
Review Article

Service Quality in Public Hospitals in Gauteng Province, South Africa: an Ethical Approach to Translate Current Practices Into 'People' Strategy

A Nicolaidis¹, Dr E Zigiriadis²

¹DCom, DTh, PhD Professor Business Ethics, Corporate Governance and Stakeholder Management
Member: International Institute of Public Ethics, International Association of Ethics Education, Member
IODSA/Ethics Institute SA / SAQA/SAQI/SABPP

²MD,FC Cardio(SA),Senior Consultant Cardiothoracic Surgeon, University of the Witwatersrand and
Charlotte Maxeke Johannesburg Academic Hospital

Abstract: It is not easy for all South Africans to access health services and it is often the case that public healthcare facilities are often undersupplied and offer poor quality service to outpatients. The expectations and experiences of outpatients vary considerably and the perception of many is that they would rather not bother to visit a facility. This in itself is highly problematic since those who keep away and who are afflicted with communicable diseases will in all likelihood spread their disease, with what could be dire outcomes. This paper is based on a literature exploratory overview and suggests an ethics paradigm infused with quality excellence, for public service hospitals which it is proposed, require greater moral intensity, leadership, design with strategic focus, effective change management and above all, a culture of engagement with all stakeholders especially outpatients. The postulations in this paper may serve as a basis for building better ethically driven quality into the provision of services in public hospitals in South Africa. The guidelines which are proposed could be used practically in health care provision so as to identify quality gaps and offer concrete solutions for quality improvement in public hospitals.

Key Words: Ethics, quality healthcare, socialised medicine, gaps in service

INTRODUCTION

The World Health Organization (WHO) posits that health refers to the comprehensive physical, mental and social well-being of an individual and is not only the absence of disease or infirmity [38]. In the South African Health Care industry, public hospitals to an extent provide the same kind of service as private hospitals and where they are lacking is in the provision of quality service [1]. The quality of service and the manner in which outpatients in particular are handled in public hospitals is an interesting area to consider, given the apartheid past of the country. The huge percentage of HIV/AIDS afflicted persons and the problem of disease from tuberculosis are important drivers for an improved and effective health system in which there is better quality at all points along the health system value chain.

During the period of apartheid, the vast majority of the South African population had inferior or no access to basic health services. The physical segregation extended beyond the separation of areas in which people from different racial backgrounds could live and have a right to property, but also extended to the use of amenities. Within this legally established framework that the public hospitals which were

located in predominantly 'white' areas that far superior equipment and well qualified doctors as opposed to those in what were considered 'black' areas. The Reservation of Separate Amenities Act of 1953 provided for the reservation of public premises such as hospitals to be used exclusively by people belonging to a particular race or class. Furthermore, the act also ruled that the facilities could be substantially unequal [2]. Essentially the overall framework of government policy was that there should be development of separate amenities in different separated areas. It was therefore sadly the case that the provision of social services was markedly less adequate for black people and especially the Africans. This necessitated that those in need of care to be provided for by the families who in any event, earned meagre salaries. Life expectancy, infant mortality and a whole range of diseases associated with impoverishment such as tuberculosis, increased in the non-white population of the country. It became so rife that over 40 percent of the non-white population had the disease in 1978, according to the Department of Health statistics [2].

The majority of the population resided in rural areas and in artificially created 'homelands' and were highly impoverished.

Just over 55 percent of the population lived in poverty during apartheid and about 54 percent of the population lived in the artificially created Bantustans (later homelands) ^[3].

The health sector and especially ‘black’ public hospitals, were basically inefficiently managed in what was a highly bureaucratic and disjointed system. All public hospitals were race-based and geographically dispersed with some in situated in wealthy ‘white’ socio-economic areas with superior resources, while others were in deprived areas inhabited by non-whites and had scant resources if any. It was official policy that black and white patients had to be treated in separate hospitals and by doctors and nurses emanating from the same population group has the patients. In 1980 there were five times more hospital beds per thousand head of population for whites compared with blacks ^{[5][6]}.

