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An overview of customer service at a semi private hospital in Durban

By

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Declaration

I, Stephanie Nair, declare that:

1. The research reported in this dissertation, except where otherwise stated, is my original research.
2. This dissertation has not yet been submitted for any degree or examination at any other university
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Abstract

Service delivery in general within South African has been a bone of contention for its citizens. The healthcare sector is no exception, with numerous government hospitals frequently making headlines for lack of consumables, non-functional equipment, staff shortages and lack of proper hygiene, resulting in higher than normal infection rates. The introduction of the National Core Standards for South African Hospitals was introduced to improve the poor service quality within hospitals and aims to restore patient and staff confidence in the South African healthcare system. All public and private hospitals need to be compliant with either all or selected areas of these regulations based on their operating model. It was with this in mind that a descriptive study was conducted within the inpatient department of McCord Hospital, to determine if patients were satisfied with the service provided by the hospital. The objectives were to determine patients' opinions of medical care, support services, waiting times and staff attitude in order to ascertain the strengths and weakness of the inpatient service. At the time of the study, McCord Hospital had 100 beds and therefore the sample required was 86.

A quantitative study was conducted via an electronic questionnaire to obtain responses from patients regarding their experience of service during their stay in the hospital. The study revealed that the hospital provided a high level of service to its patient base, and patients were extremely satisfied with the service offered by doctors, nurses, administration, kitchen and cleaning staff. The study did not reveal any glaring weaknesses, however, areas for improvement such as doctors needing to spend more time educating patients on their health problems, improving the taste of food and reducing the waiting time at registration were noted. A number of recommendations were developed such as the need to reduce waiting times, offering language lessons to breakdown the language barrier and introducing performance management systems to monitor and incentivise excellent performance. A major limitation of this study was that it was cross sectional and only represented a single period in time.

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COHSASA	Council for Health Service Accreditation of South Africa
ISQua	International Society for Quality in Healthcare
JCAHO	Joint Commission on Accreditation of Healthcare organisations
NCS	National Core Standards
NDoH	National Department of Health
OSC	Office of Standards and Compliance
PRO	public relations officer

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The evaluation of the quality of customer service within hospitals has become an important factor in the determination of its effect on customer service. A philosophy that has been adopted is that of Batho Pele (people first), reinforcing the fact that at the centre of healthcare service delivery, is the consumer. The Batho Pele principle shows the South African government's commitment to the humane delivery of services and the accountability of civil servants (Van Heerden, 2010).

Numerous studies have highlighted the importance of service quality, and concluded that patient satisfaction and financial survival are intertwined (Coovadia, 2008). Javetz and Stern (1996) attributed the increased attention to service quality by the healthcare sector to the market becoming more competitive, an increase in demand for healthcare services, and an increase in consumer awareness of patient rights.

This is confirmed by Luke (2008) who stated that patients are more informed due to the introduction of the internet; eager to take on more responsibility for their care by being more informed, and due to this information have higher expectations of service. This chapter reveals the motivation for this study, highlights its objectives, limitations and finally highlights the importance of customer service.

1.2 MOTIVATION FOR THE STUDY

Service delivery from a hospital has been noted as the number one factor that will either produce a loyal customer or turn them away (Luke, 2008). He further stated that hospitals are competing for market share as this has been proven as the best method for performance improvement.

Service delivery in general within South Africa has been criticised for being sub-standard, resulting in over 3000 service delivery protests during the past four years (2009-2013) (Saba

and Van der Merwe, 2013). Service delivery within the healthcare sector is no exception with complaints ranging from hospitals running out of medical supplies and patients sleeping on the floor when beds were unavailable, to males and females admitted in the same room with no curtain separating them, to name just a few (Fokazi, 2013). Van Schie (2012) stated that within the cardio thoracic department of a hospital in Port Elizabeth, the waiting list for open heart surgery alone was in excess of six months. Further, Fokazi (2013) reported that a patient in a Khayelitsha hospital died after he had been made to wait on a hard bench for 18 hours before being allocated a bed and then been given substandard treatment by doctors and nurses. The wife of the patient responded to the press by stating that the nursing staff were rude, and that the death of her husband was expedited by the treatment he received at the facility.

Furthermore, healthcare organisations in general face challenges such as a decrease in government funding, escalating cost of delivering healthcare, shortage of skilled staff, patients being more informed and hence more demanding and involved in their healthcare plan and increased competition, to name just a few (Sweeney, 2008).

National Health Insurance, piloted in 2012, plans to ensure that all South Africans have access to essential healthcare irrespective of their ability to contribute to the fund or of their employment status (The Department of Health, 2013). The quality of healthcare establishments shall be maintained through the implementation of core standards, which will be managed by the Office of Health Standards Compliance. This is to ensure that a patient's constitutional right to healthcare is upheld.

With this in mind, this study was undertaken in order to assess how McCord Hospital fares in terms of delivering good quality service to its patients. Further, with the hospital being within a ten kilometre radius of four private hospitals and three government run hospitals, patients have a choice of healthcare facility and hence McCord needs to assess its service and benchmark against other hospitals in order to attract and retain its patient base.

Stakeholders to benefit from the study include patients, hospital staff and management, as well as the local and national Department of Health. Once areas for improvement have been identified and recommendations implemented, patients will benefit by receiving service of a

higher quality. In addition, strengths that have been identified should also be improved on and maintained.

Staff will benefit from the study by receiving positive feedback from patients and being rewarded for this by way of a performance management system.

Management will benefit from this study by becoming more compliant with the core standards introduced by the Department of Health, and thereby serving the needs of the patient better.

By hospitals becoming more compliant with the National Core Standards, the local and national Department of Health should see an increase in the quality of care received by patients, facilities that are run more efficiently and a decrease in the number of complaints received from patients. All of this will result in better health outcomes.

1.3 FOCUS OF THE STUDY

The focus of the study was on the quality of inpatient services. Inpatients have a longer length of stay than that of an outpatient and utilise more services than that of outpatients; hence they would be in a better position to evaluate these services. An example of this would be that inpatients have meals in the ward, need their bed linen changed regularly and interact with the nurses and doctors over a longer period. These attributes are not true for an outpatient who would typically visit a clinic and not be exposed to the services mentioned above. It was deemed necessary to determine whether the inpatient services offered were well received by patients, and to identify areas for improvement. According to Bamidele, Hoque and Van der Heever (2011), patient satisfaction has become an important variable to consider in the assessment of healthcare quality. They also stated that a patient's perception of satisfaction has of late become increasingly important when evaluating healthcare quality. This study focused on the functional aspects of service rather than the technical aspects.

1.4 PROBLEM STATEMENT

There has been extensive research regarding the relationship between customer service, customer satisfaction and the performance of an organisation. According to Steven, Dong

and Dresner (2012) research confirms that customer satisfaction can be improved by improving customer service which ultimately leads to a better performing organisation.

The current patient opinion survey implemented at McCord Hospital is insufficient to gain meaningful data but rather asks patients to ring a smiley face icon for their overall experience of nursing care, doctor care, food etc. It does not allow for in-depth analysis of customer services. Furthermore, with the introduction of National Core Standards and the need for McCord Hospital to become compliant, it was necessary to ascertain the satisfaction levels of patients with regards to the different domains set out in the legislation. This raises the question, is McCord Hospital offering an effective service to patients?

1.5 OBJECTIVES

The objectives of this study were to:

- Determine patients' opinions of the following services:
    a. Medical care
    b. Auxiliary services (catering and laundry)
    c. Attitude of staff
    d. Waiting times;
- Identify the strengths and weaknesses of the inpatient service offered at McCord Hospital;
- Determine what improvements are required to enhance the customer experience at McCord.

1.6 LIMITATIONS OF THE STUDY

At the time of the study there was uncertainty regarding the future of the McCord Hospital due to issues surrounding continued funding of the hospital by The Department of Health. This uncertainty resulted in a decrease in patient numbers as well as the forced consolidation of the male medical and female medical wards. Furthermore, the maternity ward was also closed during the study and maternity services discontinued due to the higher risk of litigation from this department and the inability of the hospital to afford the insurance premiums due to the budget cut. In addition to these limitations, senior staff such as the

head of department of surgery and maternity resigned, leading to a reduction in elective surgery cases.

Many patients in the medical ward were severely ill and, in order to respect their privacy, were therefore not approached to be part of the study. This extended the data collection period in order to achieve the full sample size.

1.7 OUTLINE OF STUDY

Table 1.1: Presentation of research process

Chapter	Content
Chapter 1	This chapter provides an overview of the research study and an introduction into the research process. The motivation for and focus of the study have been contextualised and detailed. The problem statement and the research question have been presented together with the research objectives that aim to answer the research question. Finally the limitations of the study have been documented.
Chapter 2	Chapter 2 presents a literature review introducing the concept of customer service; the attributes of service; its importance within the overall strategy of a business; the importance of assessing the needs of the customer and introducing the concept of customer service within the healthcare setting.
Chapter 3	This chapter presents an analysis of the entire research process by defining what research is; detailing the aims and objectives of the study; stating who the participants are and where they are located; describing the various research options available to the researcher; and justifying the specific research methods employed in this study. Sampling decisions and a data collection strategy are also documented.
Chapter 4	The data collected is presented, analysed and interpreted in Chapter 4 and is linked back to the objectives of the study.
Chapter 5	This chapter is the final chapter of this study and provides recommendations for the hospital to improve its service offering, based on the findings of the study, and describes the limitations of the study.

1.8 SUMMARY

Customer service has been highlighted as an important aspect of business success and profitability. For any institution to be successful, customer orientation needs to be a priority, emphasising customer satisfaction and care. Chapter 2 will highlight the importance of customer service and the role it plays within the business environment, the important attributes of service and the role of customer service within the healthcare environment.

CHAPTER TWO

CUSTOMER SERVICE IN HOSPITALS

2.1 INTRODUCTION

The business world is dynamic and firms need to continually keep their fingers on the pulse of their industry and create and identify sources of sustainable competitive advantage. Many firms do not have the financial means to meet the changing needs of their customers and therefore must find alternative methods of customer retention.

Firms that do have the financial resources to compete can apply a differentiation strategy by way of superior customer service. The role of customer service therefore becomes integral in a business's strategy. Customer satisfaction measures can be used as indicators for assessing the success of an enterprise. Customers that are satisfied and return for future business are equivalent to assets that generate regular cash flow for the business.

There has been extensive research regarding the relationship between customer service, customer satisfaction and the performance of an organisation. This research confirms that customer satisfaction can be improved by upgrading customer service, ultimately leading to a better performing organisation (Steven *et al*., 2012).

When organisations focus on customer service and create a process that allows engaging with, listening to, and learning from customers, they harness the wisdom of the customer and by doing this can achieve a double-digit increase in sales (Roman, 2011).

This literature review explores the literature dealing with the meaning of customer service, the importance of effective customer service within today's business environment, assessing customer needs, the benefits accruing to a customer-oriented business, and the role of customer service within a hospital.

2.2 WHAT IS SERVICE?

According to De Jager and Du Plooy (2011), service delivery has become a vital component of national economies, and it has therefore become imperative to appreciate the distinguishing features of services, including the management implications.

Kasper, Van Helsdingen and Gabbott (2007) defined services as originally intangible and relatively quickly perishable activities, the buying of which is aimed at initiating a process which leads to customer satisfaction, but which does not always lead to material possession According to Grönroos (1983, cited in Johns, 1998, p.959), service is intangible and heterogeneous. Its production, distribution and consumption are simultaneous; it cannot be kept in stock; and it does not lead to the transfer of ownership. Palmer (2005) agreed with Grönroos, in that services are intangible, either in their own right or as significant elements of a tangible product, which through some form of exchange satisfy an identified need.

The definition by Kasper *et al*. (2007) is a more comprehensive definition which considers the perishability of a service, mentions its interactive nature, and further emphasises the element of customer satisfaction which is the focus of most organisations. This customer focus is vital in an organisation's goal for competitive advantage.

2.3 ATTRIBUTES OF SERVICE

Hoffman and Bateson (2006) stated that there are inherent differences between goods and services. The attributes of service are:

- **Intangibility**: services cannot be touched or sensed in the same manner as products.
- **Inseparability**: this describes the interconnection among the service provider, the customer receiving the service, and those that share the experience.
- **Heterogeneity**: no two services will be exactly the same, as they derive from the person providing the service, and no two people are exactly the same. Services are non-standard and highly variable.
- **Perishability**: unlike products, services cannot be stored and used another day.

Schneider and White (2004) stated that one of the defining characteristics of a service is intangibility, but not all services are "pure services", and they are arrayed on a continuum of intangibility. For example, a consultation with a phychotherapist is defined as a pure service whilst a meal at a restaurant has both a physical component (the meal) and an intangible component (the delivery of the meal).

It is stated further that pure services cannot be produced and used at a later stage. For instance, the actors of a play provide a service while the play is simultaneously watched (consumed) by the audience.

Johns (1998) stated that there is also the problem of unpredictability within the service environment as "…the quality of service delivery rests to a large degree on the way in which the provider-consumer interaction (i.e. service encounter) proceeds and, consequently, it is unpredictable *a priori*". Given the lack of material possession, the inability to own a service is also considered to be a characteristic of a service (Kasper *et al*., 2007).

Luke (2008) added that services are difficult to patent. Hence, new service innovations can be copied by competitors. Gummesson (1994, cited in Johns 1998, p.963) maintained that the traditional difference between goods and services no longer holds true, as consumers do not buy goods but instead buy an offering that consists of components, some of which are activities (services) and some of which are tangible (goods).

Many service outputs have a significant component that is tangible. Johns (1998) stated that a restaurant provides a service as well as a tangible component of food and refreshments. Even a service such as a haircut is tangible. Similarly, tangible products such as beverages, for example, have intangible attributes such as the satisfaction the purchaser derives from his/her consumption of the product.

Many services cannot be provided without the use of tangibles. For instance, transportation services cannot be provided without trucks, planes, cars, boats etc. Similarly, a hospital could not function without technological equipment and beds (Kasper *et al*., 2007).

Theron, Bothman and Du Toit (2003) stated that good customer service means going above and beyond the expectations of customers, impressing them with empathy and

understanding and giving them what they actually want. They identified five factors within the SERVQUAL model in terms of which customers rate the quality of a service provided:

- **Reliability**: the ability of an organisation to deliver on its promises.
- **Assurance**: the ability to convey confidence and trust, whilst also displaying knowledge and courtesy.
- **Tangibles**: the physical attributes of the service provider, such as its infrastructure.
- **Empathy**: the level of caring and compassion shown by staff to the customer.
- **Responsiveness**: the willingness of staff to assist a customer promptly and efficiently.

2.4 THE ROLE OF CUSTOMER ORIENTATION

According to Pimpakorn and Patterson (2010), the term "customer orientation" refers to specific behaviour displayed by employees during a service encounter. As a result of the intangible and interactive nature of services, customers often rely on the behaviour of service employees when judging the quality of a service.

Whelan, Davies, Walsh and Bourkel (2010) stated that customer orientation can be evaluated on two levels, that of the employee-customer interaction and that of the organisation. The term "employee-customer orientation" refers to the ability or predisposition of the staff to meet the needs of the customer on a real-time basis. At an organisational level, the customer orientation refers to the extent to which the organisational climate and culture are conducive to meeting the needs of the customer. They further stated that research has shown a positive correlation between customer satisfaction and customer orientation, specifically in a service industry.

Pimpakorn and Patterson (2010) suggested that customer service at an organisational level is a set of beliefs that places the needs of the customer first, whilst at an individual level it is described as the "willingness of individual service providers to customize their service delivery according to the customer's situation".

The physical organisation itself does not deliver the service but is merely a vessel through which the staff can deliver the service (Theron *et al*., 2003). However, if staff deliver bad

service, this reflects directly on the organisation. Staff can function as brand ambassadors. Hence, the service they deliver impacts on the organisation either positively or negatively (Whelan *et al*., 2010). Seeing that one of the main objectives of organisations in a competitive market is to attract customers and expand the customer base, the behaviour of staff representing the organisation has become strategically important (Kanibir and Nart, 2012).

Kupfer and Bond (2012) stated that patient satisfaction is rooted in consumer marketing, and that disconfirmation theory is used to measure the actual service encounter against the patients' expectations. Marketing research has established that organisations that behave in a customer-oriented manner, i.e. making the consumer the focus of their activities, perform more favourably than organisations that do not (Hennig-Thurau, 2004). He further stated that due to the intangible nature of services and the level of interaction with the customer, customer orientation plays a vital part in the economic success of a firm.

