staff as the CHC will tell us about developments at the clinic during community monthly meetings.”

“The suggestion box at the clinic must be provided with pen and paper for us to be able to communicate with the clinic staff.”

This group felt that meetings between the clinic staff and the CHC must take place so as to serve as a platform where their health problems and needs can be discussed.

3.4.3.3 Group C

Group C confirmed more or less the suggestions made by groups A and B. The suggestions of this group on how to improve the curative PHC services at clinic level are indicated in table 3.11.

Table 3.11: Suggestions made by the nurse clinicians on how to improve curative primary health care services at the clinic

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
</table>
| Availability of facilities, resources and supplies | • Full time doctor  
• Availability of drugs  
• Proper staffing according to clinic needs |
| Safety and security                      | • Availability of a security guard  
• Gun free zones |
| Nurses attitudes                         | • Caring  
• Considerate  
• Exercise patience |
| Community involvement/communication     | • Monthly meetings (CHC and nurses)  
• Utilisation of the media  
• Improve relations between nurses and the community  
• Availability of suggestion box |
| Role of clinic management                | • Participative management  
• Ensure training  
• Budgeting according to need analysis  
• Incentives |
Comments made by group C are as follows:

3.4.3.3.1  Availability of facilities, resources and supplies

This group seconded the other two groups through the following quotes:

“We need to have a full time doctor here at the clinic for referral purposes to avoid referring clients to the hospital in his absence or asking them to come back tomorrow morning if it is not urgent.”

“Drugs must be delivered timeously at the clinic and stock must always be available for client satisfaction.”

“Mmm ..., the authorities must train more professional nurses in PHC so that the ratio of nurses must balance that of patients to decrease patients waiting time.”

“There must be sufficient staff, sufficient resources and sufficient training and also on-going in-service training to enable us to make informed decisions about our clients!”

“Yes ma’am, give me training to evoke the confidence of those who bypass clinics to hospitals and give me staff to minimise time and improve efficiency.”

The nurses shared their sentiments to say if there is no material and human resources they are unable to deliver services to the community.

3.4.3.3.2  Safety and security measures

This group expressed the need for safety and security through the following statements:

“Ma’am there must be a security guard because even we as nurses are not safe as there is a number of incidence where some of our goods are stolen, for example car radio.”
“Mmm ...., ya there must also be a gun free zone because sometimes we are being intimidated by clients who are carrying guns.”

This group felt that there must be safety and security measures to safeguard them and the clients from criminal activities.

3.4.3.3.3 **Attitudes of nurses**

The nurses seconded the inputs made by groups A and B by saying the following:

“We must try to exercise patience to our clients because they are not responsible for our situation.”

“Mmm ...., and the community relies on us so we must be understandable but they must also treat us with respect.”

This group acknowledged that they have to change their attitude, as they were aware that they are not adhering to the norms and standards, for example the Batho Pele principles.

3.4.3.3.4 **Community involvement/communication**

This group felt that there must be community involvement and improved communication at the clinic through the following quotes:

“The community must be involved in the functioning of the clinic by giving their inputs through the CHC who then must hold meetings with us monthly and also through the suggestion box provided for them which is visible at the entrance of the clinic.”

“The community must be involved in the local media as every week there is a column on health issues. They must stop running to the media about issues that don’t satisfy them at the clinic but rather bring these issues to the clinic through the CHC.”
This group felt that whatever services are rendered at the clinic, they must be a community driven approach.

3.4.3.3.5 Role of clinic management

This group expressed their views as follows:

“The issue of staff shortage must be looked into by the authorities. They must employ more nurses for us to be able to attend in-service training and courses to upgrade the service provided to be that of best quality and also to upgrade ourselves to boost our morale.”

“The manager must take rounds here at the clinic for her to know our problems and to plan participatively with us so as to curb problems that were cited that hinder service delivery.”

“Yes ma’am, we are never evaluated and given incentives for our efforts and thus we are demotivated because also, the clients complain to us, we take it up with our manager but she never provides us with factual feedback that we can communicate to the clients.”

“Yes ma’am, give me training to evoke the confidence of those who bypass clinics to hospitals and give me staff to minimise time and improve efficiency.”

