CHAPTER 4

Literature control and conclusions

4.1 INTRODUCTION

Chapter 3 dealt with the results of the study. In this chapter the results of the study will be discussed in view of relevant literature.

4.2 FACTORS THAT HAVE AN IMPACT ON THE PROVISION OF CURATIVE PRIMARY HEALTH CARE SERVICES

Four categories emerged from the focus group interviews held with the four groups about factors that impact on the satisfaction of patients and the provision of curative PHC services. The fifth category was earmarked by the nurse clinicians and CHC members.

The five categories are as follows:

- Lack of facilities, resources and supplies.
- Poor safety and security measures.
- Negative attitudes of nurse clinicians towards clients.
- Lack of community involvement and communication.
- Lack of involvement by clinic management

Each category will be discussed separately.

4.2.1 Lack of facilities, resources and supplies

The four groups identified lack of material and human resources as one of the factors that impact negatively on the provision of curative PHC services.

They described the curative PHC services at the clinic as lacking in resources such as drugs and equipment, resulting in them attending the hospital where

they felt that the service rendered was of high standard and quality.

The need for the abovementioned resources was supported by Gillies (1994:85) where she highlights the importance of budgeting for resources for the provision of quality health care.

The groups highlighted that there was shortage of resources, for example drugs, staff and the need for a full time doctor and these needs must be included in the budget according to priority to attain service excellence.

Knippenberg (1997:538) is of the opinion that resource constraints had long been thought to be the typical reason for lack of quality in health services. Without equipment, service delivery cannot take place.

King (1996:45) states the importance of time compliance when drugs are issued to patients. If drugs are unavailable, the clients have interruption periods which is detrimental to their health.

If drugs are not delivered or ordered timeously, for example chronic medication, hypertensive patients may end up with a cerebro-vascular accident, which is a medico legal hazard.

The Department of Health (1998) developed an essential drug list with the intention of ensuring good, standardised affordable treatment and reduction of the total cost spending on drugs. The drug policy also ensures that drug supply is safe, adequate, helpful and inexpensive to the citizens of South Africa, and to ensure that they are reasonably utilised through appropriate prescribing (Department of Health 1998:12).

Schneider (1999:10) illustrates that in addressing problems of infrastructure, equipment and supplies appear to be the most critical need for service providers and thus should be made a priority. He also reported a general shortage of drugs, irregular maintenance of equipment, inadequate logistical support and poor supervision as exacerbating situation in clinics.

Buchman (1995:3) also found that community members in his study, highlighted the issue of the absence of a doctor at the curative PHC services made them to prefer going to the hospital which is 25 km from their area of residence because the doctor at the hospital is available for 24 hours.

Based on the fact that the doctor is a district surgeon who is always called away to the police station or the hospital for district work, he thus has not enough time available to attend to needs of the clients at the clinic.

The Patient's Right Charter stresses that resources at the health centre must be one of the priorities that the community must have. Gillies (1994:213) quoted that "staffing is a logical operation that consists of several interdependent actions of which one of them is predicting the number of personnel in each job category needed to meet the anticipated care demands."

Millard hints that for a health center to be in use, plant and equipment have to be in a state of readiness for operational use with appropriate numbers of staff trained to work according to the system which in turn must match the design (Booyens 1998:44).

Olade (1989:16) made an extensive review of literature on the concept of the expanded role of the nurse which is not new in developing countries where the doctor/patient ratio is very low. As reported by the United States of America's (USA) Department of Health, Education and Welfare, even in industrialised countries like the USA, with adequate doctor population ratio, the health needs of the population may not be met by doctors due to the problem of specialisation and the uneven distribution of health services (Mzolo 2002:271-279).

The four groups highlighted shortage of staff at the curative PHC clinic resulting in increased patient waiting time thus they prefer to go to the hospital where they don't queue for long hours.

Concluding statement

The four groups supported by literature, highlighted that the curative PHC services had lack of material and human resources, thus having a negative impact on the provision of curative PHC services. Lack of human resources result in the ineffective and underutilisation of the curative PHC services.

The need for resources has been emphasised by the four groups as having an impact to curative PHC services delivery.

4.2.2 Lack of safety and security measures in the curative primary health services clinic

The Occupational Health and Safety Act (Act 85 of 1993, as amended) states the importance of safety in a health unit.