Kang and Hyun (2012) stated that a customer-oriented service employee who can read a customer's emotions has the ability to increase the satisfaction of that customer by way of empathising with their emotional state.

If employees do not focus on the customers and their needs, there will be misalignment between the needs of the customers and the service they ultimately receive. Not meeting the needs of customers will result in ineffective service and dissatisfied customers (Palmer, 2005).

Some organisations fail in service delivery due to their reliance on untrained front-line staff to produce and deliver the service, and their inability to inspect the service before delivery due to the real-time nature of the process. Hence, to consistently deliver customer service front-line staff must possess a positive attitude and the ability to deliver superior service (Pimpakorn and Patterson, 2010).

Customer orientation is an essential concept within the realm of relationship marketing (Kohli and Jaworski, 1990 cited in Kang and Hyun, 2012, p.773). According to Owusu-Frimpong, Nwankwo and Dason (2010), "relationship marketing" as opposed to "transaction

marketing" is essential for the survival of services such as those provided by the healthcare industry.

According to Kumar, Pozza, Petersen and Shah (2009) many successful organisations have gained a competitive edge in the marketplace by adopting relationship marketing, as marketers are of the opinion that it is the best path to profitability.

De Jager and Du Plooy (2011) noted that South African service delivery has been the focus of the White Paper on the Transformation of Public Services, and has been guided by the Batho Pele (people first) philosophy. Within the healthcare sphere the Batho Pele principle demands that patients be the focus of service delivery, and that service providers are competent to satisfy the needs of all citizens equally.

2.5 THE IMPORTANCE OF GOOD CUSTOMER SERVICE

Peppers and Rogers (2011) stated that "No company can succeed without customers. If you don't have customers, you don't have a business. You have a hobby". According to Reicheld and Sasser (1990, cited in Barnard, 2002, p.10), effective customer service has the ability to provide an organisation with a competitive advantage over its rivals. Furthermore, they stated that the quality of customer service is related to customer loyalty and retention, and ultimately has a positive effect on profit. This is confirmed by Kupfer and Bond (2012) who stated that interest in customer satisfaction has increased in importance due to its positive effect on profits by way of customer retention and increased customer loyalty.

Luke (2008) maintained that organisations should not underestimate the important role that the provision of service plays within the economy as a whole and within the business. The definition of a service is not limited to "pure services" but is extended to organisations that sell physical goods and for which improving the level of customer service could provide a source of competitive advantage.

Some companies deliver superior service that gives them a sustainable competitive advantage. For example, Singapore Airlines is known for its excellent in-flight service, and Amazon has an effective tracking system and a sophisticated system of automated recommendations to customers on what items they may wish to purchase (Roman, 2011).

According to Hartline and Jones (1996), loyal and satisfied customers serve as an important source of free advertising through referrals and recommendations, whereas unsatisfied customers are more likely to defect and to convey negative experiences to other potential customers. By serving the needs of customers and delivering high-quality customer service, an organisation is more likely to retain customers. Customer retention is less expensive than attracting new customers due to the high advertising costs, the high cost of personal selling, and the administration costs involved in establishing new accounts.

Athanasopoulou (2009) agreed with this by stating that losing customers is extremely costly for any organisation, as it is five times more expensive to attract new customers than to keep existing ones.

Hung, Hung, Tsai and Jiang (2009) stated that business drivers such as the improvement of customer satisfaction and the quality of care have been identified as key for healthcare providers, as these are predicted to have the most impact within healthcare in the next two years. It is maintained that the key to a hospital's profitability is its ability to provide superior customer service, as the decision to attend a particular hospital is frequently based on the experience of friends and family.

Services are interactive and intangible, which is why customers judge their service encounters on the behaviour of service employees (Hennig-Thurau, 2004). Good customer service and motivated staff cannot exist in isolation, as happy employees are loyal employees and promote the values of the organisation. Good service leads to satisfied customers who become loyal customers and ultimately profitable customers (Theron *et al*., 2003).

This is the premise of the customer-service profit chain (Figure 2.1), which maintains that "there is a strong and direct relationship between profit, growth, customer loyalty, customer satisfaction, the value of goods and services delivered to customers and employee capability, satisfaction and productivity" (Theron *et al*., 2003).

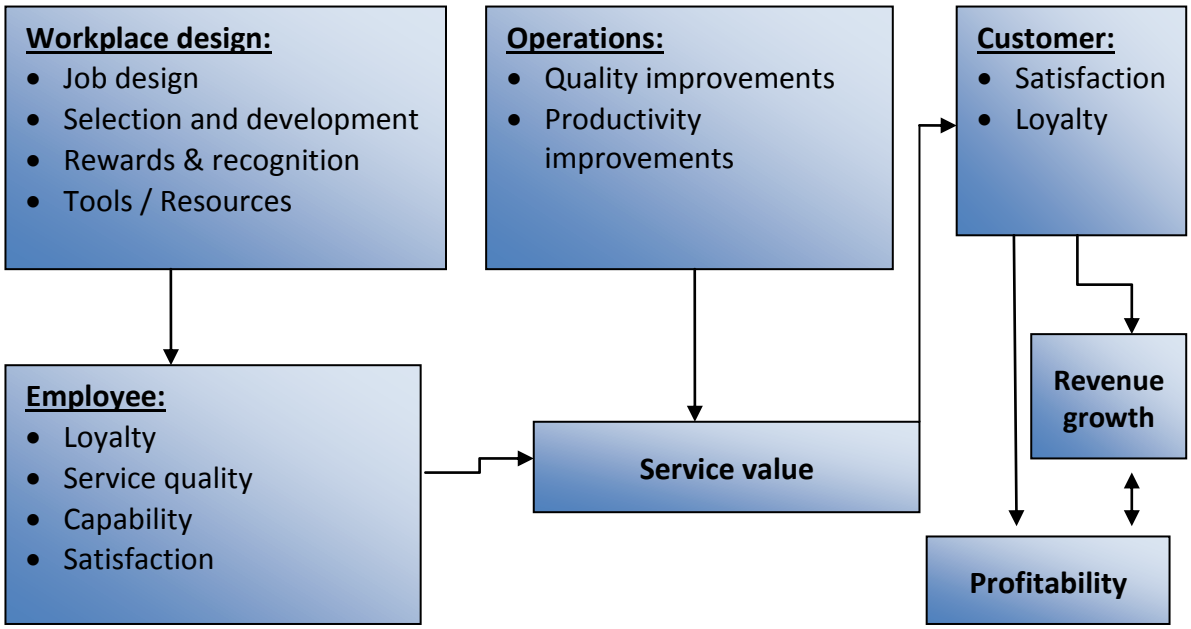

Figure 2.1: The service profit chain

Adapted from Schneider B, White S, 2004. *Service Quality*. Maryland: Sage Publications, p18.

The service profit chain shows an initial focus on the internal operation of the organisation, i.e. workplace design, followed by the employee, which together allow the organisation to meet the needs of its consumers (Schneider and White, 2004). Starting the service profit chain with the internal organisation highlights the fact that the delivery of high-quality customer service does not happen automatically but rather through efforts made by employees to deliver service of the highest calibre.

Willingham (2005) suggested that organisations achieve their growth and profitability goals to the extent to which everyone works together synergistically to help attain and keep loyal customers. He proceeded to state that the service profit chain establishes links that lead to profitability. This is illustrated as follows:

- **Growth and profitability** are driven by
- **Customer loyalty**, which comes from
- **Customer satisfaction**, which is driven by
- **Value** provided to customers, which comes from
- **Employee productivity**, which is driven by
- **Employee loyalty**, which is caused by

- **Employee satisfaction**, which is driven by
- **Internal quality**, which is a result of
- **Leadership**.

All aspects of the above flow need to be healthy in order for an organisation to be productive and profitable (Willingham, 2005). Good-quality customer service is seen as a critical success factor in an organisation's attempt to be competitive. In a free market, customers are not bound to any one service provider and can choose to exit from the relationship if they are not satisfied (Hashim, Abdul Rasid and Wan Ismail, 2011). This therefore forces an organisation to review its service offering in order to retain customers and remain competitive. Luke (2008) highlighted the important point that providing consistently good customer service is a challenge due to the variability across time of organisations and people.

Roman (2011) stated that customer service is a critical part of the marketing process. If this is substandard, not only will the customers be more likely to change service providers but they may also be inclined to use the power of the social media to state their dissatisfaction. Of all external stakeholders, customers are seen as the most important (Klinner and Walsh, 2012).

Due to technological advances and the rising costs of medical care, hospital patients demand a higher level of service, accuracy and reliability than in the past. The abundance of information available from social media and the internet has meant that patients are well informed and frequently conduct their own research into healthcare problems, resulting in greater service and treatment requirements (Luke, 2008).

2.5.1 Customer assessment of service quality

Kleynhans (2008, cited in Van Heerden, 2010, p.20) described the factors that influence the expectation of customers as including:

- **Word of mouth communication. This takes place** between the customer and others who have shared the service experience and have developed their own opinions of the service they received. In addition, second-hand information can also be received from

people who have never experienced service from an institution but have relayed information to an individual based on hearsay.

- **Personal needs.** Individuals are unique and hence service providers have a difficult task in catering for every individual need. Waiting ten minutes in a queue may be acceptable to one customer but unacceptable to the next.

- **Past experience.** Customers benchmark their experiences. If they have attended an institution that delivers superior service, they will expect the same at other institutions. If these standards are not met, this results in an unfavourable experience.

- **External communication.** Institutions that advertise services create expectations amongst customers, which could result in positive or negative assessments of service quality depending on how these expectations are met.

It has been argued that the quality of a service has two important components, the technical quality and the functional quality. The technical quality is the outcome dimension of the service operations process, whilst the functional quality is the process dimension in terms of the interaction between the customer and the service provider (De Jager and Du Plooy, 2011). De Jager and Du Plooy (2011) noted that a patient regards technical quality as highly important but evaluates services based on functional aspects, as most patients do not possess the necessary expertise to evaluate the service technically. Customers use functional aspects when assessing the service of an organisation, but when they have surgery the technical competence of a doctor is more important than his bedside manner (Schneider and White, 2004).

2.6 THE IMPORTANCE OF ASSESSING CUSTOMER NEEDS

According to Katz (1998, cited in Meyer, 2008, p.26), customers' expectations are specific and the method in which an organisation responds to their need will result in satisfaction or dissatisfaction. The most common experience customers have is that of disinterested, unfriendly, inefficient staff who do not meet their expectations and make little or no effort to ensure a favourable customer experience (Freemantle 1993, cited in Meyer, 2008, p.46).

The term “service quality” has different meanings for different people. Istk, Tengilimoghu and Akbolat (2011) stated that organisations therefore need to constantly improve the services they offer in order to meet these different expectations. Service quality is relative and is determined by the customer, not by the organisation providing the service. Hence, it is important to understand what the customer views as important and to strive to deliver appropriate offerings (Van Heerden, 2010).

David (2005) stated that customers’ needs are very specific and if organisations do not address these changing needs it will result in dissatisfaction, in lost opportunities, and in customers switching to competitors’ products or service offerings, thus eroding the organisation’s market share.

Thompson (2006, cited in Meyer, 2008, p.23) stated that “to manage customer experiences, you must first understand what the customer experience means”. This includes interaction with the organisation, people, processes, the product, and the business systems.

Understanding customer expectations is vital, irrespective of the industry, if an organisation is to understand what it is doing right or wrong (Luke, 2008). In the evaluation of a service, customers normally compare their perception of the service received with a particular reference point. These reference points should be the focus of any organisation as they are the standards against which performance is judged.

According to Tim (2001, cited in Meyer, 2008, p.27), if an organisation is to earn the loyalty of its customers, it first has to eliminate those factors that are a source of dissatisfaction. He argued that the best way in which to do this would be for organisational members to put themselves in the shoes of the customers and objectively assess the service they receive. There must be congruency between what the customer needs and what the organisation offers.

Some organisations adopt the “Ostrich Syndrome” by failing to assess how customers perceive the performance of the organisation, and by failing to improve these perceptions with appropriate plans of action. They prefer to “bury their head in the sand” and ignore the reality of the situation (LeBoeuf, 1991 cited in Meyer, 2008, p.46).

Organisations need to continually monitor the quality of the service they render. According to LeBoeuf (1991, cited in Meyer, 2008), one method of assessing this is to construct a brief written survey questionnaire that should be issued to a random sample of customers, and to former customers who could provide an indication of why they switched service providers.

Organisations often forget to assess the impact of the physical environment on the customer's service experience. Boshoff and Du Plessis (2009, cited in De Jager and Du Plooy, 2011, p.5) confirmed that the physical environment comprises of elements such as the appearance of the building, the equipment within the facility, the uniforms worn by the staff, the interior décor and the parking facilities, to name a few. "Atmospherics" refers to physical or tangible aspects that influence the purchasing intentions of a consumer (De Jager and Du Plooy, 2011).

Swan, Richarson and Hutton (2003) found that patients in an attractive hospital room arrived at a more postive evaluation of the service, physician and nursing care than other patients admitted to standard hospital rooms but experiencing the same provision of service. This illustrates the importance of assessing customer needs and catering for them. Customers need to feel at ease with their service providers as they depend on their expertise, especially within specialty fields such as medicine or law. Providing a sense of assurance will therefore result in a better experience for the customer (Johns, 1998).

Padma, Rajendran and Lokachari (2010) stated that consumer marketing research has highlighted the importance of the patient in the delivery of healthcare, as the patient is involved in the simultaneous production and consumption of these services. Therefore, understanding customers' perceptions has become essential in the healthcare environment.

They further stated that a firm, in conjunction with the consumer, co-creates value due to the shift from the traditional product and service environment to that of an experience environment.

There has been an increasing interest in the collection of feedback from patients so that healthcare providers can identify the areas of healthcare that require better management and may track the performance and quality of care (Istk *et al*., 2011).

2.7 THE SERVQUAL MODEL

The SERVQUAL model was developed in the late 1980s by three American academics, Parasuraman, Berry and Zeithaml, and was designed to measure service quality and customer expectations. It was developed on the basis of data derived from focus group interviews and a quantitative study of four service industries (Ramsaran-Fowdar, 2005). The proposed model included five essential service quality dimensions:

- **Tangibles**: physical features such as infrastructure, equipment.
- **Reliability**: the ability to perform the service promised accurately.
- **Responsiveness**: promptness and enthusiasm when providing the service.
- **Assurance**: customer understanding and courtesy.
- **Empathy**: the special attention and understanding shown to customers.

Within each of the dimensions stated above, several items were to be measured on a seven-point scale. A questionnaire comprising of 22 items/criteria was used to assess service quality. Customers from an organisation were asked to describe in this manner their perceptions of the quality of the service provided by an organisation. These outcomes were then compared with those derived from an excellent organisation, analysed, and used as a tool for service quality improvement (Van Heerden, 2010).