Since the advent of democracy in 1994, the government has been striving to revivify a public health system, which is of course, no longer based on racial lines ^[6]. Today, South Africans are free to live wherever they choose irrespective of their race. Due to the Gauteng Province being the economic heartland of South Africa, it is not surprising that close to 21 percent of the South African population now reside in that province ^[4]. However, the huge population influx places a great strain on the resources of public hospitals and this is exacerbated by thousands of migrant workers who flock to the province in search of better economic prospects or those who arrive with refugee status. The publication of a preliminary report published by the South African Human Rights Commission (SAHRC) in April 2009, founded on a public investigation into the existing health services on offer, unpacked that it was indeed unclear if health services in South Africa were improving or of inferior quality or even if “the Constitutional guaranteed right of the realization of access to healthcare was indeed becoming a reality” ^[16].

The Ethical hypothesis and Rawls

Public service ethics are wide-ranging norms that define how public hospital employees as agents of the state and in the case of healthcare practitioners, as registered members of the HPCSA, should be exercising their judgement and discretion in conducting their official duties ^[28]. While human rights are entrenched in ethics, it is necessary to draw on human rights and ethical principles such as the notion of distributive justice as promoted by John Rawls (1921 – 2002) the American moral and political theorist. Rawls’s, *A Theory of Justice* (1971) articulated his theory of justice as fairness, and was proximately documented as a vital contribution to political philosophy in the twentieth century. A society that is genuinely attentive to mitigating health inequalities and in fact any other inequalities needs to reflect on the multifaceted relationship between health and the wider social structure. In Rawls’s theory, such an investigation discloses the necessity for an interpretation of healthcare distribution within the notion of justice as fairness ^[33].

Public hospital healthcare provision is not merely political

issue but rather “Unequal access to health care is also an ethical issue” ^[26]. Although human rights are fundamentally entrenched in ethics, taken individually they do not give enough lucidity as to how to decide on the preferences given to different rights. This aspect can be addressed by drawing from the strengths of both human rights and ethical principles such as distributive justice. Considering the tradition established by the philosophers Kant and Locke, Rawls used a social contract theory approach to conceptualize a society in which the morally immaterial possibilities of nature and social arrangements are alleviated by the principle of justice which should be governing the basic institutions in society. Rawls understood that that the numerous institutions of society are interrelated since the social scheme is comprised of these institutions, to which the principles of justice are applied. He states:

“For us, the primary subject of justice is the basic structure of society, or more exactly, the ways in which the major social institutions distribute fundamental rights and duties and determine the division of advantages from social cooperation. Taken together as one scheme, the major institutions define men’s rights and duties and can influence their life-prospects, what they expect to be and how well they can hope to do” ^[33].

Rawls stressed the critical importance of justice in contemplation of bio-medical principles and asserts that our key concern should be that we design and evaluate social institutions and practices on the basis of the principles of justice based on a concept that he labelled the original position ^[14]. Fairness necessitates that every individual should have access to quality health care provision and inequalities do exist, they should be minimized towards eradication ^[18]. Social and economic inequalities should be arranged to benefit especially those who are disadvantaged. In a just society, no harm should befall others and those in lower socio-economic strata should have equal access to health care as a basic human right. Thus, non-maleficence, autonomy, distributive justice and beneficence, are essential considerations. We can then argue that in terms of Rawlsian thinking, resources such as health care access should be equitably apportioned. In terms of such a philosophical stance, public hospitals have an ethical obligation to mitigate inferior service quality provision for their patients. When we assess quality care as provided by public hospitals, this should revolve around patient outcomes, the environmental issues and explicit clinical-patient exchanges ^[27]. The patient outcomes would relate to mortality and morbidity after care. Rawls asserts that fairness is critical and is in fact not time based but rather an ongoing idea: “The fundamental organizing idea of justice as fairness...is that of society as a fair system of cooperation over time, from one generation to the next.” ^[33].