All four groups emphasised lack of safety and security at the curative PHC clinic as one of the factors impacting negatively on the abovementioned service.

The *Springs Advertiser* (2001) reported that two clients were hijacked at the curative PHC clinic and one was injured.

The statistics at the Springs Police Station (Criminal Statistics: Springs Police Station 2001) revealed that criminal activities and burglary were committed also on health centres including the curative PHC services where five cases in January 2001 were from the abovementioned centre which entailed car hijacking, bag snatching and assaults.

Members of the four groups raised the factor of lack of security as impacting negatively to curative PHC services. They raised issues of the absence of a fence/wall around the clinic, no security guards and also the absence of a gun free zone.

Concluding statement

The four groups hinted their concerns which is supported by literature that poor safety and security measures in the curative PHC unit impact negatively on its service delivery.

The lack of safety and security measures results in the nurses and the clients being frightened and uncomfortable when they are in this clinic setting and also that they feel unprotected, resulting in the clients preferring the hospital where there is security above the curative PHC unit.

Proper safety and security will boost the morale of the nurses and the community and eventually improve the utilisation of curative PHC services.

4.2.3 Negative attitudes of nurse clinicians towards clients

The attitudes of nurses rendering curative PHC services were found to be uncaring, rude, irritable, impatient, cold and inconsiderate by the informants with chronic conditions and minor ailments and the CHC members.

More so, the group of curative PHC nurses seconded the factors hinted by the other groups about them saying that this is based on them being overworked due to being short-staffed.

Gillies (1994:221) states that for staff effectiveness, the balance between workload and the number of assigned nurses must take place, which means that the statistics was to be taken into consideration for proper staffing.

A similar study conducted in the Springs Obstetric Unit by Mashazi (1998:46) found that negative attitudes of staff were the reason for mothers not utilising the obstetric unit but opted for the hospital.

According to the Health Systems Trust (1996:2), poor staff attitude ranges from aggression to indifference. This usually occurs because of poor staff morale and unhappiness with working conditions.

Morse and Field (1996:214) are of the opinion that a nurse must demonstrate care and concern for patients and relatives which must be emphasised during training. During training the ethos of nursing must be emphasised so that nurses are able to attend to their grievances without being rude to the clients which is not a justification.

Dr Potgieter, at the 9th Biennial congress of the National Society for Nurses, whilst commenting about Prof Searle, quoted that one of the code for nurses from the nursing credo is to provide services with respect for human dignity and for the uniqueness of the client (Fick 2002:13).

In their study entitled "What does quality mean to lay people?" (Haddad, Fournier, Machouf & Yatora 1998:16), a taxonomy of perceived quality was developed which among the five categories included interpersonal relationships between patients and care providers. This required a major challenge in refocusing on quality in the development of health services of which one of them is training.

Motseki, from the North Eastern region commented that a lot of work needs to be done by nurses themselves to reclaim their lost pride and dignity by putting their house in order, to be professional and friendly and perform their duties satisfactorily (Nortje 2001:4).

The *Springs African Reporter* (2001) describes the nurses at the curative PHC unit as rude and inconsiderate.

Peterson (1998:28) states out that an institution's reputation is by far the dominating factor in shaping people's preferences and that, in turn, reputation is shaped to a large degree by perceptions.

Brown, Franco, Rafer and Hartzell (1991:5) point out that those clients who are poorly treated may be less likely to heed the health care provider's advice or may avoid seeking care again.

Wilcock and Campion-Smith (1998:181) report the possibilities of the difficulties that might be encountered in introducing quality and allowing necessary concepts to be introduced where basic skills are lacking. If the nurse clinicians are not trained adequately, then they won't be able to supply quality service to the community.

The White Paper on the Transformation of Health System (Department of Health 1997a:104) highlights that the majority of nurses have poor communication skills which impacts on the delivery of health care.

Concluding statement

Lack of material and human resources will still be an outstanding problem because of mushrooming of informal settlements resulting in frequent change in statistics and an increase in workload.

Nurses are also getting work permits to work in developed countries where the perks are far better compared to South Africa, which is a developing country. This move is also going to result in shortage of nurses and increased workload and dissatisfaction by both the client and the remaining nurses. The Batho Pele principles are also not adhered to.