SERVQUAL has been used extensively in service quality research and is the scale most frequently used to ascertain the opinion of the customer when measuring the quality of the service provided by an organisation (Istk *et al*., 2011). The SERVQUAL model below highlights the gaps between the perception and actual experience of service quality of the customers of an organisation. These gaps have been identified as follows:

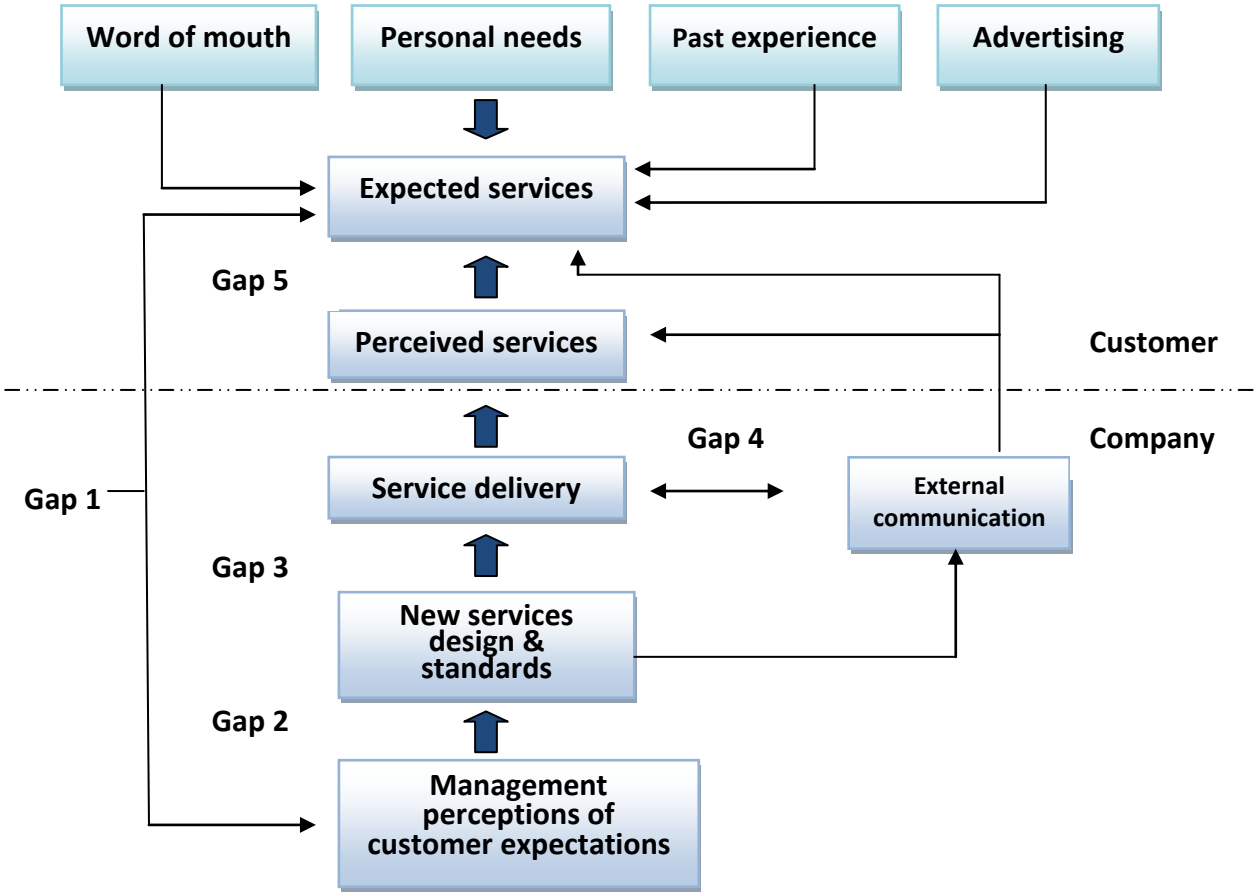

Figure 1.2: Conceptual model of services

Source: Adapted from Istk, O., Tengilimoghr, D. and Akbolat, M. 2011. *Measuring Healthcare Quality with the SERVQUAL Method: A Comparison in Public and Private Hospitals*. Ankara, HealthMED, p.1923.

The gap model outlined above provides a framework for developing a deeper understanding of the causes of service quality problems, identifying shortfalls in service quality, and determining the appropriate means to close the gaps.

Gap 1: Management's perception of customer expectations (the knowledge gap)

Kleyhans (2008, cited in Van Heerden, 2010, p.28) stated that "when senior executives with the authority and responsibility for setting priorities do not fully understand customers' service expectations, they may trigger a chain of bad decisions that result in perceptions of poor service quality". Hence it is vital that management is aware of the expectations of customers and structures the company's service offerings to meet these expectations.

Gap 2: Features of the service in the context of management's perception (the standards gap)

Service standards set by management should be frequently evaluated and training provided for staff to achieve these standards. Management should be actively involved in the training and evaluation, and should seek feedback from staff in order to be aware of the service quality they are providing to customers (Istk *et al*., 2011).

Gap 3: Providing a service in the context of service designs and standards (the performance gap)

Management must be involved in the performance measurement of the employees' service delivery, as this will provide insight into the gap between the standards that management have set and to what is actually being delivered. It is essential that employees adhere to the performance targets (Van Heerden, 2010).

Gap 4: External communication in the context of providing service (the communication gap)

There should not be a gap between what is advertised externally and the actual service delivered (Van Heerden, 2010). Customers' expectations are influenced by advertising and other public relations releases. Hence, there should be effective communication channels with the management structure to ensure that the target service standards are being met and that the reasons for deviations are described sufficiently and accurately in order to be assessed as sound or unsound.

Gap 5: Expected service in the context of perceived service (the service delivery gap)

This is the gap between the perceived and expected quality of service delivery. It is essential that management minimise gaps one to four to ensure that the service delivery gap is decreased (Istk *et al*., 2011). The service delivery gap can be narrowed by focusing on elements such as tangibles, reliability, responsiveness, assurance and empathy. Management needs to assess where the organisation has fallen short and needs to seek to provide a better service by focusing on the areas of possible improvement described by customers (Van Heerden, 2010).

2.7.1 Criticisms of SERVQUAL

Although SERVQUAL is one of the most popular instruments used to measure service quality, many authors have criticised it. Ramsaran-Fowdar (2005) stated that SERVQUAL is a strong measure of service quality, but believes that there is no guarantee that the measures used will cover all aspects of service quality in every service setting. She also stated that one generic measure of service is insufficient for all services.

Hoffman and Bateson (2006) criticised the SERVQUAL model for the following perceived shortcomings:

- **The length of the questionnaire**: The 44-item scale has been noted as being highly repetitive and too long, and the "expectations" component of the questionnaire is of "no real value".
- **The lack of validity of the five dimensions**: Empathy, assurance, reliability, responsiveness, and tangibles do not hold up under statistical scrutiny.
- **The lack of predictive power**: The perceptions section of the model is a better indication of purchase intentions than the "expectation minus perception" measure.

2.8 CUSTOMER SERVICE IN HEALTHCARE

De Jager and Du Plooy (2011) stated that service delivery has become an essential component of national economies and that it is therefore vital to evaluate the distinguishing features of services as well as the management implications, specifically within the healthcare industry. Due to the increased demand for healthcare services, hospitals now need to be more competitive. In an effort to reduce costs and remain competitive, a method that could be implemented is that of performance improvement.

Customer satisfaction and service quality have become important issues in many service industries, especially in healthcare, due to increasing consumerism and the fact that customers are more informed than they used to be (Ramsaran-Fowdar, 2005). Thus, improving customer satisfaction should be part of the organisational strategy as a means of bringing about success and profitability in the long run.

The methods that could be used to improve performance include improving the quality of the service provided and having a more focused approach to marketing activities (Raju, 2002). According to Singh (1991, cited in Johns, 1998, p.227), "health care delivery is a relatively 'pure' form of service, [because] … services tend to be produced and consumed more simultaneously [and] … customers actively participate in the service delivery".

He stated that within the healthcare realm, the patient's view is seldom considered. He cited healthcare studies focusing on the provider's (the doctors') dimensions rather than aspects of healthcare that are of more significance to the patient. According to Kupfer and Bond (2012), patient centeredness entails the provision of care that is respectful, representative of patients' needs and values, and ensuring that the patient is the centre of all clinical decision making

In order to attract patients and maintain a loyal patient base, delivering high-quality service is essential. Patient satisfaction surveys are a common method used to ascertain patient satisfaction levels. Other measures such as determining the average cost per admission and the average cost per patient per day are also popular indicators used by hospitals to assess service quality (Flood, 1994 cited in Raju and Lonial, 2002, p.337).

Improvements in clinical care and positive outcomes are seen by hospitals as vital elements in increasing customer loyalty and attracting new customers (Raju and Lonial, 2002). Various models have been developed to measure service quality within healthcare. These include the "Perceived Quality" by Grönroos, the SERVQUAL model by Parasuraman, Zeithaml and Berry, SERVPERF by Cronin and Taylor, and the "Critical Even Technique" (Istk *et al*., 2011). SERVQUAL has been the most widely used instrument to measure service quality within the healthcare sphere and can also be used as a functional tool in assessing the quality of hospital management.

In the "Ten-Point Plan for Improvement of the Healthcare Sector (2012-2014)" the South African National Department of Health (NDoH) has shown its commitment to improving the quality of healthcare (Gray, Vadwa and Jack, 2011). Its goal is to improve healthcare conditions by preventing illness, the promotion of healthy lifestyles, and the improvement of the healthcare delivery system. Further, the Plan seeks to "improve the quality of health

services, improve patient care and satisfaction, and increase the accreditation of healthcare facilities". An annual target of the accreditation of 25% of all healthcare facilities has been set by the NDoH. This requires institutional compliance with many different aspects of healthcare and service delivery.

The National Core Standards (NCS) for health establishments were developed in 2008, and are a set of regulations reflecting what is needed by healthcare establishments in order to provide decent, safe, quality care as well as a set of measurement tools to measure compliance (Gray *et al*., 2011).

The NCS is structured as follows.

Table 2.1: Domains and sub-domains of the NCS

Domain	Sub-domain
Domain 1: Patient rights What a hospital or clinic must do to ensure that patients are respected, their rights upheld, including getting access to needed care and to respectful, informed and dignified attention in an acceptable and hygienic environment, seen from the point of view of the patient, in accordance with Batho Pele principles and the patients' rights charter.	• Respect and dignity • Information to patients • Physical access • Continuity of care • Reducing delays in care • Emergency care • Access to package of services • Complaints management
Domain 2: Patient safety, clinical governance and care Covers how to ensure quality nursing, clinical care and ethical practice, reduce unintended harm to healthcare users or patients.	• Patient care • Clinical management for improved health outcomes • Clinical leadership • Clinical risk • Adverse events • Infection prevention and control
Domain 3: Clinical support services	• Pharmaceutical services • Diagnostic services • Therapeutic and support services • Health technology services • Sterilisation services • Mortuary services • Efficiency management

Domain	Sub-domain
Domain 4: Public health	• Population-based service planning and delivery • Health promotion and disease prevention • Disaster preparedness • Environment control
Domain 5: Leadership and corporate governance	• Oversight and accountability • Strategic management • Risk management • Quality management • Effective leadership • Communications and public relations
Domain 6: Operational management Covers the day-to-day responsibilities involved in supporting and ensuring the delivery of safe and effective patient care.	• Human resource management and development • Employee wellness • Financial resource management • Supply chain management • Transport and fleet management • Information management • Medical records
Domain 7: Facilities and infrastructure Covers the requirements for clean, safe and secure physical infrastructure and waste disposal.	• Buildings and grounds • Machinery and utilities • Safety and security • Hygiene and cleanliness • Linen and laundry • Food services

Source: Adapted from Gray, A., Vadwa, G. & Jack, C. 2011. *South African Health Review*. Durban: Health Systems Trust, p.63.

The NDoH has identified six areas within the first three domains as areas for immediate improvement, as part of its Fast Track to Quality. These are:

- The values and attitudes of staff
- Reducing waiting times and queues
- The cleanliness of facilities
- The safety of patients and the provision of reliable care
- The prevention of infection within the hospital

- The availability of medicine, supplies and equipment.

Health establishments are required to focus on these areas as a first step in order to improve the delivery of healthcare to their patients.

2.9 GAPS IN THE LITERATURE

There are many authorities internationally who deal with the accreditation of healthcare facilities, focusing on improving the quality of service delivery to patients. Examples include the Joint Commission on Accreditation of Healthcare organisations (JCAHO); the International Society for Quality in Healthcare (ISQua); and the Council for Health Service Accreditation of South Africa (COHSASA). The Office of Standards and Compliance (OSC) within the NDoH developed the NCS, that set the benchmark for quality improvement in public health establishments. However, there is a gap in the literature relating to the confirmation of how the results of patient satisfaction surveys or SERVQUAL surveys administered to patients compare with the requirements of the NCS, for example, or with other accreditation programmes.

2.10 CONCLUSION

The focus of this chapter has been on the supporting literature regarding customer service, its importance, its benefits, and the use of models such as SERVQUAL to identify the gaps between the expected and the perceived service. The authors cited in this chapter agree that customer service plays an important role in the success and profitability of an organisation. In the South African context, with specific focus on public and semi-private hospitals, the National Core Standards have become a focal point in order for the NDoH to achieve its Ten-Point Plan. It is with this in mind that an evaluation of the service offering within McCord Hospital was undertaken. The aim was to establish the current level of customer service provided to patients, as well as how this level of service compares with the requirements of the NCS. Customer satisfaction and being responsive to customers have been identified as the main goals of modern organisations, and are essential for any organisation if it intends to be competitive (Musalem and Joshi, 2009). Chapter 3 focuses on the research methodology used to identify the current levels of service offered by McCord Hospital.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Measuring the quality of service in a healthcare environment has become essential for managers in order to improve service delivery. By conducting research into patients' opinions of the service they receive from a hospital, one is able to establish a starting point to improve elements of the service offering if deemed necessary. Research provides the necessary information that assists managers in making informed decisions for the organisation. According to Sekaran and Bougie (2009), research is the process of finding solutions to a problem after a thorough study and analysis of the situational factors. They stated that it encompasses the process of enquiry, investigation, examination and experimentation, all of which need to be carried out systematically and objectively.

This chapter highlights methods which were used to establish the level of service offered by McCord Hospital as well as how the data was collected, handled and analysed.

3.2 AIM AND OBJECTIVES OF THE STUDY

Service delivery from a hospital has been noted as the number one factor that will either produce loyal customers or turn them away (Luke, 2008). Healthcare institutions therefore need to ensure that they offer patients value for their money. The aim of this study was to establish whether McCord Hospital is offering an effective service to inpatients. As described in Chapter 1, the objectives were to:

1. Determine patients' opinions of the following services:
    a. Medical care
    b. Auxiliary services (catering and laundry)
    c. Attitude of staff
    d. Waiting times;

2. Identify the strengths and weaknesses of the inpatient service offered at McCord Hospital.

3. Determine what improvements are required to enhance the customer experience.

3.3 PARTICIPANTS AND LOCATION OF THE STUDY

This study was conducted at McCord Hospital in Overport, Durban. McCord Hospital is a 106 bed hospital offering both outpatient and inpatient care. Outpatient care comprises of a casualty department, minor theatre facility, as well as surgical, medical, diabetic and gynaecological clinics. Inpatient services include a male and female medical ward, male and female surgical ward, maternity ward, nursery, paediatric ward, a high care unit, three main operating theatres and a day care ward.

The participants of the study were limited to inpatients. The rationale for this decision was based on the fact that inpatients utilise more services than outpatients and are therefore in a more suitable position to judge these services as they have experienced them personally over a longer period of time. Outpatients typically would not have a meal in the ward; experience the same level of care by the nurses and doctors; or have the need for bed linen to be changed. Adults 20 years and older were chosen to participate in this study as opposed to younger patients who may not be able to judge the service they receive as objectively, or would possibly have difficulty understanding the questionnaire. Furthermore, in terms of ethics, minors need to be assisted by their parents.

3.4 TYPE OF STUDY

Studies may be descriptive, causal, experimental or exploratory in nature. Experimental design is the methodology used when conducting experiments. In true experiments, the independent variable is manipulated to test whether it has an effect on the dependent variable (Quinlan, 2011). Descriptive studies are used to describe the data gathered. Variables such as gender, age and so on, can be described utilising descriptive statistics such as frequencies, ranges, means (Quinlan, 2011). This study was descriptive in nature, utilising graphs and tables to interpret the data. A cross sectional study was undertaken in which data was gathered over a single period of time in order to answer the research question and achieve the objectives.

3.5 APPROACH

Data can be classified as quantitative, generally gathered through structured questionnaires, or qualitative, broad answers to interview questions or open-ended questions from a questionnaire (Sekaran and Bougie, 2009). Johnson and Christensen (2008) identified differences between qualitative and quantitative information such as qualitative data focuses more on smaller groups that are not randomly selected whereas quantitative research focuses on larger randomly selected samples. Furthermore, quantitative analysis uses numbers and statistics to focus on specific variables such as waiting times or nursing skill, whereas qualitative research focuses on the whole area of interest, via words, images or objects. Quantitative research is objective and its findings are generalisable and can be applied to other populations (Johnson and Christensen, 2008). It is important for a researcher to understand the difference between these two types of data collection methods before choosing an approach.