Many South Africans are still lacking acceptable healthcare provision, and the majority of the population lives in poverty. It is an indictment on the structure of society that more than two decades after the official end of apartheid, access to quality healthcare in the country is still determined by one’s

economic class, and this flies in the face of both universal and national human rights laws, which uphold the notion of equality regardless of one's racial or socio-economic status^[34]. While the government is reportedly try to redress the evils of the past, they have been thwarted by a number of negative impacts which are making their task exceedingly difficult. These include *inter alia* greater increases in private healthcare costs with the result that are less people and access to private Healthcare facilities and their services. The wealthier in society can use private Healthcare however the poor have been further marginalised and where possible use public Healthcare facilities. This added dimension has placed a huge financial load on public hospitals that is very difficult for them to carry. Furthermore, many patients who were in private health care can no longer afford private health insurance or medical scheme cover, and they are obliged to seek care in public hospitals. This is especially the case when their benefits in health insurance are exhausted^[7].

The government's attempts to provide service quality excellence in public hospitals in Gauteng and elsewhere, has been dealt a severe blow by the shortage of doctors and other medical professionals. Many have left the public service and gone to private health where they are paid higher salaries and have relatively better conditions of employment. Even more disturbing is the exodus of medical practitioners from South Africa to North America, Europe, Asia and Australasia. In addition, there was a large efflux of specialized nurses to UK, UAE & Australia for financial reasons. Senior nursing staff near retirement were encouraged to take early retirement leaving a large gap in seniority and experience. Many nursing colleges were also discontinued in an attempt to centralize training which over the years has resulted in a shortage of nursing staff)

The Health Professions Council of South Africa states that all people have the right to good health and quality healthcare and should be able to access to quality healthcare that they can afford while selecting required healthcare services^[17]. Patients have a right to receiving appropriate treatment from a qualified healthcare professionals and receiving ongoing care from a chosen healthcare provider. They also have a right criticize healthcare services that either violate their rights to good health or where there are breaches in ethical standards^[17].

Socialised Medicine

When we speak of socialised medicine we refer to a system which is used to make medical and hospital care available to the public at a nominal cost, based on government regulation of Health Services and the subsidies that the state attains from taxation^[39]. Socialised medicine is then a system in which public hospital care is financed and administered by the state. In South Africa a patient would first seek primary care and obtain a diagnosis after which he or she can be referred to secondary care where this is deemed necessary. It is also the case that when specialised diseases are treated a patient could

be of necessity referred to a tertiary institution^[43].

The Constitution of the Republic of South Africa includes important aspects relating to the provision of health care access to all citizens of the country^[8]. However, it is abundantly clear that laws alone are insufficient to realise this vision. While private health care is doing a relatively good job in this regard, it has poor availability for the economically deprived groups in society^[9]. The public health sector is failing to provide acceptable health care in terms of accessibility and efficacy for the majority of the population and it falls short in terms of especially service quality^[11]. While there are some improvements in public health with the construction of new hospitals, the introduction of new procedures and cures, and the eradication discriminatory practices, much more is required before public hospitals are able to match those in the private sector. The public sector is lagging behind their private practice counterparts with respect to administrative efficiency such as for example in undue wastage, lack of infrastructural maintenance, shortages of equipment and medication.

Currently, the South African National Department of Health (NDoH) has demonstrated a firm commitment to improving the quality of health care in the country and this was confirmed via the publication of a 10 Point Plan for improvement of the health sector (2012-2014) in July 2010.^[13] The rapid population growth and mass urbanization has however resulted in poverty escalating in peri-urban settlements and informal settlements.

