

# **CHAPTER 1**

## **ORIENTATION TO THE STUDY**

### **1. INTRODUCTION**

Primary healthcare services are essential, and constitute the first level of healthcare delivery by the healthcare system. It is of paramount importance that these services are available and accessible to the people. The National Health Plan, outlined by the South African government, states that primary health care should be accessible and available to every member of the community in such a way as to promote health and prevent illness (ANC 1994a:72).

One of the eight principles of 'Batho Pele', an initiative of the South African government to improve service delivery in the public sector, also implies that access to services, including health services, should be improved (Department of Public Services and Administration 1997:15). In the past, rural communities had experienced problems in terms of access to healthcare facilities due to lack of infrastructure such as transport.

Access to healthcare services is influenced by not only transport but also other factors such as social and cultural influences, physical abilities of patients, infrastructure, communication systems and attitudes of healthcare providers (Department of Public Services and Administration 1997:11).

Health services that are inaccessible to the people defeat the purpose. In this chapter, background information on health services in a specific geographical area will be given as an introduction to the research.

## 1.1 BACKGROUND TO THE STUDY

In South Africa, since 1994, more than seven hundred (700) clinics were built or completely upgraded. Four hundred and ninety-five (495) new clinics were erected and 2298 existing clinics upgraded (most received new equipment). One hundred and twenty-four (124) new service points were established and one hundred and twenty-five (125) mobile clinics purchased. (Department of Health 1997:7.) However, many clinics in the Capricorn district of Molemole municipality are still awaiting upgrading.

Limpopo Province is divided into six health districts, namely Waterberg, Vhembe, Capricorn, Mopani, Eastern, and Sekhukhune. Each district comprises a number of municipalities. Capricorn district includes five municipalities, namely: Lepelle-Nkombi, Aganang, Molemole, Blouberg, and Polokwane. This study will focus on Molemole municipality only. Molemole has five clinics of which one is a mobile clinic. The clinics are: Matoks, Ramokgopa, Eisleben, and Makgato. Two clinics, Eisleben and Makgato, operate 24 hours while Matoks and Ramokgopa operate only during office hours (07:00-16:00). A mobile clinic is in operation from Monday to Friday, but health services are available to clients only from Monday to Thursday at various service points. Fridays are scheduled for administrative work.

According to the Hospital and Nursing Yearbook 2003 (2003:2000), the Molemole municipality comprises an area of 3347 km<sup>2</sup> and has a population of 127 579. Molemole municipality is approximately 50km from Polokwane City, along the N1 highway towards Makhado (Louis Trichardt). The clinics of Molemole are situated in rural areas just south of the Tropic of Capricorn. Transport networks consist mainly of gravel roads and smaller dust roads. Community members usually use buses and taxis as means of transport. Taxis are regular and frequent, but they are relatively expensive – many people from the impoverished rural communities cannot afford them. Bus services are cheaper, but they do not provide regular transport. They are only available at peak times in the mornings and evenings. The villages Makgato, Phasha and Eisleben experience transport problems due to limited bus services. Very few people in the Molemole municipality own vehicles

(Department of Health 1999:7). The climate of the region is described as follows: summers hot and winters cool to cold, especially at night.

Communities are involved in health matters through clinic committees that consist of elected community members. Clinic committees meet with representatives from the provincial department of health and welfare on matters such as staffing and the safety of staff, insufficient equipment, upgrading of clinics and accelerating the process of upgrading.

The purpose of this study is to explore the level of satisfaction of community members in the Molemole municipality regarding accessibility of primary healthcare services in the area.

## **1.2 RESEARCH PROBLEM**

Due to lack of transport, limited resources, and the nature and quality of primary health care, it seemed as if many clients were experiencing a problem with regard to the accessibility of health services.

## **1.3 PROBLEM STATEMENT**

Clients in the Molemole municipal area seemed to experience difficulty accessing primary healthcare services, especially in terms of their functional, geographical, financial and cultural accessibility.

## **1.4 RESEARCH OBJECTIVES**

*Specific objectives of this study are to:*

- Determine the accessibility of primary healthcare services in the Molemole municipality with regard to geographical, financial, functional, and cultural accessibility; and to

- Identify factors that adversely affect the accessibility of primary healthcare services in the Molemole municipality.

## **1.5 SIGNIFICANCE OF THE STUDY**

Significance of nursing research relates to the relevance of the research to the nursing profession and the positive effects it has on nursing knowledge and/or nursing practice (Polit & Hungler 1995:4).