3.6 SAMPLING

Keller (2012) defined a population as the group of all items of interest to a statistics practitioner, and a sample as a set of data drawn from the studied population. As the cost and time constraints of interviewing all elements in the population are prohibitive, sampling is used so that by understanding the properties of the sample, one is able to generalise the findings to the wider population. The aim of sampling is to save time and effort, but also to obtain consistent and unbiased estimates of the population status in terms of whatever is being researched (Sapsford and Jupp, 2006).

According to Sekaran and Bougie (2009), there are two major types of sampling design: probability and non-probability sampling. The characteristics of probability sampling are that the elements in the population have a known chance of being selected, whereas in non-probability sampling, the elements do not have a predetermined chance of selection. Probability sampling is more widely used as it offers the least bias and is more generalisable to the wider population.

Probability sampling, specifically simple random sampling, was used in this study by utilising the daily inpatient listing (sample frame) and identifying all patients over 20 years of age. Patients were approached to participate in the study based on their physical condition,

whether they were mentally able to comprehend the questionnaire and were willing to participate.

McCord Hospital has 106 beds and therefore the appropriate sample size according to Sekaran and Bougie (2009) is 86 patients. The population of interest for this study comprised all inpatients over the age of 20, admitted to McCord Hospital between the period 2 April 2013 to 10 May 2013.

3.7 DATA COLLECTION

A questionnaire was used by patients to evaluate the services provided at McCord Hospital. A questionnaire was thought to be the most appropriate method in which to obtain the information in a complete manner and also to offer the patient a chance to clarify any misunderstandings by asking the facilitator. Kupfer and Bond (2012) stated that there has been increased usage of patient satisfaction surveys to monitor quality within health establishments. According to Sekaran and Bougie (2009), personally administering questionnaires helps to establish a rapport with the respondents while introducing the survey; provides clarification if needed by the respondent; allows for collection of the questionnaire immediately after they have been administered; or alternatively administering them electronically and capturing results on a real time basis. The advantage of using a questionnaire over interview-led methods is that questionnaires are cheaper, particularly if they can be group administered (Sapsford and Jupp, 2006).

The questionnaire was not translated into Zulu as the hospitality attendants and nurses in the ward were able to assist with translation when needed. Demographic questions were asked in order to establish if certain elements of service were common in their importance amongst certain demographic types. For example, Indian patients may require food that meets their religious beliefs, as opposed to white patients.

During the data collection period, an assessment of the response rate revealed that data was not being collected as timeously compared to the response rate at the beginning of the study. This reason, coupled with the decrease in admissions during the period, led the study to utilise telephone interviews as a secondary data collection method. This decision was taken as patients would be in a healthier condition both physically and mentally and more

inclined to answer questions, compared to when their physical health was impaired while in hospital.

3.7.1 Instrument construction

The questionnaire contained a consent form for patients to sign, confirming the purpose of the study and their participation therein (Appendix 1). It was further needed in order to build a rapport with patients and motivate them to respond to the questionnaire. Assurance of confidentiality further allowed for questions to be answered more honestly. The questionnaire consisted of 23 questions, probing general service elements such as medical care, waiting times, attitude of staff and cleanliness, as detailed in the Department of Health's National Core Standards document which focuses on improving public sector quality of care.

According to Sofaer and Firminger (2005, cited in Coovadia, 2008, p.22), seven categories were important to patients:

1. Patient centred care
2. Access
3. Courtesy and emotional support
4. Communication and information
5. Technical quality
6. Efficiency of care organisation
7. Structure and facilities.

Questions were asked in sequence of the patient experience i.e. - reason for coming to the hospital, waiting to be registered, appearance and cleanliness of the ward, quality and quantity of the food in the ward, conduct of nurses and doctors, etc. This was a logical method as the patient could trace a direct path in their mind of their experience from entrance to admission, and not in a scattered manner starting with questions relating to the ward and then waiting times at reception. The flow of the questionnaire is illustrated in Figure 3.1.

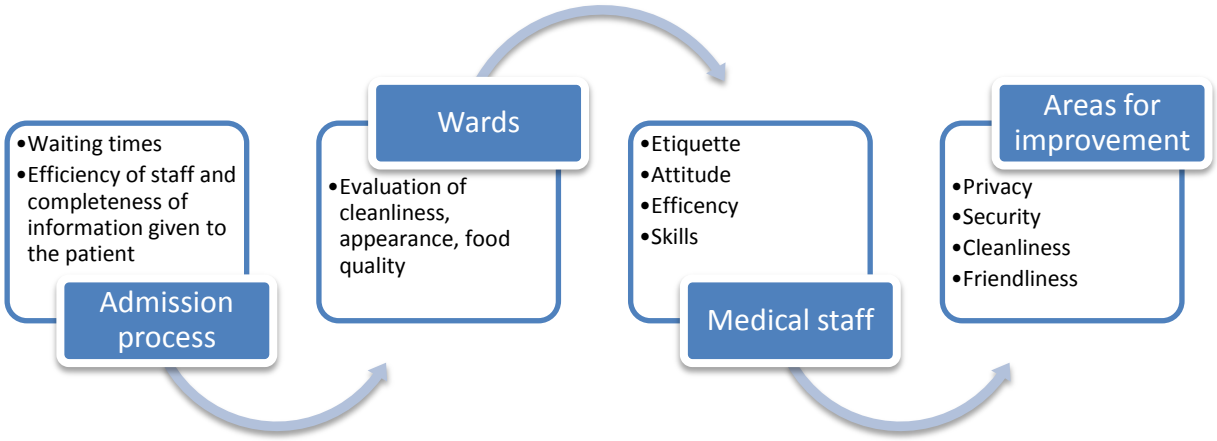

Figure 2.1: Flow of questionnaire

Due to all the questions in the questionnaire being structured, the final question was open ended in order for patients to address any service issues they felt had not been addressed within the questionnaire.

3.7.2 Reliability and validation

Reliability and validity are important aspects to consider when evaluating an instrument such as a questionnaire. According to Sekaran and Bougie (2009), validity establishes how well a technique, instrument or process measures a particular concept. Reliability is an indication of the stability and consistency with which the instrument measures the variable.

Tavakol and Dennick (2011) stated that validity and reliability are fundamental elements when evaluating a measurement instrument.

According to Bryman and Bell (2007), three prominent factors will be involved if a measure is reliable. They are:

1. Stability: a measure is stable over time to allow for minimal variation in results.
2. Internal reliability: the use of consistent indicators that make up the scale. This results in the scores of respondents being relative.
3. Inter-observer consistency: consistent analysis of subjective data.

3.7.3 Pretesting

The questionnaire was tested on 15 individuals, ranging from inpatients and staff at McCord Hospital to colleagues within the business field. This was done in order to establish whether the questionnaire would be a reliable tool in producing the results that would address the objectives of the study. Patient feedback was valuable in the pretesting stage as it allowed the questionnaire to be tested for any flaws. Further, it established questions where common patient responses were not noted as options. The "not applicable" option was not available as an option, however many patients that found their inpatient experience was "excellent" did not deem it necessary to complete the section on "how to improve nursing services", and therefore the "not applicable" option needed to be added. These superficial changes were made to the questionnaire to allow for easier completion.

According to Sapsford and Jupp (2006), piloting questionnaires on samples which are representative of the target population is essential both to gauge the length of time which it takes, and to investigate whether the questions are properly understood by the respondent.

Further, the logic of the questionnaire in electronic format was tested to allow for accurate data analysis on completion of the study. Pretesting revealed that one question did not follow the proper logic and did not direct the patient to the follow up question.

3.7.4 Administration of the questionnaire

This questionnaire was administered to inpatients by hospitality attendants in the ward, as well as the researcher. Hospitality attendants perform the function of assisting nurses and doctors with patient administration and other queries that may arise within the ward. Having a personal relationship with the patients in the ward, and being based in the ward throughout the day, they were in the best position to administer the questionnaire to patients at a convenient time. Ethical considerations were taken into account and patients that had had traumatic surgery or were severely ill were not approached to participate.

3.8 ANALYSIS OF THE DATA

A quantitative, descriptive study was conducted. Questionnaires were captured online on a real time basis on Questionpro and others were entered into Questionpro from a hard copy.

Statistical analysis was done using Questionpro, with further analysis being done by extracting information from Questionpro into Microsoft Excel 2003.

Frequency analysis allows for the data to be summarised into mutually exclusive classes, and will identify the number of occurrences per class. For example, one can establish the number or percentage of patients that were either satisfied or dissatisfied with the meals provided. This will provide a starting point from which to improve services or continue offering the same level of service. Frequency tables were used to illustrate the number of patients and percentage belonging to each variable in question. Visually, frequency distributions allow for information to be displayed graphically through histograms, bar graphs and pie charts, allowing for easier interpretation of the data.

In addition to frequency analysis, cross tabulation is a commonly employed and useful form of tabulation for analytical purposes. This involves the simultaneous counting of the number of observations that occur in each of the data categories of two or more variables. Most routine applications of cross tabulation involve only two variables at a time, although analysis need not be limited to just two variables

3.9 SUMMARY

Chapter 3 discussed the research methodology used to conduct this study. By following the appropriate research methodology, the aim, objectives, sampling technique and sample size were determined. Quantitative analysis by way of a structured questionnaire was deemed to be the most suitable instrument for this study. The questionnaire followed the logic of the patient experience from entrance to admission and questions were asked focusing on the key areas of service applicable to McCord Hospital. Following the pretesting, flaws in the questionnaires were identified and rectified in order that the participants in the study would be better able to understand and therefore answer the questions. Once the content of the questionnaire had been amended and better suited to achieve the objectives of the study, it was sent to the wider sample. Descriptive frequency analysis was used to interpret the data, the findings of which are detailed in Chapter 4.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION

4.1 INTRODUCTION

This chapter analyses the data collected in the study. The process of data analysis will begin with a description of what was revealed in the data, and a brief interpretation of what this means. Thereafter conclusions will be linked back to literature and previous findings.

4.2 DESCRIPTION OF SAMPLE

Ninety one patients were issued with the survey with 87 starting and 86 patients completing the survey. After the required sample size of 86 had been obtained, the survey was concluded. As the sample size had been met, results could be generalised, using a 95% confidence interval. Reliability was tested by exporting the survey results into SPSS and computing Cronbach Alpha. The resultant Cronbach $\alpha = 0.636$. According to Sekaran and Bougie (2009), reliabilities less than 0.6 are considered poor values and within the 0.70 range are acceptable, and over 0.80 are considered good. Although 0.636 is below 0.7, it was considered acceptable for this study. Clark and Watson (1995) state that there are no longer any clear standards, regarding what level is considered acceptable for Cronbach's Alpha, as past criteria have ranged from 0.90 coefficients down to 0.60. Table 4.1 illustrates the demographic breakdown of the sample.

Data was collected during the period 2 April 2013 to 10 May 2013. The main demographic of the sample were blacks and Indians. Results of the survey revealed that more women (58%) as opposed to males (42%) participated in the survey. This is similar to a study on customer service in a hospital in the North West Province conducted by Van Heerden (2010), where more women (61.4%) took part in the study than men (38.6%). Further, in Van Heerden's study, patients under 30 years comprised 33.3% of the study, whilst patients between 30-50 years comprised 44.4%, with the remaining 22.2% over 50 years. Results of the study showed that the majority of results were obtained from patients between 30-39 years (36%), as was the case with this study.

Table 4.1: Demographic profile of sample

Characteristic	Frequency	Percentage
Age (years)		
20-29	20	23%
30-39	31	36%
40-49	11	13%
50-59	12	14%
≥60	12	14%
Total	n= 86	100%
Gender		
Male	36	42%
Female	50	58%
Total	n= 86	100%
Race		
Black	35	41%
White	15	17%
Coloured	2	2%
Indian	33	38%
Other	1	1%
Total	n=86	100%

Butler, Oswald and Turner (1996) stated that the effects of demographic characteristics on consumer behaviour have been well documented. Demographic variables such as age, education, income and gender for example have been widely utilised in segmentation studies. They also stated that, specifically within the healthcare sector, age, income and gender have been known to influence a patient's choice of healthcare plan.

Cole and Balasubramanian (1993, cited in Butler *et al*., 1996, p.12) found that females perceived lower levels of service quality in hospitals compared to males and older patients perceived lower levels of service quality in hospitals compared to younger patients.

4.2.1 Payment category

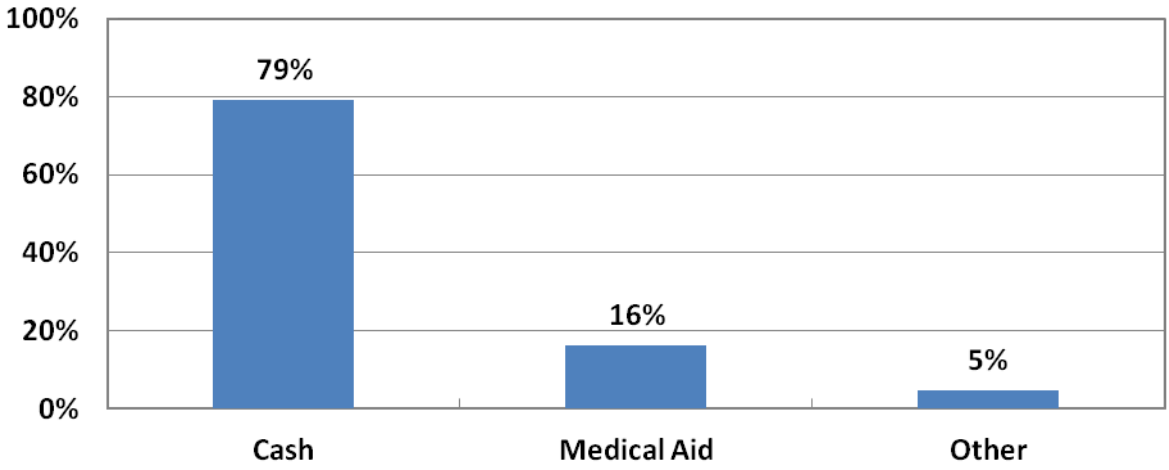

Figure 3.1: Patient payment category

This study revealed that 79% of patients paid cash whilst 16% utilised medical aid and the remaining 5% were either free or subsidised by their employer. McCord Hospital is a semi-private hospital and generates revenue by means of a subsidy from the Department of Health, from local and international donors, and patient income. The hospital is cheaper than the private sector but more expensive than the public sector. Hence, the trend is that the cash paying patient comprises the majority of the total patient population due to cheaper rates than the private sector, which many patients cannot afford.

Patients were asked their reason for choosing McCord Hospital as their preferred provider. Figure 4.2 reveals that the most common reason for choosing McCord Hospital was affordability. This corresponds with the fact that most patients are cash patients, as the majority of patients that can afford a medical aid opt to go elsewhere for treatment. Twenty one percent (21%) of patients were referred to the hospital, indicating that other medical professionals were confident in the hospital being able to provide the required care to their patients.