There is poor service delivery in the medical system which is exacerbated by, *inter alia*, the economic slump that exists in the country as well as the influx of refugees from adjacent countries looking for a better quality of life who invariably also use the system. The stresses are driving the notion of a National Health Insurance (NHI)^[9]. Within this context, there is an inadequate availability of public hospitals, and where these exist the workload of employees is overwhelming^[12]. It is not uncommon for especially outpatient clinics to be overcrowded, and only the most ill patients obtain admission while some patients are discharged early. Many patients cannot afford to visit a hospital at all. A greater consideration of ethics, legal aspects and basic human rights principles is critical in health care provision^[15]. There has been a sharp rise in medicolegal law suits involving medical practitioners, nurses and state institutions running into hundreds of millions of rand which of course take their toll on an already straining system.

Considering an Africentric paradigm

Africans tend to view themselves a tribal entities and clans, and they discover identity and worth through their community where they exist to serve others (*umuntu ngu muntu nga bantu*)^[57]. For the majority of African patients, their expectations are seemingly not met by the service quality they receive in public hospitals. It is not only the physical treatment which patients receive at the manner in which they

are treated. For example, it is generally the case that African patients visiting a public hospital for treatment experience consultation within the context of a Eurocentric paradigm rather than via a dominant African worldview. According to Holdstock (2000), in an African person's view of themselves and their world view is based on a holistic and anthropocentric ontology^[53]. When treating African patients, do doctors, especially those who are not black, consider the transcendence of God and the ancestors serving roles as important prevailing mediums and contacts with God? Do medical practitioners realise that in African culture illness is neither physical nor mental, since a person's body and mind are one intrinsically one entity and one's entire human body is considered to be either well or ill. For many South Africans, traditional health practitioners are usually the custodians of a traditional health system and medical care culture. Many are maintaining contact with their ancestors, god and spirits. Traditional health practitioners, the belief goes, are guided by gods or spirits which assist them diagnose and treat a range of maladies^[57]. Thus, when visiting a public hospital, for many the task becomes taxing as it is out of the ordinary, which is why it is imperative to sensitize medical practitioners in public hospitals to this mind-set.

Do doctors treating patients in public hospitals understand that for most Africans, illness and pathological behaviour are due to dissonance between a person and their ancestors and could in fact be caused by the casting of evil spells, the actions of evil spirits or even sorcerers?^[54] Medical practitioners need to understand that in an African worldview, physical or mental illness cannot be viewed separately from the role played by the ancestors, evil spirits and sorcerers^[58]. Maiello furthermore asserts that the aetiology of pathology in African cultures relates to who made and illness manifest in a person as opposed to what caused a particular illness^[55].

The question then arises as to whether or not public hospital medical practitioners are delivering service that needs and exceeds the expectations of patients. The African patient's disinclination to be absorbed implicitly with regard to diagnoses, treatments and expected outcomes frustrates the patient-centred Eurocentric model which exists in South Africa. Where there is lack of understanding of an Africentric paradigm relating to a person, it is likely to be patient dissatisfaction which will ultimately negatively impact the relationship between the patient and the medical practitioner. This lack of understanding therefore may lead to negative perceptions about the public hospital and the Health Care that is provided. The NDoH should find ways to enhance the quality of service by providing medical practitioners with training on Africentric views. Once the patient's perceptions on Healthcare are understood it will become easier to improve the quality of care and the use of public hospitals. Where there is lack of sensitivity to outpatients' view the world, time and resources may be wasted resulting in suboptimal patient care. This often manifests as dissatisfaction and distrust on the part of the patient, which reduces the loyalty of the

patients to public hospitals.

Quality service –Professionalism, Transparency, Integrity and Accountability

The American Heritage Dictionary defines health care as the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services accessible by the medical and allied health professions [39]. This definition does not go far enough since one's health is affected by more than just the quantity of medical care an individual obtains, the quality of the service is also important.

