

## **CHAPTER 5**

### **Overview, strategies, recommendations and limitations**

#### **5.1 INTRODUCTION**

As the National Health Plan for South Africa (ANC 1994b) has cited in its restructuring of the health system, the factors which needed to be addressed which are affordability, availability, accessibility and equity of health service provision especially to the disadvantaged group, was to be implemented.

The clinic under study was in the past providing preventive and promotive health care and the treatment of minor ailments. Clients had to go to the hospital for curative services which necessitated them to walk long distances and to use transport to go there. They also had to pay at the hospital. In order to address this shortcoming, the clinic started rendering curative PHC services in May 1996, resulting in the clinic now rendering a comprehensive service to the community.

Despite the availability of this service, clients still attended the local hospital and bypassed the clinic which was now rendering comprehensive health service for their benefit.

The researcher then conducted this research to try and find a solution to the problem by asking the following research questions:

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

#### **5.2 OBJECTIVES OF THE STUDY**

The objectives of the study were fourfold:

- To explore and describe the perceptions of members of the community on the utilisation of the curative PHC services at the clinic.
- To explore and describe the suggestion made by the community to improve curative PHC services at the clinic.
- To identify limitations in the utilisation of curative PHC services at the clinic.
- To formulate intervention strategies to be utilised by the nurse clinicians to improve curative PHC services at the clinic.

### **5.3 RESEARCH DESIGN**

A qualitative explorative and contextual design was followed so as to explore the opinions of clients who attended the hospital's OPD for chronic medication, who were referred to the clinic, clients with minor ailments, the CHC members and the nurse clinicians. The researcher explored the suggestions made by the four groups on how to overcome the factors that impact negatively on the provision of curative PHC services.

Data was gathered by means of focus group interviews and semi-structured open-ended questions were asked.

Data management included audio-taping of the four focus groups and data analysis was done whereby interviews were transcribed verbatim and analysed with the aim of identifying the main categories and sub-categories.

### **5.4 SAMPLING METHOD**

A purposive convenient sampling method was used which consisted of four focus groups, which included clients who preferred to visit the hospital rather than the clinic, nurse clinicians responsible for rendering curative services at clinic level and members of the CHC.

## **5.5 RESEARCH FINDINGS**

The following factors that have an impact on the provision of curative PHC services were identified by all the four groups:

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

Two groups (the nurse clinicians and the CHC members) had also identified lack of involvement of clinic management.

Suggestions made by the four groups for improving curative PHC services are as follows:

- Change of attitudes by nurse clinicians towards their clients.
- Proper safety and security measures.
- Availability of facilities, resources and supplies.
- Improving community involvement.
- The two groups, namely the nursing clinicians and the CHC members also suggested a greater involvement of clinic management.

## **5.6 INTERVENTION STRATEGIES**

The goal of intervention was to address the factors that have been identified.

### **5.6.1 Change of attitudes by nurse clinicians towards their clients**

The strategy is directed at changing the negative attitudes of nurses towards their clients.

### **5.6.1.1 Training**

One of the most positive forces in promoting quality of care is continuous education and regular reflections on what takes place. As there is a training unit in the Ekurhuleni Metropolitan Council, the manager must liaise with the training unit and forward the departmental skills development plan for the year. The skills development plan must be done by the clinic manager in consultation with the staff, taking into consideration the departmental skills audit.

For them to be able to attend the above, the clinic manager must conduct a human resource analysis and placement to curb staff shortages so as to allow this category of nurses to attend.

In-service training which can be conducted in-house can be arranged by the manager for the staff. In-service training on interpersonal communication will also equip them to deal with clients.

### **5.6.1.2 Overtime remuneration**

The nurses must be remunerated for overtime according to the standing policy of the Ekurhuleni Metropolitan Council (2001) on basic conditions of employment like other employees working for the same employer in other departments of the council. They should not be told by the clinic manager that they can take time off which is not feasible because of shortage of staff. The manager should budget for overtime remuneration like other departments in the council based on the need. The principle of equity must apply. If employees from other departments of the Ekurhuleni Metropolitan Council get remunerated for overtime, so should the nurses.

### **5.6.1.3 Rewards and incentives**

Progress reports must be written by the clinic manager on her staff. They should be evaluated accordingly and incentives and rewards given where due, to boost their morale. The manager, in conjunction with the director for health

services, must evaluate the reports taking into consideration the norms and standards of the clinic as a criteria.