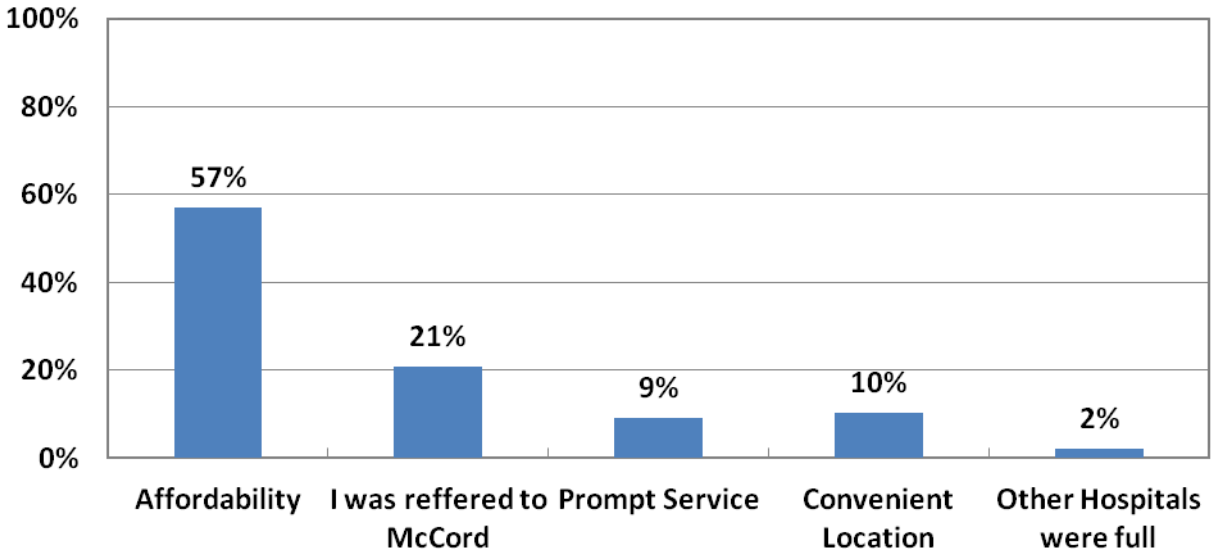

Figure 4.2: The reason for choosing McCord Hospital for treatment

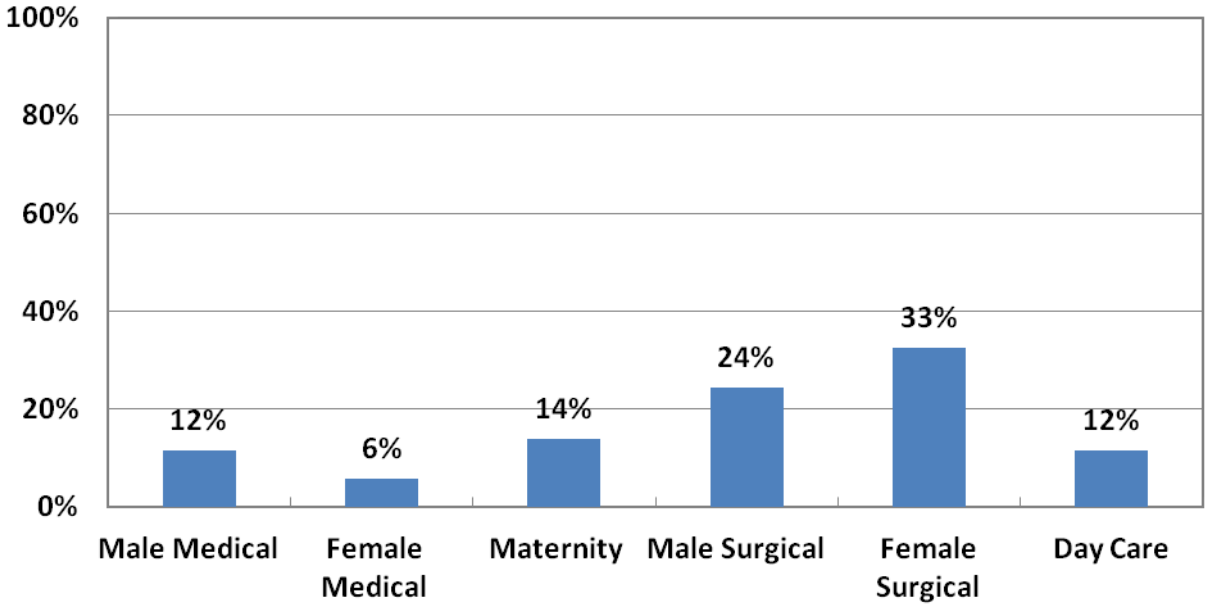

Figure 4.3: Ward admitted

The majority of respondents (33%) were admitted to the female surgical ward, whilst the second highest participants were male surgical patients. Patients admitted to the male and female medical wards were sicker than those in the surgical ward, hence the difference in response rate. Further, during the time of the study, the maternity ward was closed, resulting in a 14% response rate.

4.3 OBJECTIVE 1: TO DETERMINE PATIENTS' OPINIONS OF WAITING TIMES, AUXILIARY SERVICES, MEDICAL CARE AND STAFF ATTITUDE

Objective one related to patients waiting times, experience of auxiliary services, medical care and staff attitude.

4.3.1 Waiting times

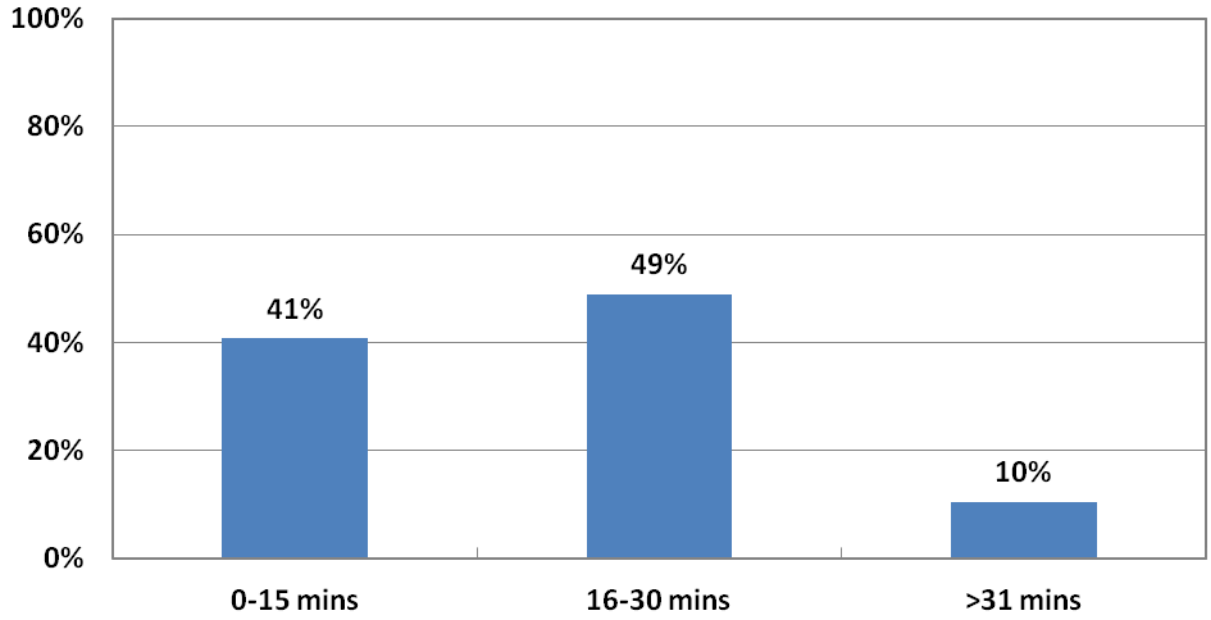

Figure 4.4: Waiting time at registration

The majority of patients (49%) waited between 16 and 35 minutes before completing the registration process, whilst only 10% waited in excess of 31 minutes. Registration of both inpatients and outpatients occurred in the outpatient department, which would have had an impact on the waiting times for inpatients.

Saila (2008, cited in Coovadia, 2008, p.25) found that the main reason for patient dissatisfaction within the outpatient department was the length of waiting times. Communication and patients' inability to contribute in the decision making process regarding their health were also cited as reasons for dissatisfaction with the outpatient department.

In his study, Tam (2007) found that waiting time was not the most important attribute with regard to customer service, but was one of nine key attributes that affected patient satisfaction.

Kleynhans (2008, cited in Van Heerden, 2010, p.27) highlighted personal needs as one of the factors that influenced the expectation of customers. Waiting 10 minutes in a queue may be acceptable to one customer but unacceptable to the next, hence their opinion of satisfaction or dissatisfaction. Waiting times in excess of 30 minutes is an area for concern.

Figure 4.5: Information given to the patient on admission

McCord Hospital offers a fixed fee for procedures and admission. This means that the fees quoted for non-medical aid patients are inclusive of the hospital bill, surgeon / doctor fee and anaesthetist fee. Previously certain blood tests and radiological examinations were also included. Therefore upon admission, patients should be provided with information regarding procedure fees, items included or excluded from the fee such as x-rays, blood tests etc., and asked to sign a consent form. Figure 4.5 shows that 98% of patients were given information on procedure fees, whilst 77% received information regarding items such as blood tests for example that were included in the quoted fee. Eighty percent (80%) of patients were given consent for procedure forms to sign. This is encouraging to note as legally, all patients undergoing surgical interventions are required to sign a consent form.

With the introduction of the Consumer Protection Act 68 of 2008 it has become more necessary to inform patients upfront of the financial liability they are consenting to, based on limited liability. Informing patients before admission of the risks of their procedure and the limited liability of the hospital is a necessity to limit potential litigation in the future. It is therefore pleasing to see that patients were asked to sign a consent form upon admission. The patients that were not asked to sign a consent form were the medical patients who would not need any surgical interventions at the time of admission. According to the demographic of the sample, 18% of respondents were medical patients. The consent form described above was purely a consent to admission and not a consent for surgery. This latter consent form would need the technical explanation and signature of a suitably qualified doctor.

Figure 4.6 shows that the majority of patients (73%) found the admission process to be efficient, with 26% stating that the process was very efficient. This is a positive attribute of the service and sets the tone for the rest of the patient stay within the hospital if the first step was concluded in an efficient, friendly and comprehensive manner. The admission process stated above excludes the time taken at the registration and payment point.

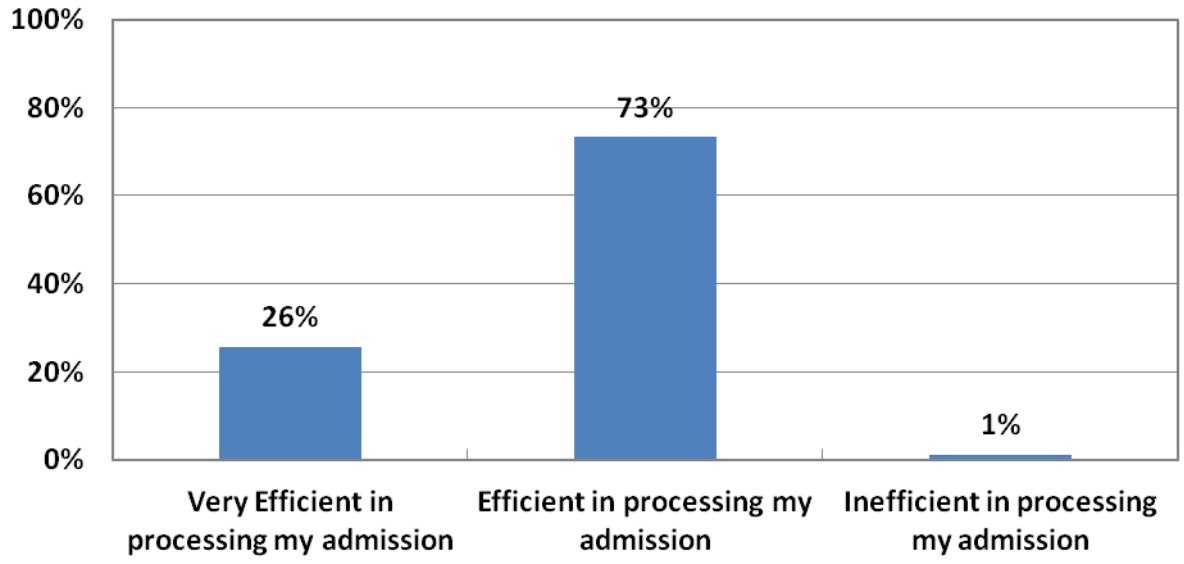

Figure 4.6: Efficiency of the admission clerks

Patients were asked how the admission clerks can further improve the admission process. Figure 4.7 shows that 53% of patients felt that the process met their needs and therefore did not need improvement, 16% of patients suggested that the admission clerks should have faster computers, whilst the other 16% stated that the process would be more efficient if the clerks spoke in the patient's home language.

Hoffman and Bateson (2006) stated that one of the three attributes of service included heterogeneity. No two services will be the same, as they derive from the person providing the service, and no two people are exactly the same. This explains the different ratings of service received from patients.

One can assume from the findings that the admission clerks display a high degree of customer orientation. Whelan *et al*. (2010) stated that one of the levels with which customer orientation can be measured is that of the employee-customer orientation, refering to the ability or predisposition of staff to meet the needs of the customer on a real time basis. Based on the fact that 99% of patients rated the admission clerks as efficient and very efficient, one can establish that they have a high degree of customer orientation as they were able to meet the needs of patients on a real time basis.

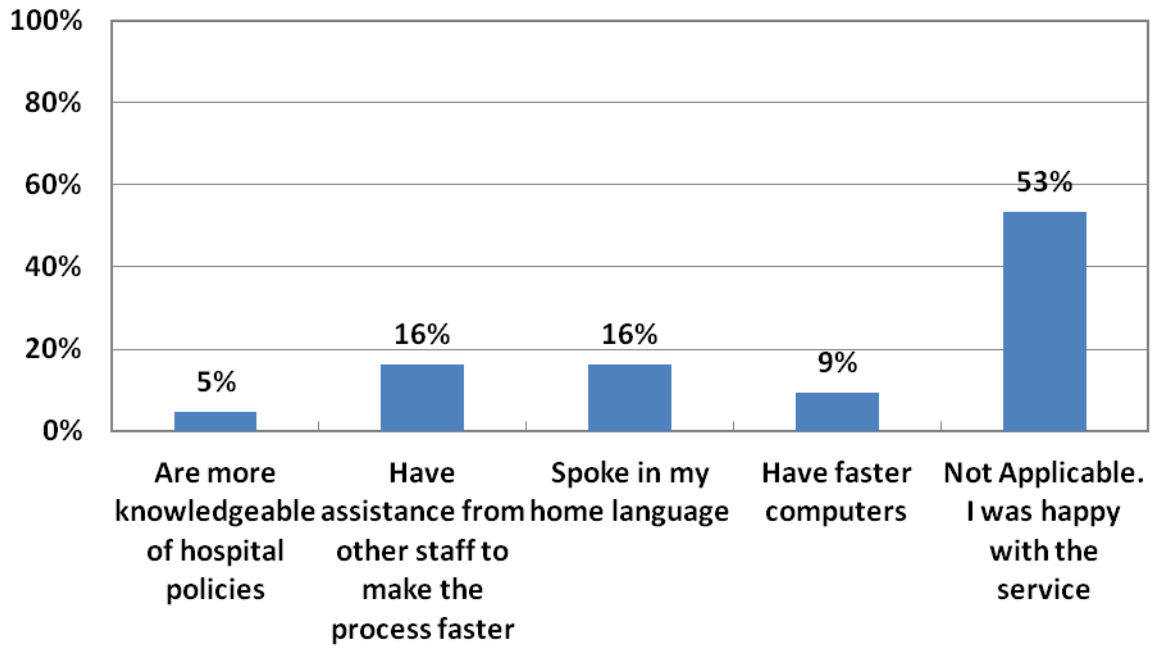

Figure 4.7: How admission clerks could offer a better service

Although the majority of patients were happy with the service they received, 16% of them suggested that the admission process could be improved if the admission clerk spoke in the same language as the patient.

Based on the demographic profile of the patients, it was clear that the majority were black and therefore Zulu would be the dominant language. According to the South African Health Review 2013, it was revealed that the language barrier decreased work efficiency and therefore the provision of healthcare at the level required by the patient. The report also states that the impact of the language barrier has often been disregarded or deemed as unimportant by healthcare policy makers and practitioners, when communication should be the cornerstone of the doctor-patient relationship as it impacts on the quality of healthcare delivery.

Studies have revealed that the language barrier causes miscommunication, resulting in increased stress levels experienced by the patient as well as an increase in occurrence of patient avoidance behaviour. However, the majority of patients were pleased with the admission process. This assists in decreasing the overall waiting time of the patient before being physically admitted into the ward.

4.3.2 Patients' opinions of auxiliary services

Domain one of the National Core Standards makes reference to the rights of patients receiving care in an acceptable and hygienic environment, seen from the patient's point of view. It was therefore important to establish what the patients' opinions of the cleanliness of the wards within the hospital were.

Figure 4.8 shows that 56% of patients found the wards to be clean and inviting, with 44% finding the ward very clean and very inviting. This helps the patient to feel more relaxed, knowing that the environment is clean, and to have peace of mind regarding sterility. Infection control is a major focal point in hospitals and a clean environment decreases the risk of infection and sickness, and reduces the chance of health facility acquired infections. Further to this, Figure 4.9 shows that bed linen was changed regularly. This decreases the risk of infection and increases the hygiene in the ward. Domain seven of the National Core Standards refers directly to the requirements for a secure, clean and safe environment for

patients. Based on the response from patients, it clear that the hospital is meeting these terms of compliance.