The quality of healthcare is an important ethical consideration and a basic human right but it remains evolutionary in practice^[23]. Nevertheless, it is a pressing issue that requires the attention of government and healthcare professionals. While the country spends more than the suggested percentage of gross domestic product (GDP) on healthcare in terms of the World Health Organization (WHO), South Africa remains amidst the poorest-performing nations when indicators such as life expectancy, child and maternal health and healthcare provision are evaluated^[19]. Service delivery is just not adequate and in some cases, it appears as if the focus is on managing and improving processes as opposed to good health outcomes. Thus, the quality of healthcare is not always timely, operative, effectual, equitable, and as patient-centered as it should be. Quality of care, when viewed from the vantage point of patients is increasingly showing that public health care performance is far from the desirable level^[20]. In essence, it could be argued that quality public hospital healthcare can be described as being based upon both accessibility and efficacy^[24].

The relationship between Health Care providers in public hospitals and the patients who use them is a very challenging one. Before patients can be treated well, it is critical that hospital employees are treated well, and that all healthcare facilities are appropriately staffed^[43]. The State of the Public report (2005) reported that the South African public service is indeed a short of skilled managerial staff and that the system has placed a huge burden on managers of health facilities while working conditions do not support the retention of skilled employees^[44].

Public hospital employees need to be reminded that they should act professionally and serve the general good. As such, they require ongoing training in ethics and to be empowered in other basic soft and hard skills so as to be able to professionally conduct their official duties. Their actions and behaviours need to exemplify their constant endeavours to improve their skills base and reinforce doing the right things when carrying out their various tasks and simultaneously enhancing their outputs and productivity levels^[28]. Effective public hospital healthcare delivery undoubtedly requires the organization to effectively train, develop, deploy, empower, manage and engage the workforce. This is a highly problematic as the NDoH stated in the National Human

Resources Framework Planning (2006), that over 24,000 South African born employees including medical practitioners, nurses and a range of other health professionals were working abroad^[45].

Most patients are aware of their rights in terms of health care services and experience the quality of health care services being delivered to them as abysmal. The government opines that a NHI will significantly improve the quality of healthcare in South Africa and that it will result in a fundamental improvement in the quality of services provided in public health facilities such as hospitals^[21]. In reality however, it will be extremely difficult to safeguard that the gap in the provision of healthcare between the wealthy and the underprivileged is lessened. Ironically, it should not be too difficult to measure and remedy the gaps in provision of healthcare, but it remains elusive in practice^[22].

Transparency, integrity and accountability are critical elements in any endeavours to improve public hospital quality service provision. Integrity denotes the quality of a person's character and relates to honesty and truthfulness. Integrity is thus a virtue term^[28]. Integrity is not just a core value which relates to public hospital health care, it exemplifies inflexible ethical conduct and upholding of the highest standards of responsibility and accountability. Integrity is essentially what one does when you don't believe someone else is watching. Thus, integrity is when public hospital health practitioners and other employees follow their moral and ethical compass by being continually aware of who their decisions or actions should be benefitting. Integrity speaks to consistency of actions, espousing of ethical values, using correct methods and measures, and sticking to moral principles, while meeting and exceeding the expectations of stakeholders. When employees in public hospitals act with integrity, they are able to effectively discern right from wrong and act on what they have determined and stand by that. When linked to accountability, integrity guides the degree of willingness of public service hospital employees to adjust a value system so as to maintain or improve its reliability when an expected result appears incongruent with an observed outcome^[30].

Transparency refers to the quality and value of communication on information that is needed by people and communities and it should be accurate, easily understood by the intended audience and presented so that it encourages the acceptance of desired behaviours. Transparency is therefore another vital constituent of a well-organized and operative health care system. Healthcare, should be measured based on comparative costs and quality of service provision. This invariably leads to a more competitive and accountable public service health sector. There should thus be a revelation of the relative cost and quality of all the elements of the supply chain to public hospitals. This allow the stakeholders to "compare performance on an apples-to-apples basis"^[31]. Transparency in healthcare is not a new notion. In reality, policymakers have long wanted to make better information accessible to consumers regarding the relative cost and quality of care that

is offered throughout the healthcare supply chain. Far more needs to be done though if we are to see improved transparency in health care^[31]. If achieved, this can inform public hospital policy agendas and also support the desire to have better-quality benefit design strategies in place. Where transparency is lacking, stakeholders cannot make informed decisions on for example, appropriate price and quality information relating to medicines.