#### **5.6.1.4 *Caring ethos***

Nurse clinicians must be encouraged to have a caring ethos and to improve their attitudes towards their clients taking into consideration the Batho Pele Principles and the Patients' Rights Charter by ensuring that nursing ethos is emphasised during training in the four-year course curriculum.

#### **5.6.2 *Proper safety and security measures***

The strategy for safety and security measures is aimed at ensuring a safe environment at the clinic and should include the following:

##### **5.6.2.1 *Erection of fence***

The clinic manager should prioritise her budget to include a security fence for the clinic. The non-governmental organisations and the CHC could also play a role by involving private providers for funding and fundraising projects in the spirit of public-partnership. Most companies in Springs are willing to contribute towards health care delivery. The fence should be of good quality so that it cannot be stolen.

##### **5.6.2.2 *Provision of security guards/volunteers***

At least one trained security guard should be provided to guard the clinic. The security guard must be provided by the Ekurhuleni Metropolitan Council as its safety and security policy states that there must be a security guard in all municipal buildings (Ekurhuleni Metropolitan Council 2001a:2). Budgeting for a security guard must be carried out by the safety and security department as a priority need for the clinic. The security guard will guard the clinic during the day. During the nighttime an alarm system which is connected to the control room of the Council will be in place.

The community can also form groups to take turns in safe guarding the clinic as stated in their recommendations. The Ekurhuleni Metropolitan Council must recognise the groups so that people do not pose as volunteers and then vandalise the clinic.

### **5.6.2.3 Provision of a gun free zone**

Boards must be provided to demarcate areas at the clinic that are gun free zones. As mentioned before, the security guard must be able to ensure that no dangerous weapons are carried into the clinic by following the standing gun free zone policy of the Ekurhuleni Metropolitan Council (Ekurhuleni Metropolitan Council 2001a:2).

### **5.6.3 Availability of facilities, resources and supplies**

The strategy to address the availability of facilities, resources and supplies is aimed at ensuring their availability because without them, there is no service.

#### **5.6.3.1 Needs analysis**

Performance of needs analysis must be done by the clinic manager and she must prioritise according to needs. The clinic manager must attend the community and clinic meetings, so that she can identify their needs and prioritise them.

The extension of the clinic building must be included in the capital budget by the clinic manager so as to increase the waiting area to ensure that patients are always under shelter.

#### **5.6.3.2 Support services**

There must be a good liaison between the nurse clinicians and the support staff, for example the pharmacist. Problems regarding drug supply must be investigated and sorted out by the clinic manager, the clinic staff and the pharmacist. Transport must be arranged timeously by the responsible person

so as to ensure collection and delivery of drugs. Drug protocols must be followed regarding the ordering, storage, control and delivery of drugs and remedial action must be taken where necessary. The ordering system must follow set norms and standards so that resources are delivered accordingly and the clinic manager in conjunction with the clinic head, must ensure that the system is carried out.

### **5.6.3.3 Human resources**

The staffing norms earmarked by the district service-planning framework must be followed, taking into consideration the prerequisites which are:

- The size of the clinic: If the clinic is small and cannot cater for the population it serves it won't help to increase staff because they won't have space to work from. The clinic in the study is small and understaffed based in relation to the population it serves.
- Type of services rendered: A health centre that renders a comprehensive service, for example a community health centre must be staffed with the proper staff skill mix for service delivery, for example doctor, midwives and counsellors.
- The statistics of clients utilising the service: Even if the clinic building can be enlarged the statistics must be taken into consideration when staffing it.
- Budget for a full time doctor.

As there are budgetary constraints, there might not be enough money available for a full time doctor but the number of the doctor's sessions must be increased to suit the need of the clinic. The doctor must also not be burdened with too much responsibilities that will make him not to be able to fulfil his allocated tasks, for example district surgeon work.

#### **5.6.4 Community participation and communication**

Community participation and communication are regarded as a way to empower individuals and give them the opportunity to take responsibility for their own health.

##### ***5.6.4.1 Involvement of the community health committee***

The CHC must be actively involved in clinic issues by attending scheduled meetings with the clinic staff and must understand their portfolio as members of the CHC. Ward committees who were elected in the health sector must form part of the CHC because they are the steering members.