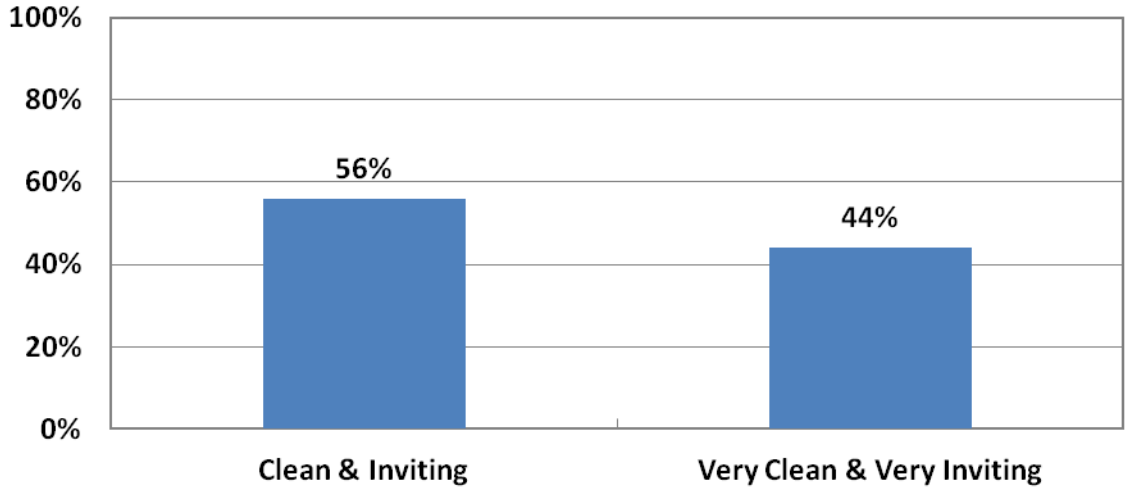

Figure 4.8: Cleanliness of the ward

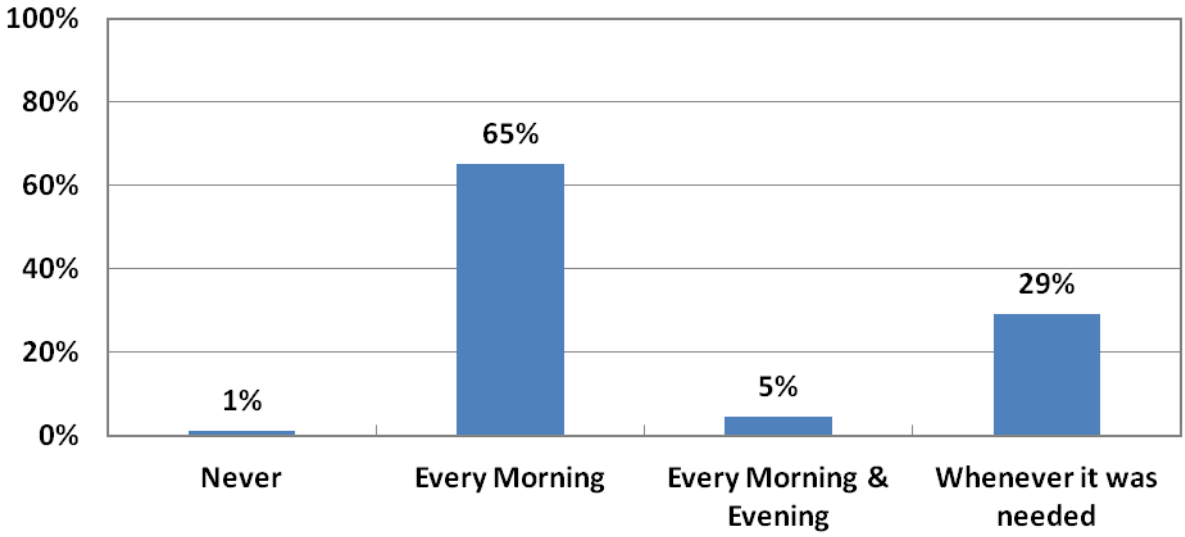

Figure 4.9: Frequency of linen change

According to Figure 4.10, 28% of respondents stated that despite the quantity of food served being of sufficient quantity, it was tasteless. Of the 49% of respondents stating that the food was very tasty, 23% stated that the quantity of food was insufficient.

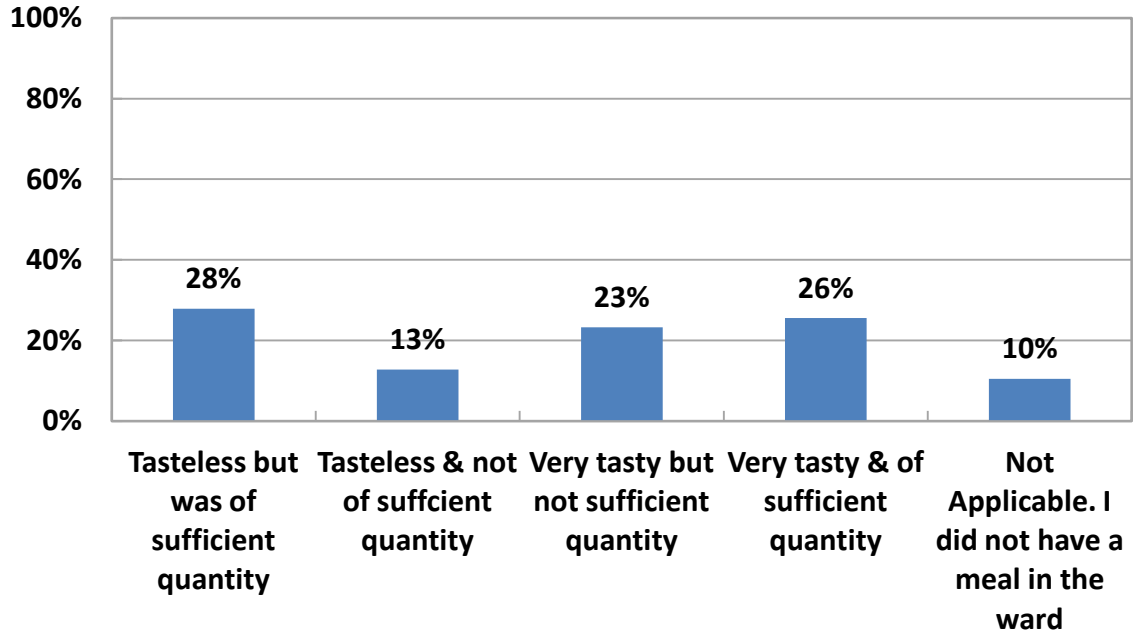

Figure 4.10: Patients' opinions of food services

Domain seven of the National Core Standards refer to facilities and infrastructure and the need for healthcare facilities to focus on, amongst other service attributes, food services. Patients rating of the meals provided in the ward were almost equally distributed between "tasteless but of sufficient quantity, very tasty but not of sufficient quantity, and very tasty and of sufficient quantity". The majority of patients, however, did find the food tasteless and this would be an area for future investigation.

Table 4.2: Cross tabulation of patients' opinions of food served

		The food in the ward was					
		Tasteless but was of sufficient quantity	Tasteless & not of sufficient quantity	Very tasty but not sufficient quantity	Very tasty & of sufficient quantity	Not Applicable. I did not have a meal in the ward	Total
Race	Black	3.49%	2.33%	16.28%	12.79%	5.81%	40.70%
	White	3.49%	2.33%	3.49%	5.81%	2.33%	17.44%
	Coloured	-	-	-	2%	-	2.33%
	Indian	19.77%	8.14%	3.49%	4.65%	2.33%	38.37%
	Other	1.16%	-	-	-	-	1.16%
	Total	**27.91%**	**12.79%**	**23.26%**	**25.58%**	**10.47%**	**100.00%**
n=86		X^2=34.731					p=0.004

The cross tabulation above revealed a Pearson's chi squared value of 34.731 with p=0.004, showing a relationship between race and satisfaction with quantity of food, using a 95% confidence interval. All coloured patients found that the food was very tasty and of sufficient quantity, whilst more than 19% of Indian patients found that the food was tasteless. This may be due to cultural aspects of food preparation, and the spices that people of Indian decent utilise in food preparation. Over 16% of black patients stated that the quantity of food was insufficient.

4.3.3 Patients' opinions of staff attitude

Within the healthcare industry, patients associate service excellence with attributes relating to human behaviour such as timeliness, friendliness and knowledge of hospital staff (Butler *et al*., 1996). This was confirmed by a study by Steiber (1988, cited in Butler *et al*., 1996, p.8), whereby results revealed that customer satisfaction was more positively influenced by concern from the staff rather than clinical care. Questions asked to determine patients' opinions of medical service were broken down into nursing care and doctor care. Patients were asked the same questions regarding skills, manners, compassion shown, explanation of medical terms etc., for both doctors and nurses.

Andaleeb, Siddiqui and Khandakar (2007) studied patient satisfaction at both public and private hospitals within Bangladesh. Their findings revealed that service orientation from doctors and nurses and tangible facility attributes were the most important attributes when determining patient satisfaction. In contrast however, Carman (2000) found that physician care was ranked as the third most important factor in service quality, with nursing care being the most highly ranked factor. Carman's findings were supported by Merkouris and Papathanassoglou (2004, cited in Coovadia, 2008), who studied inpatients at two public hospitals in Greece. They found that patients' perceptions of nursing services were of more importance than that of the physicians' service quality. In his study, Muntlin (2006) highlighted the importance of nursing care in the outpatient emergency department as the most important determinant of patient satisfaction.

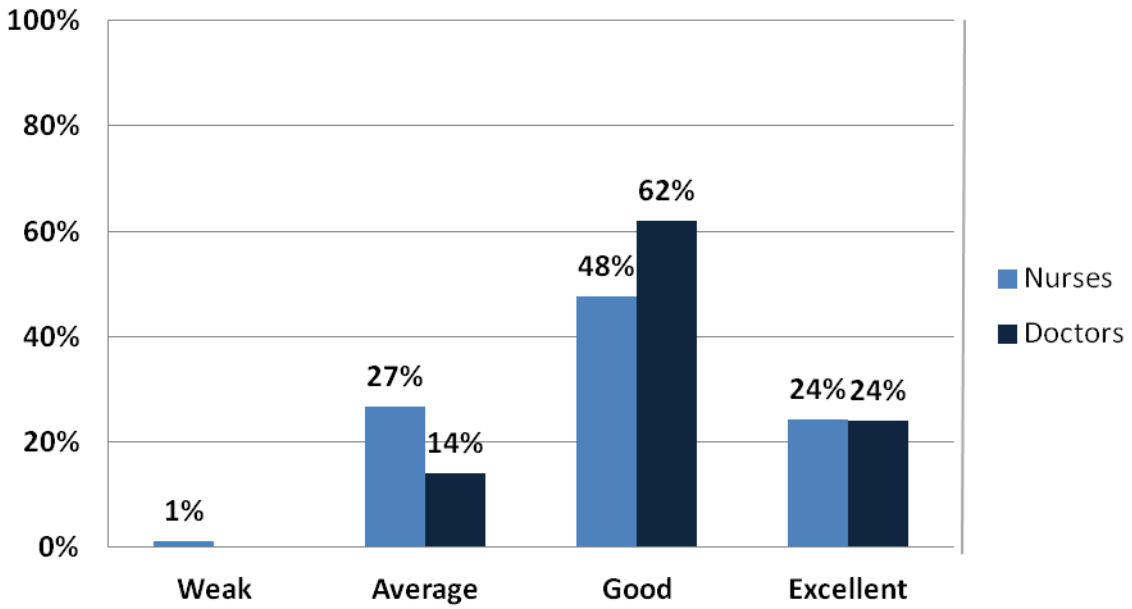

Figure 4.11: Manners displayed by the nurses and doctors

Figure 4.11 illustrates that patients' overall rating of the mannerism of both doctors and nurses was good to excellent indicating that medical staff treat patients with respect, contributing to a better patient experience. Domain one of the National Core Standards relates to patients being treated with respect and dignity. The hospital has complied with this requirement, however, 14% of patients rated doctors' manners as average, whilst 27% rated manners displayed by nurses as average.

Figure 4.12 shows that 49% of patients stated that in their opinion nurses displayed a good level of compassion toward them, whilst 19% stated that this was excellent. However, despite these positive results, 31% rated the compassion shown to them by nurses as average.

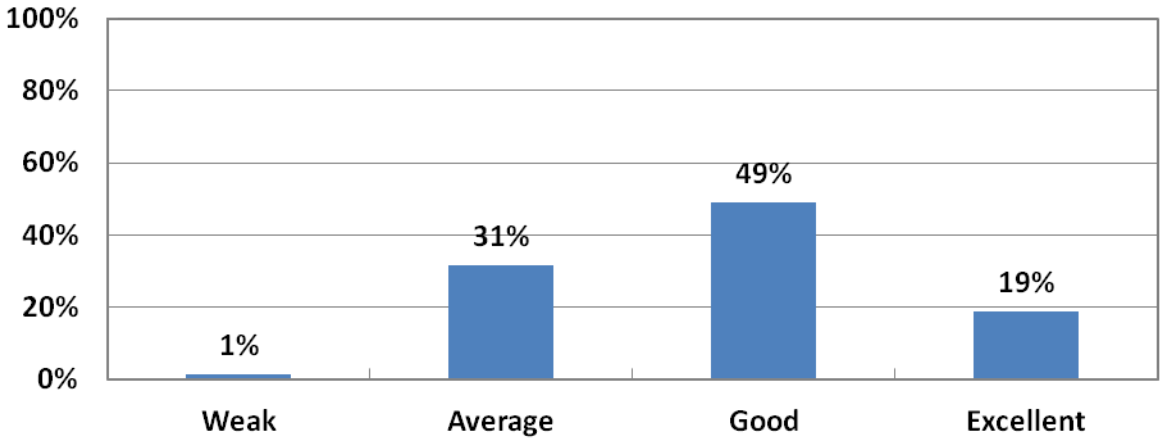

Figure 4.12: Compassion displayed by nurses

4.3.4 Patients' opinions of medical services

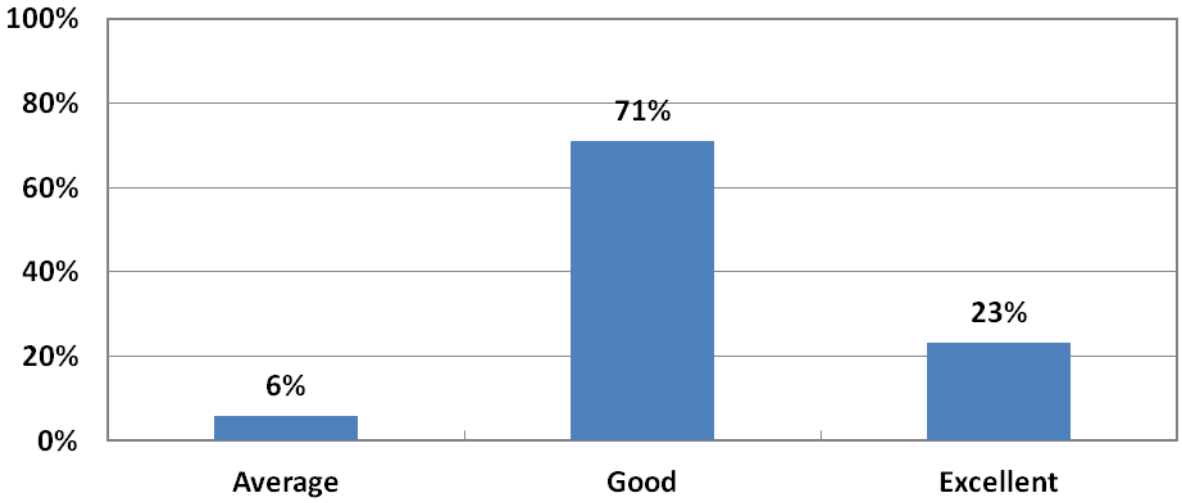

Figure 4.13: Nurses' skill displayed during procedures

Patients were asked to rate the nurses' skill when performing basic nursing tasks such as taking blood pressure, giving injections, etc. Seventy one percent (71%) rated their experience as good, whilst 23% rated it as excellent.