*Findings of this study might be useful to:*

- Clients (healthcare consumers) if research results indicating ways of improving access to primary healthcare services were utilised by healthcare authorities; and
- Healthcare providers if research results indicating ways of improving the quality and nature of services were implemented.

## **1.6 DEFINITIONS OF KEY CONCEPTS**

- **Client**

A client is a person or customer that uses the services of a lawyer, architect or other professional person (The Pocket Oxford Dictionary 1992:130). According to Dreyer, Hattingh and Lock (2000:15), a client in health care is an individual within the community, family or workforce with a specific healthcare need. For the purposes of this study, 'client' refers to adults (males or females) who utilise primary healthcare services delivered by a mobile clinic and by the clinics Makgato, Eisleben, Matoks and Ramokgopa in the Molemole municipality.

- **Client satisfaction**

Client satisfaction is a multidimensional concept that is rooted in human experience. Individuals judge it subjectively. It is the result when patients

understand and accept their health status and the actual logistics of care. It is also the perception that treatment has resulted or will result in improved health. (Lindsey, Henly & Tyree 1997:31.)

- **Accessibility**

Accessibility is the easiness with which something is obtained or reached (The Pocket Oxford Dictionary 1992:5). Dreyer *et al.* (2000:132) define accessibility in health care as the continuing and organised supply of an equitable level of health care that is within easy reach of all citizens geographically, functionally, financially, and culturally.

*Geographical accessibility* implies that aspects such as distances, travelling time and means of transport are acceptable to the community served. *Financial accessibility* concerns affordability of services for the community and state (Dreyer *et al.* 2000:132). *Functional accessibility* implies that the appropriate type of health care is made available to individuals when they need it.

*Cultural accessibility* refers to the acceptability of services within the cultural norms and values of the community. Acceptability in the context of health care implies that services relate to the needs of people that are serviced (Dreyer *et al.* 2000:157). In the context of this study, accessibility is the continuing supply of an equitable and acceptable level of primary health care to the majority of community members of the Molemole municipality.

- **Primary healthcare services**

Primary health care is essential health care, and is based on practical, scientifically sound and socially acceptable methods and technologies. It should be universally accessible - the whole community should fully participate at an affordable cost – and it should be geared towards self-reliance and self-determination (WHO 1990). For the purpose of this research, primary healthcare services are all health services that are provided by community nurses at clinics in the Molemole municipality.

## 1.7 THEORETICAL FOUNDATION OF THE STUDY

### 1.7.1 THEORETICAL FRAMEWORK

Nursing research and nursing theory are interdependent and inseparable. A theoretical framework guides and helps the researcher to formulate ideas for research (Brink 1996:66). Relevant national health policies emphasising accessibility of primary health care provide much of the theoretical framework for this study. These policies include the National Health Plan (ANC 1994a), the White Paper on the Transformation of Health Systems (Department of Health 1997) and the White Paper on the Transformation of Public Service Delivery - Batho Pele (Department of Public Services and Administration 1997).

#### ➤ **National Health Plan**

The previous South African government with their policy of apartheid developed a healthcare system that was governed by legislation, statutory bodies and health institutions. Through these legislation and institutions, racial segregation and discrimination in health care were sustained. (ANC 1994:7a.)

Recognising the need for a total transformation of the health sector in South Africa, the African National Congress (ANC) initiated a process of developing an overall national plan based on the primary healthcare approach. The primary healthcare approach is the underlying philosophy of the restructuring of the health system. This approach embodies the concept of community development. It is based on community participation in planning, provision, control, and monitoring of services. The aim is to reduce unequal access to health services, especially in rural areas and deprived communities (ANC 1994:19a).

According to the National Health Plan (ANC 1994a:19), the health of all South Africans will be secured and improved mainly by achieving equitable social and economic development with reference to the level of employment, standard of education, and the provision of housing, clean water, sanitation and electricity. In addition, the levels of violence and malnutrition and the promotion of a healthy

lifestyle should be addressed, and accessible healthcare services be provided (ANC 1994:19a).

➤ **White Paper on the Transformation of Health Systems**

South Africa has a population of 45 167420 million (Hospital and Nursing Year-book 2003), seventy-three per cent (73%) of whom are women and children. Although classified as a middle-income country and spending 8,5% of the gross domestic product (GDP) on health care, South Africa exhibited major disparities and inequalities (Department of Health 1997:11). The majority of the population lived in rural and underserved areas and had inadequate access to basic services such as health, clean water and sanitation. This situation was the result of former apartheid policies that ensured racial, gender and provincial disparities. The aims of restructuring the health sector were *inter alia* reducing disparities and inequities in health service delivery and increasing access to an improved and integrated service based on primary healthcare principles (Department of Health 1997:14).