Without transparency, there can be no promotion of trust between the public health authorities and the community. Public hospital patients need to know how and why decisions are made on their behalf the manner in which those decisions are being made and by whom. Transparency in outbreak communication envisions two outcomes. People at risk and/or interested are informed in an accurate, accessible and timely manner about an actual or potential health threat, about behaviours they should adopt to treat or avoid disease and to control its spread, and about control measures undertaken by public health authorities. Transparency, about what is not acknowledged is just as important when it comes to the promotion of public trust as transparency around what is in fact already recognized. Trust then requires truthful, open and two-way communication^[32].

Accountability is closely linked to culpability, so when we refer to public hospital accountability this means having an obligation to answer questions regarding decisions and/or actions that may be taken. Public hospitals are accountable to explain how finances are utilized and also how they perform when it comes to their services, outputs, and outcomes. Public hospitals have to help ensure that the government delivers on its electoral promises, and achieves the public trust. They must show to what extent they represent citizens' and promote their basic rights, needs and interests, and of course how they respond to societal wants and apprehensions. Where shortfalls exist in service provision, it is the responsibility of public hospital management structures is to remedy the healthcare failures through enforcing regulation and better resource allocation. The National Health Act (No. 61 of 2003), S 30 (2)17 relating to the regional health system, asserts that all services offered should be in line with the Constitution of South Africa (Sections 27 and 195)^[37]. The government is duty bound to provide healthcare resources to citizens as a basic human right. The healthcare practitioners have a responsibility to provide quality public hospital care and management while civil society plays an oversight role.

Accountability then, needs to encompass anti-corruption strategies and drive the introduction of necessary reforms leading to enhanced public hospital health service delivery. There is huge displeasure with public hospital service provision relating to access as well as quality issues and poor service provision. These aspects are exacerbated by an inequitable distribution of basic services, abuses of authority, financial maladministration and especially corruption. Patients have lost faith in a system which is to an extent unresponsive and which is devoid of engendering trust.

It is important to drive efforts to increase public participation in public hospital health provision at the community level while also expanding the role the public perform in the accountability associations. The important role of the patients to ensure that they receive quality healthcare in public hospitals should not be underestimated. Patients, supported by unions, health councils and boards and also health care providers should have greater roles to play as they are all crucial actors in a public hospital's accountability. We argue that patients should become engaged crafters of policies and services and thus be more involved in anti-corruption crusades, public hospital reform agendas, and also the drive to decentralize health service delivery at the local community level. The lack of transparency, integrity and accountability and the huge inequalities and disparities that exist can only be eliminated by sustained and joint efforts by the key role-players, namely, the government, health professionals and civil societies ^[25].

It is apparent that there needs to be a drastic reduction in misuse of resources whether these be human or other. Equally critical is the need to adhere to set standards of service quality in public hospitals. Training is needed to address issues of shortfall and to enhance performance. Corruption is an added dilemma in the public health sphere since this weakens all efforts to achieve and then uphold service quality standards and make accountability a normal aspect of service ^[59]. What is needed are effective and efficient strategies that stress full compliance with procedures and standards. This implies added regulation, increased oversight, and regular monitoring and reporting as to what, where, why and how of public hospital administration ^[59].

Quality systems and improving quality gaps -guidelines

Enhancing quality of health care delivered in public hospitals is a key prerequisite to increase the utilization and sustainability of health care services in the populace. A study concluded that patient satisfaction is a central indicator of equitable quality of care ^[40]. While there is noticeable positive change in service quality provision in some public hospitals, far more needs to be done. The notion of quality in health care is partly elusive, but it generally alludes to the extent to which, for example, a public hospital meets the needs, wants and expectations of its patients. Quality assurance (QA) on the other hand is concerned with meeting the needs and expectations of the patient and the community and has at its core, an emphasis on systems and procedures and how this are effective or not. It makes use of data to scrutinize service delivery procedures and also supports the idea of having a team approach to problem solving, decision-making and quality improvement initiatives ^[36].