Budgetary constrains was another factor for shortage of both material and human resources because the demand is always more than the budget and priorities are considered first.

All four groups acknowledged that the nurse clinicians had negative attitudes towards the community.

The nurses themselves seconded that they have negative attitudes and attributed it to the fact that they are short staffed and thus overworked. This fact impacts on the curative PHC services delivery.

The factor of negativism is backed up by literature, which also reveals the attitude of nurses in general towards the community as negative, results in clients preferring to go to the hospital.

4.2.4 Lack of community involvement and communication

Members of the community and the nurse clinicians remarked that there is lack of community involvement and communication in the running of the clinic. The CHC claims that they are not consulted about any change occurring at the clinic.

The nurse clinician also stated that the CHC members do not attend meetings as scheduled and also that the community does not read the local paper which publicise health issues in the health column on a weekly basis.

The nurse clinicians also claimed that the community does not utilise the suggestion box put up in the clinic for making clinic management aware of their problems and suggestions. The CHC and the nurse clinicians feel that lack of community involvement and communication impact on service delivery of curative PHC services.

The White Paper on the Transformation of the Health System in South Africa (Department of Health 1997a:8) states that information is needed for the identification of principles, the monitoring of progress made towards the established objectives, through the establishment of simple community based information systems by the community with the support of the health staff.

The Batho Pele document (Department of Health 1997b), which is in the Government Gazette of 1997, has got three concepts which are accessibility, affordability and community participation. It is also comprised of eight principles of which five relate to community participation. These principles are as follows:

Principle 1

Principle 1 of the Batho Pele document addresses the issue of consultation which states that citizens must be consulted about the level and quality of service they receive and where possible, should be given a choice about the services that are offered.

Principle 2

Principle 2 on service standards explains that citizens must be informed on what level and quality of services they will receive so that they are aware of these standards and also on what to expect from the services.

Principle 5

Principle 5 on information which highlights the fact that citizens must be given full and accurate information about the services they are entitled to receive.

Principle 6

Principle 6 is about openness and transparency whereby citizens must be informed about national, provincial and local departments involvement and also on costs and to whom they should report or receive information from if sought by them.

Principle 7

Principle 7 on redress explains that if a promised service is not delivered, citizens should be offered an apology and a full explanation. Where complaints are made, citizens should receive a sympathetic, positive response.

According to Booyens (1998:625), focus should be directed onto the complaints of the community and the establishment of a CHC, which contributes towards community participation in the maintenance of health care standards.

She also states that community ownership acts as a mechanism whereby pressure can be exerted onto health services and professional practitioners in the pursue of service excellence.

The ANC (1994a:119) also states that lack of community participation creates inefficiency in terms of service delivery resulting in diminished usage of the service.

Knippenberg (1997:540) indicates the importance of the involvement of communities in decision-making and financial management of the health services as a vital part of the system's sustainability.

The absence of complaints rarely means an absence of dissatisfaction. Complaining is a patient's right and every health care provider has a responsibility that patients who want to complain, do so and where necessary, inform them on how to lodge their complaints (Peterson 1998:145).

Concluding statement

All the groups seconded each other that lack of community involvement and communication contribute to the client dissatisfaction at the PHC curative clinic because the views of the community in matters relating to the running of the clinic are of paramount importance and due to lack of participation, have an impact in the rendering of services.

Lack of knowledge about the availability of a suggestion box, the media and the complaints committee are also affecting the fact that the community cannot have an input on the curative PHC services delivery.

4.2.5 Lack of clinic management involvement

Two of the groups highlighted that there is lack of involvement by the clinic manager in the running of the clinic. These groups stated that the clinic manager never attends clinic meetings nor take clinic rounds.

Schneider (1999:19) states that the problematic attitude of health care providers are due to inappropriate management and general neglect of health care providers by management. He further states that supervision at primary level seems to be inadequate, with only technical content related to inputs, processes or outputs of care from management.

Concluding statement

The two groups acknowledged that the clinic manager was not involved in the service provision and the running of the clinic. This statement is backed up by literature which also reveals that there is a lack of management support at primary level.