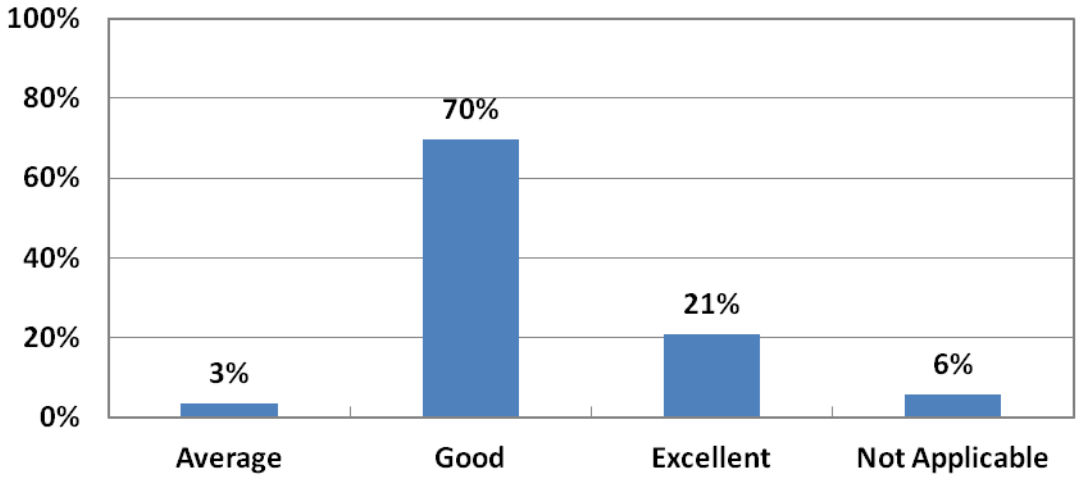

Figure 4.14: Doctors' skill displayed during procedures

The majority of patients (70%) rated the skill displayed by doctors as good whilst 21% rated their skill as excellent. The skill of the doctor is described as technical quality, which the average patient does not have the knowledge to evaluate. However, as each questionnaire was personally explained to patients, they were asked to evaluate basic skills displayed by doctors such as insertion of drips and taking a blood sample, amongst others. De Jager and Du Plooy (2011) noted that a patient regards technical quality as highly important but evaluates services based on functional aspects, as most patients do not possess the necessary expertise to evaluate the service technically.

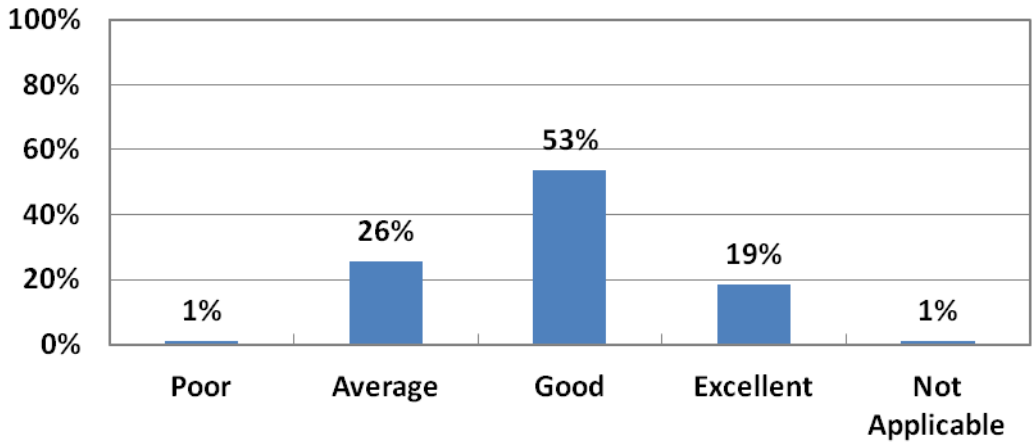

Figure 4.15: Nurses' ability to explain things to me in a manner that I understand

The findings revealed that the majority of patients (53%) rated nurses' ability to explain things in an understandable manner as good and 26% responded with average. Based on the importance of communication as highlighted previously, it is essential that patients fully understand their treatment plan and aspects regarding their physical condition.

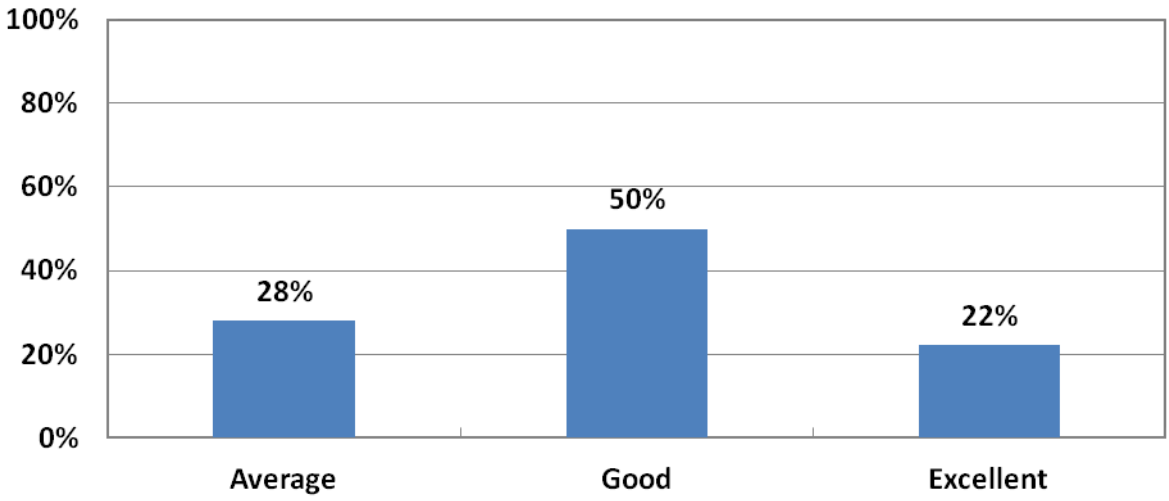

Figure 4.16: Doctors' explanation to the patient

Fifty percent (50%) of patients found the explanation they received from doctors regarding their medical treatment good, whilst 22% found it to be excellent. Twenty eight percent (28%) rated the explanation of their medical treatment as average, which would be an area to investigate in future.

Figure 4.17 shows that the majority of patients (45%) were satisfied with the response time of nurses, whilst 23% stated that the response time was either excellent or average. A factor within the SERVQUAL model with which customers have rated the quality of a service provided, is responsiveness, highlighting its importance in the evaluation of services.

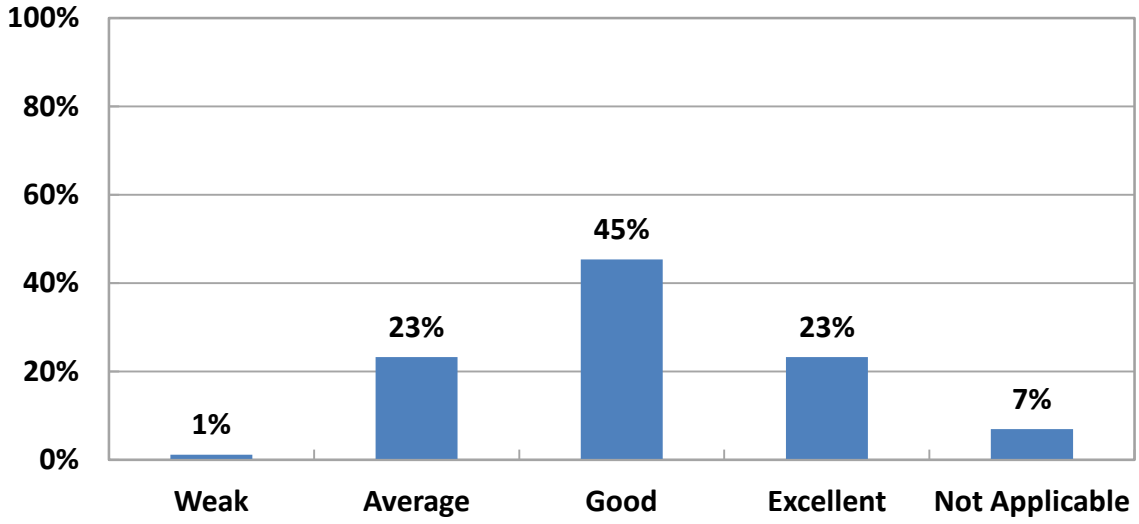

Figure 4.17: Nurses' response time when called

Table 4.3: Cross tabulation between response time of nurses and ward

		Ward admitted						
		Male medical	Female medical	Maternity	Male surgical	Female surgical	Day care	Totals
Response time when called	Poor	-	-	-	-	-	-	-
	Weak	-	1.16%	-	-	-	-	1.16%
	Average	5.81%	1.16%	1.16%	5.81%	8.14%	1.16%	23.26%
	Good	5.81%	2.33%	4.65%	10.47%	16.28%	5.81%	45.35%
	Excellent	-	1.16%	8.14%	5.81%	6.98%	1.16%	23.26%
	N/A	-	-	-	2.33%	1.16%	3.49%	6.98%
	Total	11.63%	5.81%	13.95%	24.42%	32.56%	11.63%	100.00%
n=86		X^2=41.552						p=0.02

The cross tabulation above revealed a Pearson's chi squared value of 41.552 with p=0.02 and revealed that of the 12% of patients that were admitted in the male medical ward, none of

them found the response time of nurses to be excellent as the responses were split between good and average. It was pleasing to note that patients were given the option of poor and weak, and overall only 1% found the response time to be weak.

Figure 4.18 revealed that 57% of patients were satisfied with the service they received from the nursing staff, with 24% stating that nurses could offer a better service if they were more caring. The Department of Health's National Core Standards document makes reference to the need for staff to treat patients in a respectful manner. Therefore the attitude of staff is essential with regard to compliance and should be an area of focus for the hospital.

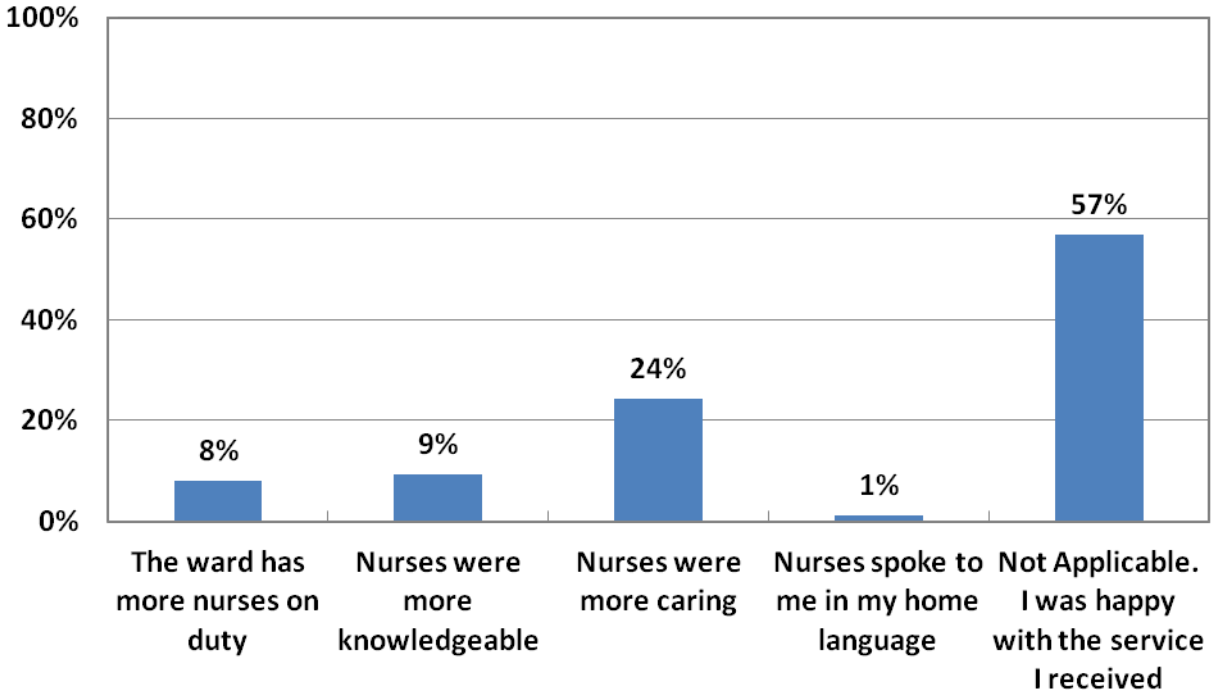

Figure 4.18: How nurses could offer a better service

Hospital medical staff have been criticised for their lack of compassion. According to Nair (2013), a patient admitted in the maternity ward of a government hospital stated that nursing staff at the hospital were arrogant, rude and lacked compassion toward her. This highlights the importance of a caring attitude from nurses toward the patient. Twenty four percent (24%) of patients stated that nurses needed to be more caring in order to improve their service, a statistic that needs improvement. This links to Figure 4.12 where 31% of

patients rated the compassion shown by nurses as average. Theron *et al*. (2003) stated that good customer service means going above and beyond the expectations of customers, impressing them with empathy and understanding and giving them what they actually want.

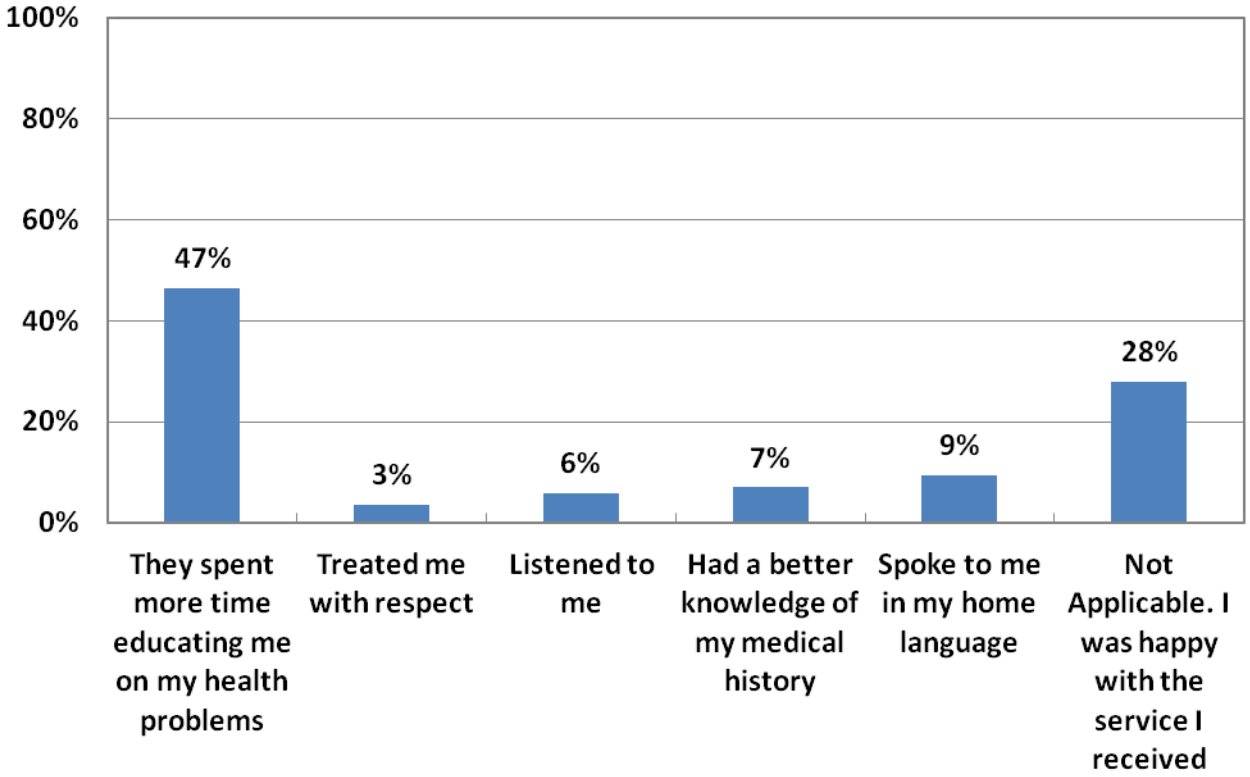

Figure 4.19: How doctors could offer a better service

Bamidele *et al*. (2011) revealed that a study on patient satisfaction showed that patients placed high value on information, specifically the amount of information they received from their doctor. They further stated that patients ranked "provision of information" second in importance, compared to doctors who ranked this attribute as sixth.