An important task facing the NDoH which impacts on quality service provision initiatives is how to address the competitive forces at work between the private and public hospitals. It is the case to an extent that the private sector receives subsidies which means that public hospitals lose needed resources. In

addition, healthcare practitioners favour working in private healthcare environments as these pay more. This problem has been referred to as an infrastructural disparity trap through which government funding is progressively enticed towards private hospitals and thus away from the public hospitals ^[41]. The South African NDoH's Strategic Plan asserts that its vision is to guarantee "an accessible, caring and high quality health system" ^[35]. However, society is still inequitable and divided along racial and cultural lines and there remain blocks to healthcare access. While there is a Ten Point Plan aimed at improving the quality of health services with inter alia, improved patient care and accreditation of health facilities, this is still evolutionary in nature. The desired improvements in physical infrastructure and the provision of appropriate medical technology will, according to the plan, be supplemented by quality enhancement, quality healthcare should be viewed as the right of all patients, irrespective of social status, and should to be the responsibility of all the employees in a public hospital ^[51].

In 2008 the NDoH's Office of Standards Compliance (OSC) crafted a set of National Core Standards (NCS) which outline the basic requirements for quality and secure care, in addition to reflecting upon Government policies and guidelines in use at the time ^[52]. The NCS laid down the criteria for quality improvement in public hospital standards and they were intended to result in a universal definition of quality healthcare for all public health institutions. In addition, they would create a yardstick by which to assess service quality in public hospitals through the identification of service gaps. The NCS would also ultimately result in a framework which would be adopted for public health facilities to become nationally certified. While much work has been undertaken in this regard, there is still much work to be done. Nonetheless, the creation of the Office of Health Standards which was established by the government to guarantee the success of the NHI financing system is a step in the right direction to ensure that all South Africans receive quality healthcare when visiting public health facilities in general. Service quality excellence within healthcare service delivery should meet established and agreed standards, and satisfy the needs of both patients and healthcare practitioners. While it is admirable that the provinces are being skilled by the NDoH to execute the NCS, there are still funding, staffing and training requirement issues and other support systems that require improvement.

Continuous quality improvement (CQI) should also be employed to detect performance gaps between actual service delivery and the expectations of patients visiting public hospitals. The standards which are determined by professional bodies such as the HPCSA as well as healthcare providers and patients should be viewed as ideal and achievable preferably in the short-term. Public hospital employees need to be trained to understand patient expectations and how to provide service quality excellence, so that patients can be attracted to the institution. Furthermore, it is critical to assess the dimensions of service quality that patients and other

stakeholders consider to be important ^[47]. A hospital patient looks for tangibles including the appearance of the physical facilities and the neatness of the personnel. The reliability is also critical so that service that is offered is carried out correctly the first time. The patient expects the service provider to be willing and able to provide relatively prompt service and the responsiveness must then be of a higher standard. Furthermore, it is important that the communication with the patients should ideally be in their mother tongue. When a Health Care provider tells a patient something they should come across as credible and thus trustworthy. There should be confidentiality in the transaction with the patient and those dealing with patients should be competent and knowledgeable about what is offered. It is often the case that public hospital employees are not as friendly as they could be and so courtesy is an important aspect as well. Employees should go out of their way to ascertain a patient's specific needs and wants. However, the most important dimension of service quality for a public hospital is the ease of access of patients' ^[47].