4.3 SUGGESTIONS FOR IMPROVING THE UTILISATION OF CURATIVE PRIMARY HEALTH CARE SERVICES

The suggestion made by all four groups will be discussed under the five main categories that emerged from the interviews:

- Availability of facilities, resources and supplies.
- Proper safety and security measures.
- Change of attitudes by nurse clinicians towards their clients for the better.
- Improving community involvement and communication.
- Involvement of clinic management.

4.3.1 Availability of facilities, resources and supplies

The ANC (1994b:4), when looking at the concern regarding accessibility and affordability of health services, earmarked that curative PHC services be offered to the community free of charge. This was proposed as the most captivation funding model for delivering improved health outcomes.

The model also incorporates need based funding formula, locality health needs assessment and an increased role for PHC nurses.

The District Service Planning Framework (Department of Health 2003:3) highlights that equipment, drugs and facilities will be determined by:

- The service package provided.
- The number of rooms needed per staff member or service delivery point (derived from the calculated staffing).
- The size and number of clinics determined by the number of visits and the number of rooms available or planned, within a defined range.

Comments made by all four groups seconded the issue that the curative PHC services has lack of material and human resources and that need analysis must be carried out so that planning according to priority must be done to ensure the provision of resources.

The Department of Health (1997c:11) ensured the availability of facilities through the upgrading programme for building facilities. The clinic in this research was upgraded and the curative PHC wing was opened but the clients still bypassed this service and went to the hospital.

Drug shortages were also mentioned by the group members and that without drugs then there is no service. They earmarked that there must be enough drugs and the ordering system must be formulated so that drugs are always available at the clinic.

Most clients are referred to the hospital, based on the fact that the doctor is not available, because he does sessions, leading to the curative PHC centre being underutilised and resulting in overcrowding at the hospital.

Principle 2 of the Batho Pele document (Smith 1994:12) on affordability, explains that health services must be at the cost that the client, community and the country could afford.

It also stated in principle 8, of the abovementioned document, that public services must be provided economically and efficiently in order to give citizens

the best possible value for money, which means that clients must utilise the clinic which is available and affordable unlike the hospital, where they have to pay and utilise transport.

Efficiency and effectiveness form the foundation of a successful enterprise (Gerber, Nel & Van Dyk 1987:29).

Effectiveness refers to doing things the right way and it is only possible if the human and material resources are available. The availability of these resources increases the utilisation of the service by the consumers.

Effectiveness, according to Long and Harrison (1985:226), refers to the technical efficiency/competency brought about by diagnostic and treatment protocols.

Effectiveness also involves the following:

- Basic in-service training.
- Supervision.
- Staff meetings.
- CHC participation.
- Job descriptions.
- Performance appraisal.

Gribben and Coster (1998:22), in their study on a future PHC in New Zealand, state that a model, which incorporates a need based funding formula, locality health needs assessment and an increased role for PHC, will improve local community responsiveness.

Human resources

Thipanyana and Mavundla (1998:28), in their study on the provision of PHC in two rural districts, revealed that seventy five percent of the respondents indicated that the clinic staffing was inadequate and suggestions were made

that clinics must be staffed according to the WHO staffing norm.

According to the District Service Planning Framework (Department of Health 2003:1), staffing is determined by the number of each category of staff per service delivery point and is calculated by dividing the total workload for the staff category (driver or numerator) by the respective workload or norm. Extended hours of opening (14 or 24 hours) as well as additional staff added for facility management and clinical or professional supervision are factored into the workload where appropriate. A weighing factor for the workload ratios reflecting the proportion of curative care as opposed to preventative care is however seen as necessary and is incorporated into the calculations.

The staff component must also incorporate, overtime, leave and sick leave above the staff requirement of a 40 hour week services.

The issue on nursing training is highlighted by Mellish and Wannenburg (1992:29) in their study on legal limitations for nurse prescribers in PHC where they state that nurses should be empowered to practice within the legal and ethical boundaries. Nurses need training to become competent practitioners.

Lishner, Richardson, Levin and Patrick (1996:45), in their study on access of PHC among persons with disabilities, discovered that the absence of specialised expertise, facilities and primary care providers trained specifically to care for the disabled, resulted into failure of the local health system to adequately address the needs of individuals with disabilities. This emphasis the need to have trained nurses to provide curative PHC services so that they can make correct diagnosis and treat accordingly.