A national committee made up of representatives from the national and provincial health departments was established with the object to develop a district health system (DHS). The committee agreed that the DHS should be based on twelve principles, and planners had to adhere to these principles. One of these principles was the provision of accessible health services (Department of Health 1997:28). The goal outlined in the restructuring and development programme was to have a single national health system based on the DHS. The DHS should facilitate health promotion, provide universal access to essential health care and promote rational planning and appropriate and optimal utilisation of resources, including private healthcare resources. (Department of Health 1997:29.)

➤ **White Paper on the Transformation of Public Service Delivery**

When the then minister of public service and administration, Zola Skweyiya, was elected to office, he acknowledged the importance of building a public service that was capable of meeting the challenge of improved service delivery to the citizens

of South Africa. Access to decent public services was no longer the privilege of a few, but the rightful expectation of all citizens, especially those previously disadvantaged.

The principles underlying the philosophy of a transformed people-orientated service are: consultation, service standards, access, courtesy, information, openness and transparency, redress, and value for money (Department of Public Services and Administration 1997:8). The transformation of public services is judged by the practical improvement in service delivery that people see in their everyday life according to the criteria of effectiveness (Department of Public Services and Administration 1997:2).

The White Paper on the Transformation of Public Service Delivery introduced a fresh approach to service delivery. This approach puts pressure on systems, procedures, attitudes and behaviour within the public service (including public health services) and re-orientates them in the customer's favour. In this approach, the needs of people are addressed. (Department of Public Services and Administration 1997:6.) The approach is encapsulated in the name 'Batho Pele' that has been adopted by the initiative. This Sesotho adage can be rendered as 'people first'. Communities are encouraged to participate in the planning of services to improve and optimise delivery for the benefit of the people (Department of Health 2001:10).

## **1.7.2 THEORETICAL ASSUMPTIONS**

Assumptions are basic principles that are being accepted as truth because of logic or reason without proof or verification (Polit & Hungler 1993:13). According to Burns and Grove (1993:45), assumptions are statements that are being taken for granted or considered true, even though these statements have not been tested scientifically.

*In the context of this research, the following assumptions are formulated:*

- All citizens should have equal access to primary healthcare services to which they are entitled.

- Primary health care is the first level of contact with clients and provides them with relevant basic healthcare services.
- Clients have the right to complain if any aspect of a primary healthcare service (including accessibility) is considered unsatisfactory.
- Improved accessibility to health services will enhance the health status of a community.

## **1.8 RESEARCH METHOD**

### **1.8.1 RESEARCH APPROACH**

The research approach will be quantitative and descriptive. Quantitative methods attempt to measure phenomena on a numeric scale. They produce data that reflect, at least, the frequency with which a phenomenon occurs and, at most, an exact measure of the amount of the phenomenon occurring under prescribed circumstances (Brink & Wood 1998:5). According to Polit and Hungler (1995:18), quantitative research involves the systematic collection of numeric information, usually under conditions of considerable control, and the analysis of that information, using statistical procedures. This research approach will be used in this study because it provides for the collection of quantitative data on, among other things, geographical, financial, functional and cultural dimensions of health care.

*The main characteristics of the quantitative approach include:*

- Focussing on a relatively small number of specific concepts;
- Obtaining knowledge of preconceived ideas about the interrelationships of concepts;
- Using structured procedures and formal instruments to collect information;
- Collecting information under controlled conditions;
- Emphasising objectivity in the collection and analysis of information; and
- Analysing numeric information through statistical procedures.

(Polit & Hungler 1993:19.)

### **1.8.2 RESEARCH DESIGN**

A non-experimental, descriptive survey will be conducted to collect data from selected community members. A non-experimental survey is a study in which the researcher collects data without introducing any new treatment or changes (Polit & Hungler 1995:441). A non-experimental design is appropriate as changes or new treatment will not be introduced to subjects. Descriptive statistics will be used for the description of data.

### **1.8.3 POPULATION AND SAMPLING**

Sampling will be done with respect to health facilities and the consumers of the health services.

With regard to the health facilities (clinics), aspects such as the number of clinics, operational times, nature of services, geographical location, staffing, equipment and supplies will be taken into consideration. A temporal sampling approach will be used.