Grönroos (1984) described and elucidated on the idea of service quality and he also distinguished between the process of service delivery, which relates to the perceived quality and the real output of the service, which relates to objective aspects of service quality provision. Thus the quality of public hospital service quality is based on the patient's perception of the degree to which quality service is meted out. Unfortunately, in some public hospitals, processes that are in place and the human resources available, often fail to achieve optimal results and they tend to create patient suffering could actually have been prevented ^[46]. A number of expensive deficiencies become apparent such as the large number of hours in outpatient wards while waiting to receive some service, poor administration, the provision of inappropriate and often unnecessary tests and treatments, shortages of necessary drugs, a lack of genuine care for patients, wasted time and resources in unnecessary care provision hygiene factors where patients that visit hospitals becoming infected. Research in the healthcare industry has ascertained that for every 100 patients who tend to experience deficient service, approximately 70 will most likely not to visit the facility again. In addition to this finding, for every 100 patients who experience inferior service, 75 of them will inform approximately nine family members and friends about their poor experience. Thus, through the process of word of mouth, over 450 people who may have been potential patients will not visit the public hospital based on what they've heard from others ^[48]. There are of course and differences between customer satisfaction and service quality provision. Most of the literature suggests that patient satisfaction is transaction-specific appraisal by the patient, while service quality provision is based on an attitude which relates to service quality and this is important as to how we measure service quality ^[49]. Service quality is highly abstract due to a wide range of unique features and its therefore quite tricky to try to measure and evaluate it. Sohail (2003) asserts that service

quality is principally fashioned by functional quality aspects and this is because patients are not skilled or knowledgeable enough to effectively gauge the healthcare that is provided to them ^[50].

The technical quality of healthcare is important to patients because this relates directly to diagnoses which are accurate as well as procedures that are carried out. The functional quality aspects relate more to the way in which healthcare is provided. The NDoH as utilised patients' complaints as well as satisfaction surveys to come up with the Fast Track to Quality strategy ^[56]. The strategy identified six critical areas requiring urgent improvement. It included inter alia assessing: the values and attitudes of public hospital and other public Healthcare facility employees and how they treated patients and protected the rights; steps to be taken to reduce waiting times and the lengthy queues which patients find themselves in during administration, consultation periods, receipt of medication and even surgery; hygiene in facilities including amenities, Medical Equipment and even staff hygiene; security of patients' and dependable during operations with an emphasis on reducing negligence or systemic failures; a reduction in hospital acquired infections and making certain that required medical resources are available and that patients' can obtain prescribed medications on the day of their visit to a facility such as a public hospital.

Conclusion

Access to quality health care must become a greater reality for all South Africans who visit public hospitals. The government is duty and ethically bound to provide the requisite skilled medical practitioners who are well versed in how potential patients would view their services based on an African paradigm of health care. Medical practitioners irrespective of their roles in the industry must carefully consider the human rights of patients and ethical the principles embedded in their vocation. Areas of concern for patients should be tackled effectively and these include inter alia, reduction and elimination of malpractices, sustainability of facilities, empowerment of employees, an ethical and well governed anti-corruption workplace, professional conduct, improved communication skills reflecting use of the official languages of the country, an understanding of traditional health care and its approaches, less waiting time for consultation and availability of medication, greater empathy and sympathy for patient needs and wants, professional administration services, and especially the promotion of accountability, integrity and transparency. The monitoring of all aspects stated above linked to quality improvement programmes is critical and where required rapid interventions should be made. The public needs to regain its trust in public service institutions including public hospitals ^[61].

The largest problem area is however corruption in the public health system which must be eradicated as quickly as possible. Where corruption exists, public officials make indiscriminate, self – serving judgements which compromise the provision of

services. This is a major unethical practice and remains the foremost challenge in safeguarding that public resources are exploited efficiently and pragmatically for the benefit of all South Africans in need of healthcare. Justice necessitates that a society should provide access to health care for all by the best means conceivable.

The right to access to health care must not be embedded in the notion that only those who can pay are treated. Rather, all in society should be able to have treatment as a basic human right. There are many who may argue that government cannot afford to provide health care to all in the country. We argue that at least basic health care must be available to all and provided with quality excellence in mind. The status quo is not acceptable and urgent steps must be taken to drive out any and all continuing imbalances and disparities.

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