Concluding statement

The need for availability and human and material resources was emphasised by all four groups. If the resources are available, the clients will utilise the clinic instead of the local hospital which is already overcrowded.

4.3.2 Proper safety and security measures

In a study conducted by Buthelezi (2001:24) on the community health nurse, one of his recommendations was that security should also be provided at the community facilities since crime is high. Safety and security for both clients and nurses are imperative and should be improved so that clients can heal and nurses can work under a well-protected therapeutic milieu.

All four groups in the research made suggestions that safety and security measures must be improved at the clinic for the community and the curative nurses safety.

The Ekurhuleni Metropolitan Council's is aware of the need for safety and security of employees and have a policy which implies that:

- There must be at least two trained security guards to patrol all local authority departments and the parking areas, including the clinic.
- Safety locks that are controlled from within the local authority departments must be installed in all entrance/exit doors.
- A gun free zone must be emphasised by means of legible signs on all departmental walls of the local authority.
- There must be a security fence around all local authority departments.
- As the clinic is part of the local department, the abovementioned security measure are necessary at the clinics as the building is actually build away from the houses at a more central point for access. The clinic manager must suggest for the clinic fence and also look at the possibility of outsourcing security guards through budgeting so as to adhere to the standing policy. Alarm systems and safety locks are available at all clinics (Ekurhuleni Metropolitan Council 1998).

Concluding statement

The four groups agreed that the curative PHC clinic lacks safety and security measures.

The issue of the security guard that was raised by Group B is that he must be trained and carry a gun. The Ekurhuleni Metropolitan Council Policy does not allow the security guards to carry a gun but to have a two-way radio for immediate communication. They felt that if a security guard carries a gun, he falls target to the thieves who then will want his gun (Ekurhuleni Metropolitan Council 1998:9).

The community must play a major role in taking care of the clinic because it is their clinic and if vandalised, they also suffer. Thus cooperation of the community on the clinic's safety is imperative as it is not functioning over the weekends. This may be facilitated through the formation of community groups to patrol the clinic on rotational bases.

Proper safety and security measures will make the curative PHC nurses and the clients to be at ease and not to fear coming to the clinic.

4.3.3 Change of attitudes by nurse clinicians towards their clients

The above was suggested by the four groups and hinted that nurses need to change their attitudes to be more caring and approachable. PHC nurses also emphasised that they would change their attitudes and also requested that management must play its part on provision of human and material resources to be able to run the service efficiently and effectively.

The Patient's Right Charter spells out that health workers must respect the rights of people and must treat them with respect and dignity. On that note, emphasis must be placed on nursing ethos in the nursing curriculum and workshops must be arranged in nursing and the teaching must not be a once off occurrence (Department of Health 1999b:12).

Nurse clinicians expressed that management must play a major role in the provision of human and material resources to ensure quality care. Continuing education and in-service training of the nurses was also earmarked to be essential for them to keep abreast with new developments. The White Paper on the Transformation of the Public System in South Africa (Department of Health

1997b:103) states that health workers need to improve their attitudes and develop a caring ethos.

Principle 4 of the Batho Pele document (Department of Health 1997b:16), states that the community must be treated with courtesy and consideration. It also states that all departments must set standards for the treatment of the public and incorporate these into their codes of conduct, values and training programmes, staff performance will be regulated, monitored and discourtesy will not be tolerated (Ekurhuleni Metropolitan Council 2001:4).

Concluding statements

Change of attitude of curative PHC nurses towards clients was mentioned by all the four groups and supported by literature that they need to change their attitudes to be caring towards clients.

4.3.4 Improving community involvement and communication

The respondents from all four groups, highlighted that if community involvement and communication are implemented it will increase client satisfaction as they would have been involved in decision making situations pertaining to their clinic.

The Batho Pele document (Department of Health 1997b:16) indicates in its principle 3 that community participation is necessary for the successful running of a department.

Principle 1 of the Batho Pele document addresses the issue of consultation. The community must be consulted about the level of quality of service that they receive and where possible, should be given a choice about the services that are offered.

The community must be consulted so that planning of the clinic and the service it renders must suit their needs.

The members of the CHC must be contacted and attend meetings with the clinic staff regularly.