When conducting ward committee meetings, the ward committee members would form better liaison between the clinic and the community because the community forward their problems to them. They then in turn can liaise with the clinic staff.

##### ***5.6.4.2 The suggestion box***

Utilisation of the suggestion box by the community must be encouraged.

The suggestion box must be visible and provided with a pen and paper for the community to write on.

The community must be encouraged to write their phone numbers or addresses where possible so that they can be contacted after their suggestions were taken into consideration. The suggestion box must be locked and the clinic head must keep the keys.

The suggestion box must be opened monthly by a CHC member and the clinic staff so that problems or suggestions are read during their scheduled meetings and the opinions and suggestions are raised in order for them to be attended to.

The complaint procedure must be placed on the wall and it must be explained to the clients. Illiterate clients must report verbally to the clinic head and the staff who must assist the client in writing down the complaint and signing it. The complaint procedure spells out that the complaint must be written down for it to be attended to.

#### **5.6.4.3 Local newspaper**

The community must be encouraged to read the health column in the local newspaper (*The Outlook*) which is supplied free of charge to keep abreast with new health developments, for example disease outbreaks like Cholera and on how to curb it.

#### **5.6.5 Involvement of clinic management**

Clinic management should be at the spearhead of involvement in quality care through strong leadership. The following aspects should be addressed:

- Must ensure adherence to the National Health Policy on fair distribution of resources according to need analysis so that there is no group which is disadvantaged.
- A participative management style should be followed to identify the needs of members of staff and that of the community.
- To budget strategically according to priorities and to take into consideration the available budget.
- To ensure that the study leave policy is implemented so as to upgrade the education level of her staff.
- To supervise staff regularly to ensure that the set standards and policies are adhered to.
- An open door policy should be followed so that the staff and the community can approach him/her with health related issues.
- Incentives and merit rating should be done for deserving staff members.

## **5.7 RECOMMENDATIONS**

Recommendations are based on the research findings and the intervention strategies formulated from the suggestion made by the four groups.

The recommendations will be discussed under nursing practice, nursing education and research.

### **5.7.1 Nursing practice**

The recommendations made are based on the principles of PHC highlighted by the National Health Plan (ANC 1994b) which are availability, accessibility and affordability.

The following strategies should be implemented:

#### **Resources**

Regarding resources, the clinic management should:

- Budget and motivate for additional consulting rooms to be built on the clinic grounds.
- Monitor availability of drugs and prompt reaction to “stocks out” in liaison with the pharmacy department.
- Motivate for adequate staffing to Ekurhuleni taking into cognisance the clinic statistics.
- Budget according to priorities as outlined in the Integrated Development Plan.
- Engage in public private partnerships to accommodate budgetary constraints.

#### **Safety and security matters**

Regarding safety and security matters the clinic management should:

- Negotiate and budget for security guards at clinics.
- Explore the feasibility for implementing gun-free zones at clinics.
- Budget for fencing around the clinic.
- Budget and motivate for car parking areas to be enclosed.

### **Community participation**

- Hold regular meetings between CHC and clinic staff to facilitate and promote communication.
- Promote community ownership through health education and workshops.
- Workshop and role clarification of CHC and ward committees.

#### **5.7.2 Nursing education**

The nursing service manager should ensure that:

- Training of nurses on short courses and in-service training on interpersonal skills to empower them.
- Adherence to the study leave policy for nurses to improve themselves and to keep abreast with new developments.
- Inclusion of nursing ethos in the curriculum of nursing education throughout the four-year training.
- Training of the CHC and the ward committee regarding role clarification so that they know what the clinic head expects of them.
- Education of the community through the media and health education sessions on community participation in health care.

#### **5.7.3 Nursing research**

The contextual nature of this study is such that it cannot be generalised to a larger population. Further research needs to be executed on a larger based population sample.

## **5.8 LIMITATIONS OF THE STUDY**

As this study only investigated the factors that impact on the utilisation of curative PHC service, the findings cannot be transferred to other curative PHC services as only six CHC members were interviewed.

## **5.9 SUMMARY**

The intervention strategies and recommendations that emanates from the suggestions made by the four focus groups should be implemented so as to improve the utilisation of curative PHC services by the community for which it was intended.