This group felt that the clinic manager must be involved in the planning and service delivery of the clinic through participation on her part.

3.4.3.4 Group D

The suggestions of this group on how to improve the curative PHC services at clinic level are indicated in table 3.12.
Table 3.12: Suggestions made by the community health committee on how to improve curative primary health care services at the clinic

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
</table>
| Availability of facilities, resources and supplies       | • More nurses to decrease workload  
• Improved staff morale, for example incentive for overtime |
| Change of attitude by nurses towards clients             | • They must show respect  
• They must be caring |
| Safety and security                                      | • The involvement of community members to guard the clinic |
| Community involvement/communication                     | • Hold monthly meetings with the nurses  
• Utilisation of suggestion box at the clinic |
| Role of clinic management                                | • To attend scheduled community meetings |

3.4.3.4.1 Availability of facilities, resources and supplies

This group expressed their views as follows:

“Ma’am, the Government must employ and train more nurses to be able to cope with the workload at the clinic.”

“Yes, I also agree, this will increase the morale of staff as they won’t work unpaid overtime because they will be able to finish in time.”

“Oh … yes ma’am, this will also decrease the clients waiting time at the clinic. We are working you know and thus can’t miss a day’s work because one was at the clinic.”

This group shared the sentiments of the other three groups that the problems of, for example staff shortage, must be looked into.

3.4.3.4.2 Attitudes of nurses

This group seconded the other groups that nurses must change their attitude through the following quotes:
“The nurses must show respect so that they are respected in return. They must handle the community with care as their lives are in their (nurses) hands.”

“Yes, nursing is a caring profession so nurses must care for their community.”

This group expressed the need that nurses must change their attitude towards the community for better service delivery.

### 3.4.3.4.3 Safety and security

This group made suggestions to improve safety and security measures through community ownership through the following quotes:

"Yes ma’am, we as the CHC can organise volunteers to guard the clinic as this clinic is ours. If they vandalise it, we suffer."

“Yes, we can form groups and make an allocation to guard the clinic."

"Ma’am we must also raise funds from private providers and do fund raising activities so as to erect a fence around the clinic."

The group acknowledged their role in community participation through the involvement of other stakeholders to ensure safety and security measures at the clinic.

### 3.4.3.4.4 Community involvement/communication

This group expressed the need to hold meetings with the staff through the following expressions:

“We must hold regular meetings with the nurses and they must explain to us our portfolio.”
“Yes ma’am, communication is a key to success. If we communicate, there will be less friction and more understanding by the community.”

“There must be a suggestion box at the clinic to allow the community to voice their complaints and inputs and its use must be communicated to the community by the nurses.”

This group expressed that communication is the key to success because that would serve as a vehicle between the community and the clinic where needs and problems could be identified and dealt with.

3.4.3.4.5 Role of clinic management

Group D expressed the role of clinic management through the following quotes:

“The manager must attend the scheduled community meetings for her to be able to identify the community needs and prioritise them.”

“Yes, she also has to attend the clinic and the CHC meetings for her to keep abreast with new developments regarding health matters in the community.”

This group seconded group C and expressed the involvement of the clinic manager in the clinic and community meetings for her to know their needs and to prioritise them accordingly.

3.4.4 Summary of factors that have an impact on the provision of curative primary health care services

All four groups identified the following factors:

- Negative attitudes of nurse clinicians towards clients.
- Poor safety and security measures.
- Lack of facilities, resources and supplies.
- Lack of community involvement and communication.
Groups C and D also raised an additional factor that impacts on the provision of curative PHC services namely:

- Lack of involvement by clinic management.

3.4.5 Summary of suggestions made by groups for improving curative primary health care services

All four groups made the following suggestions for improving curative PHC services:

- Change of attitudes of nurses towards their clients for the better.
- Proper safety and security measures.
- Availability of facilities, resources and supplies.
- Improving community involvement and communication.

Groups C and D also suggested the following to improve curative PHC services:

- Involvement of clinic management.

3.5 SUMMARY

In this chapter, the factors having an impact on curative PHC delivery by all four groups emerged. The suggestions to improve the curative PHC services made by the four groups were presented.

In the next chapter literature control and conclusion will be discussed.