Since the inception of Ekurhuleni Metropolitan Council, there are ward committees of which one of them is representing health. Thus elected member must be part of the CHC or liase frequently with them which will increase communication between the clinic staff, CHC and the community.

The usage of the suggestion box which is available at the clinic must be emphasised. The community must be educated on how to use the suggestion box. The complaint committee which is usually the CHC members and the clinic staff, opens the box before their monthly meetings and at the end ensures that complaints are taken care of or referred to higher authority where necessary.

Utilisation of the media as a means of communication is also emphasised by the four groups. There is a health column in the local newspaper through which updates on health issues is done and the community is encouraged to give their inputs also through the media. Issues such as campaigns, seminars and outbreaks are reflected in the local newspaper and the community must be encouraged to read the paper. Pamphlets and posters are also available at the clinic for the community.

Principle 5 of the Batho Pele document highlights that citizens must be given full and accurate information about the services that they are entitled to receive.

The National Health Plan of South Africa (ANC 1994b:7) states that community involvement breaks the chain of dependency and increases the chance that the health programmes will be acceptable and appropriate to the needs of the community.

A complaint system should be introduced and reviewed and be welcomed as an opportunity to improve services by identifying weaknesses which must be remedied (Department of Health 1997d:24).

Concluding statement

The two groups which are the CHC and the nurse clinicians are both of the opinion that there is little contact between them resulting in implementation in the running of the clinic which are not being a people-driven approach as encouraged by the RDP document (ANC 1994a:8)

If the CHC and the nurse clinician can work hand in hand, the running and planning of the clinic will address the needs of the community and will also enforce the principle of accountability and the delivery of appropriate services which will ensure client satisfaction.

The utilisation of all other available resources will also improve service delivery and utilisation by the community.

4.3.5 Role of clinic management

Management is responsible to meet the needs of the community and implement the policy of the government.

Firstly, management has to ensure that human and material resources are available according to need analysis. Posts must be created and budgeted for to prevent staff shortage (ANC 1994b:76).

Based on the fact that there is limited scope for the re-distribution of resources, it is important that a framework be established to ensure fair distribution especially to the under-funded relative to their needs (ANC 1994a:76).

Knippenberg (1997:538) earmarked that experience has shown that sound management strategies can bring quality in both preventive and curative services.

“The heart of quality is not technique. It is the commitment by management to it’s people and product stretching over a period of decades and lived with persistence and passion that goes unnoticed and is currently unknown in most organisations today” (Austin 1985:118).

The clinic manager must also have an open door policy for her to be able to solve problems that need immediate attention.

Management must also provide quality assurance programmes for their staff to improve service delivery to the community that is being served and a training programme must also be in place to ensure that staff keep abreast with new development.

Overtime remuneration must be in line with that of the Ekurhuleni Metropolitan Council and overtime hours adhered to. Nurses must not be overworked. The manager must also liase with the staff, the community and health authorities and become a good communicator and gives feedback to the staff and CHC during meetings.

A study conducted by Muller (1993:1) on participative management, in health care services states that participative management involves interactive assessment, planning, implementation and evaluation by the appropriate participants in health organisation. This should encourage collaborative, shared governance and ownership by all role players in the health care delivery service.

It is suggested (Kelaghan 1994:1-2) that management should define and record policies for quality, including the objectives to show their commitment to quality.

Management should also identify resource requirement and provide adequate resources including the assignment of trained personnel for work performance and also to carry out quality audits.

Concluding statement

The curative PHC nurses highlighted that they are short staffed and overworked and thus end up being rude to their clients because of being stressed, that is why management must play a major role in looking into staff problems and attending to effectively.

Monthly or weekly meetings between management and staff will promote effective curative PHC as problems will be attended to as they arise.

4.4 SUMMARY

In this chapter data gathered from literature was compared with data obtained through focus group interviews to ensure trustworthiness. Similarities and differences were highlighted.

Literature also supported the five categories highlighted by the respondents as having a negative impact on the provision of curative PHC.

The suggestions made by respondents to improve the utilisation of the curative PHC services were supported by literature.

These suggestions were utilised by the researcher to formulate strategies to improve curative PHC services.

In chapter 5, overview, strategies and recommendations will be discussed.