With regard to healthcare consumers, purposeful sampling will be done. The study population includes all adults (males and females) that are serviced by the clinics of the Molemole municipality in Limpopo Province. The sample population will be Limpopo province Molemole municipality clinics. Sampling will be discussed in more detail in Chapter 3.

### **1.8.4 DATA COLLECTION APPROACH**

Regarding data collection, a structured approach will be used. In a structured approach, information is acquired from subjects through either a form of self-report or observations. The researcher determines in advance the response categories of interest. (Polit & Hungler 1995:654.)

The researcher's *modus operandi* will entail daily travelling to and from clinics to gather information on the accessibility of primary healthcare services. Three to

five participants will be involved per clinic per day. The researcher plans to involve five clinics in the study, of which one should be a mobile clinic.

Respondents will complete a structured questionnaire, while the researcher will complete information lists. The researcher will also use observation, field notes and document analysis as research instruments during her visits to the health facilities.

According to Burns and Grove (1993:368), a questionnaire is a printed self-report. It is designed to elicit information that can be used to determine facts about subjects or persons known by subjects, about events or situations, or the beliefs, attitudes, opinions, level of knowledge or intentions of subjects (Polit & Hungler 1995:289). Questionnaires are chosen for this study because they are affordable, feasible and appropriate, and offer the possibility of complete anonymity that enhances validity and reliability.

### **1.8.5 DATA ANALYSIS**

Data analyses are conducted with the aim of reducing, organising and giving meaning to data (Burns & Grove 1997:43). Descriptive statistics will be used to analyse the data in this study. Descriptive statistics such as averages and percentages are used to describe and synthesise quantitative data (Polit, Hungler & Beck 2001: 331).

### **1.8.6 MEASURES TO ENSURE VALIDITY AND RELIABILITY**

- The questionnaire will be scrutinised for content and face validity by the head of the community nursing department at the Limpopo College of Nursing (Sovenga Campus).
- The validity and reliability of the study will be enhanced by the fact that all the clinics in the area will be included in the study and that client satisfaction will be assessed on different days of the week.

## **1.9 ETHICAL CONSIDERATIONS**

In this research project, participants' right to self-determination will be ensured by the researcher. Informed consent will be obtained from all participants (DENOSA 1998:2.3.3).

*Confidentiality and anonymity will be ensured in accordance with the following criteria:*

- Protecting the identity of participants;
- Ensuring the privacy and dignity of participants;
- Ensuring that no linking between the identity of the participant or participatory organisation and research data could be made (DENOSA 1998:2.3.3); and
- Emphasising voluntary participation.

## **1.10 SCOPE AND LIMITATIONS OF THE STUDY**

According to Burns and Grove (1993:46), study limitations are comprised of restrictions that may decrease the generalisability of findings. The generalisation of findings to other municipalities and districts in the Limpopo Province will not be possible, as research will be conducted in only one municipality.

The researcher plans to distribute the questionnaires herself, and the possibility exists that some of the respondents may feel intimidated by the presence of the researcher who is a government official.

## **1.11 ORGANISATION OF THE STUDY**

Table 1.1 illustrates the arrangement of the chapters of a dissertation of limited scope. In this study, client satisfaction regarding accessibility of primary healthcare services in Molemole municipality in Limpopo Province will be researched.

**TABLE 1.1: STRUCTURE OF THE DISSERTATION**

CHAPTER	CHAPTER TITLE	OVERVIEW
1	Orientation to the study	This chapter comprises an orientation to the study with emphasis on the problem statement, the background to and significance of the study, definitions of key concepts, the theoretical foundation of the study and limitations of the research.
2	Literature review	Literature on the topic is reviewed in this chapter and sources are described.
3	Research design and methodology	The research methodology is described and substantiated.
4	Data analysis and interpretation	The analysis and the interpretation of data are presented by means of statistics and graphs.
5	Conclusions and recommendations	This chapter includes the conclusions and recommendations of the research study.

## **1.12 CONCLUSION**

A quantitative and descriptive research approach is adopted. Using a structured questionnaire, information will be obtained from adult clients attending primary healthcare clinics in the Molemole municipality. The aim of the study is to determine the geographical, financial, functional and cultural accessibility of primary healthcare services, and to identify factors that may influence access to these services. Findings of this study could be useful to both healthcare authorities and clients if research results indicating ways to improve access to services were used by healthcare authorities.