As highlighted previously, an area for improvement for the admission clerks is for them to be able to converse in the same language as patients. Nine percent (9%) of patients agreed by stating that service could be improved if doctors could speak in the home language of their patients. English is the dominant language within the hospital, however, 41% of the patient demographic were black, suggesting that English was not their first language.

The importance of communication is highlighted in the following studies. Saila (2008, cited in Coovadia, 2008, p.27) found that effective communication was inextricably linked to patient satisfaction and the institution providing a high level of customer service. Most patients prefer a patient centred communication style (Coovadia, 2008). This was confirmed by Carlsen and Aavik (2006) who stated that patients have highlighted their need for shared decision making.

Table 4.4: Cross tabulation between age and suggestions for improvement of doctors' service

		Doctors could offer a better service if						
		They spent more time educating me on my health problems	Treated me with respect	Listened to me	Had a better knowledge of my medical history	Spoke to me in my home language	Not Applicable. I was happy with the service I received	Totals
Age	20-29	8.14%	2.33%	1.16%	2.33%	-	9.30%	23.26%
	30-39	19.77%	-	2.33%	2.33%	3.49%	8.14%	36.05%
	40-49	5.81%	-	-	-	5.81%	1.16%	12.79%
	50-59	9.30%	1.16%	-	2.33%	-	1.16%	13.95%
	≥60	3.49%	-	2.33%	-	-	8.14%	13.95%
	Total	**46.51%**	**3.49%**	**5.81%**	**6.98%**	**9.30%**	**27.91%**	**100%**
n=86		**X^2=43.645**						**p=0.00**

The cross tabulation above revealed x^2=43.645 and p=0.00, showing a correlation between age and preference regarding how doctors could improve the service they offered. Almost 20% of patients between 30-39 years suggested that doctors could offer a better service if they spent more time educating them in their health problems, highlighting the importance of information sharing with patients within this age bracket. Twenty eight percent (28%) of the total sample was satisfied with the service they received from the doctors and did not highlight any areas for improvement.

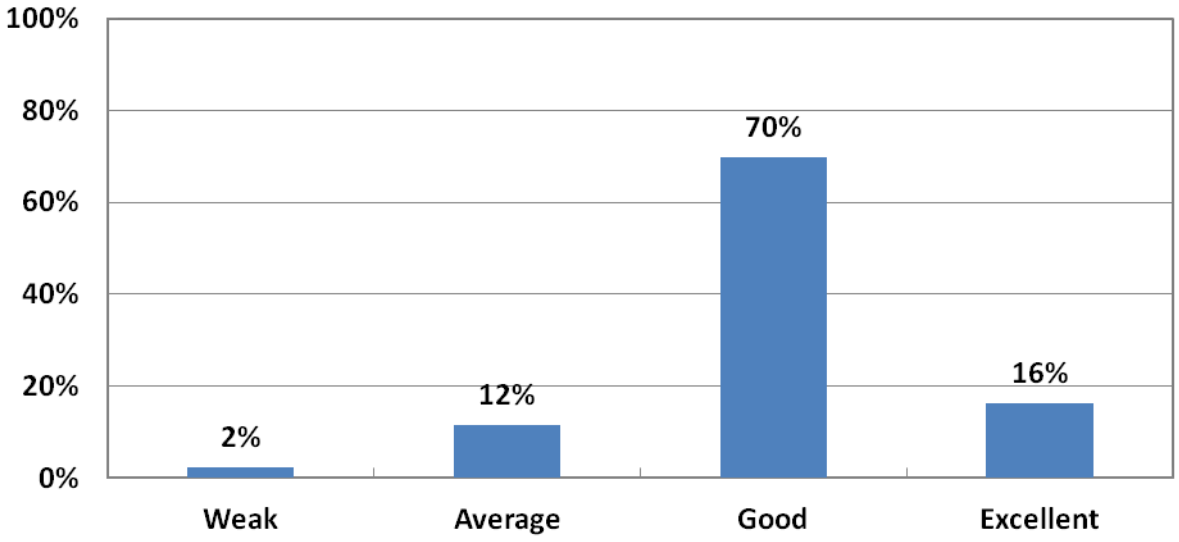

Figure 4.20: Patients' overall satisfaction with nursing care

A total of 86% of patients felt that the service they received from nursing staff was either good or excellent, with only 2% stating that it was weak. Domain two of the National Core Standards refers to patient safety, clinical care and governance and highlights the importance of patient care. Similarly, 68% of patients rated the service from the doctors as good whilst 23% rated their experience as excellent.

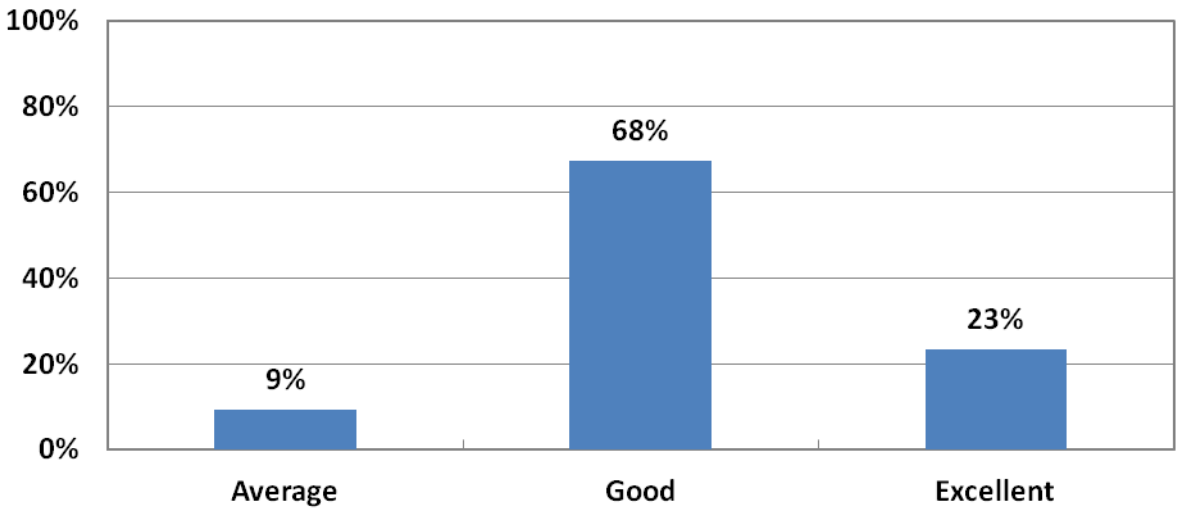

Figure 4.21: Patients' overall rating of the service rendered by doctors

4.4 OBJECTIVE 2: TO IDENTIFY THE STRENGTHS AND WEAKNESSES OF THE INPATIENT SERVICE

Based on the outcomes of the research, strengths and weakness were identified. Strengths include nursing care, doctor care and an efficient admission process. Although patients were given the option of choosing poor and weak as categories to rate the service they received, an overwhelming majority chose either good or excellent as responses for the majority of the questions. Therefore there were no glaring weaknesses that were highlighted but rather these were identified as areas for improvement, which will be discussed in the next section. Patients stated that services could be improved if doctors spent more time educating patients on their health problems. Furthermore, 40% of patients stated that the food served in the ward was tasteless and 49% of patients had waited between 16 and 30 minutes to register and pay before being admitted. In addition, patients noted that staff could provide a better service if they spoke in the patient's home language.

4.5 OBJECTIVE 3: TO DETERMINE IMPROVEMENTS NEEDED TO ENHANCE SERVICE

Based on the responses above, the following areas needed improvement:

- **Waiting times**

  A single registration point is used within the hospital to register both inpatients and outpatients. This would have had an impact on the waiting times as there was no separate queue based on patient type. A contributing factor to the waiting time may have been due to the fact that registration clerks register the patients and collect payment, extending the waiting time of patients or their relatives.

- **Time spent by doctors educating patients on their health problems**

  The findings revealed that patients would prefer if doctors spent more time educating them on their medical condition. At the time of the study, the future of the hospital was in question due to a reduction in funding by the DoH. The DoH was at the time sustaining the hospital by offering a specified level of funding but had not at that stage made a decision as to the future continuance of the hospital. Due to this uncertainty, many doctors had resigned, seeking more permanent employment elsewhere. In addition, at the end of 2012, trainee medical interns were removed from the hospital. These factors placed more strain on the current doctors, and could have been a

contributing factor to doctors not having as much time to spend with patients as may previously have been the case.

- **Nurses' explanations in manner that is easy to understand**

  During the time of the study there was surplus nursing staff due to ward closures, hence the nurses should have had more time to spend with patients to ensure that they understood matters relating to their treatment. Although 72% rated this service as good to excellent, 26% stated that this service was average and this statistic is one that needs improvement.

- **Language barrier**

  The language barrier was an area for improvement as this would allow for a more comprehensive service to be offered if patients understood the details of their admission and were able to converse more freely.

Within the questionnaire, patients were directly asked what elements of service they thought needed improvement at the hospital, the breakdown of which is illustrated as follows:

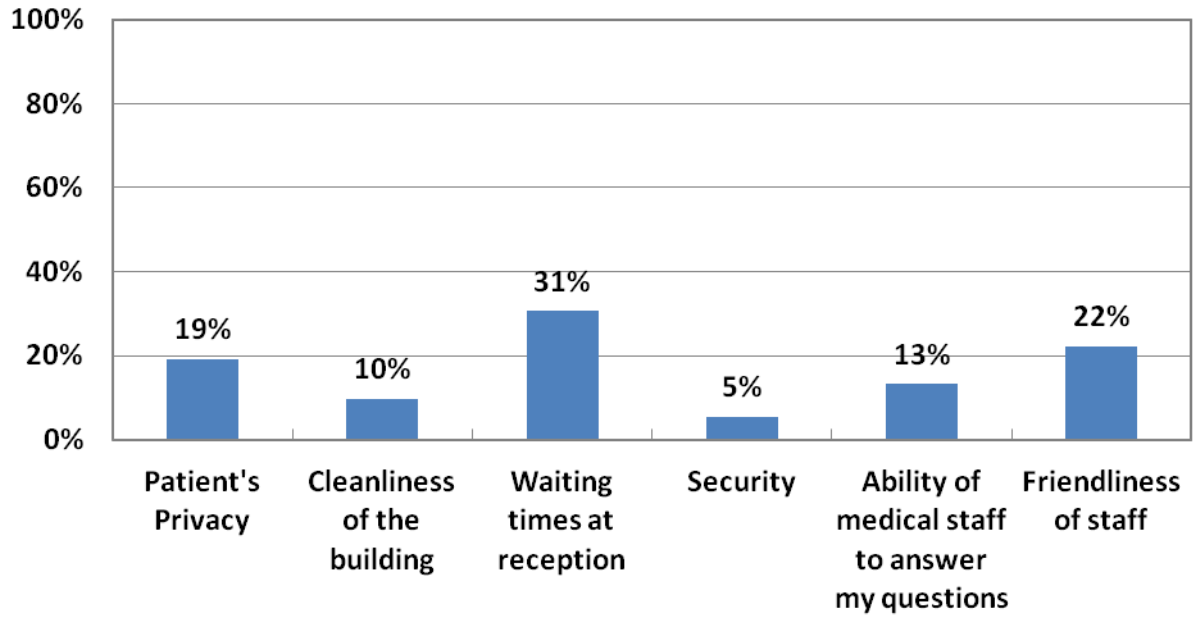

Figure 4.22: How services could be improved

Results revealed that the main concern for patients was the waiting time at reception. This was a direct response from patients as opposed to the inference gauged in the previous section. In Figure 4.4 patients indicated that they had waited between 16 and 30 minutes to pay.

Twenty two percent (22%) of patients stated that an area for improvement was the friendliness of staff. As noted previously, the future of the hospital at the time of the study was uncertain, resulting in a decrease in morale among staff. This could have been perceived by patients as staff being unfriendly.

The final question in the survey was an open ended question to allow patients to highlight any services issues that may be of importance but which were not identified in the questionnaire. The data revealed that although 48 of the total sample of 86 patients felt satisfied with their treatment, some stated that the fees were higher than expected. Patients commented that hospital fees were too high and that they would prefer a reduction in fees. Based on the market that the hospital serves and the level of subsidy that it receives from the DoH, there is a fine balance that must be struck in order to make services affordable for patients and still generate income for the hospital. It has been a perception that due to the hospital receiving a subsidy from the DoH, government hospital tariffs should apply. However, the hospital is termed “semi-private” and therefore finds itself in a niche market, offering services superior to a government hospital but lower than that of a private hospital. The fees charged are therefore more expensive than government but cheaper than private. In Figure 4.2, 57% stated that affordability was the main reason for choosing the hospital as their preferred service provider, highlighting that price was an important factor when making a decision.

Privacy

Patients suggested that the wards could be more private. They explained that due to certain wards having three to four beds, they felt that discussions regarding their medical condition and treatment could be heard by other patients.

Noise levels

Eight patients, comprising 9% of the sample, stated that the noise levels were too high in the wards, and that this was due to there being too many nurses in the ward.

Ability of staff to answer questions

Thirteen percent (13%) of respondents stated that staff should be better able to answer their questions and stated they were not satisfied with answers to general questions that they asked. Due to the closure of wards during the study, it may have been possible that staff were unaware of the changes and therefore had to confirm these changes with other staff before directing a patient.

Mannerism of nurses and doctors

Fourteen percent (14%) of patients rated the manners displayed by doctors as average, and 27% rated manners displayed by nurses as average. Although most patients on average rated the manners displayed by doctors and nurses as good to excellent, improvement is still needed for this service. In addition, 31% of patients rated the compassion that nurses showed them as average.

4.6 SUMMARY

This chapter presented the findings of the study and compared these findings to other similar studies that had been conducted previously. Overall the findings reveal that McCord Hospital was providing service of a high quality to their inpatients, and that patients were satisfied with services such as the food, cleanliness of the ward, medical services and the efficiency of the admission process. Chapter 5 will provide recommendations on how services can be improved.

CHAPTER FIVE

RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter draws conclusions and makes recommendations based on the findings from Chapter 4. These recommendations will provide the institution's management with guidelines for service improvement. Superior customer service can provide benefits to the company such as increasing the image of the hospital, improving the position of the hospital and increasing patient loyalty. Moreover, it reduces the number of complaints from customers. One of the most important benefits good customer service brings is sustainable competitive advantage. Communicating with customers should be a regular activity within the organisation as patients' opinions will alter over time. This chapter provides recommendations on how the hospital can improve its service offering, based on the findings in Chapter 4.

5.2 RECOMMENDATIONS

In order to improve the customer service at McCord, the following are recommended:

5.2.1 Performance management system

McCord Hospital does not have a performance management system. By implementing a performance management system, the hospital can ensure that each employee and department has an action plan that is aligned to its service standards and mission and vision of care, hope and excellence. This will allow the hospital to have a measurable standard of service that staff can work toward. Further, the performance management system can be linked to compensation where nurses or doctors who have received exceptional feedback from patients receive a bonus or other incentive for the service they have rendered.

5.2.2 Involvement in decision making

With regard to a performance management system, staff should be allowed to participate in decision making and their views considered for issues related to quality. They should also be

involved in goal setting within their respective departments as active participation would allow for greater commitment. Specifically, staff should choose goals within each domain of the NCS model (Figure 5.1).

Figure 5.1: The Seven Domains of National Core Standards

Source: Adapted from National Core Standards for Health Establishments in South Africa, 2011. Department of Health, Tshwane, p.16.

By way of example, departmental goals could include the following (Table 5.1).

Table 5.1: Surgical department goals

1. Patient rights	Treat all patients with dignity and achieve a 0% complaint rate
2. Patient safety	Reduce the post-operative complication rate to 0%
3. Clinical support services	Ensure that prescribed ward medication is always in stock and ordered in correct quantity
4. Public health	Educate each patient on healthy lifestyles
5. Leadership and corporate governance	Hold ward managers accountable for adverse events in their ward
6. Operational management	Ensure that all patient medical records are documented as per relevant legislation
7. Facilities and infrastructure	Ensure that ward equipment is in working order and maintained by conducting daily checks

5.2.3 Language training

The language barrier was highlighted as an area for improvement. Therefore English and Zulu lessons should be provided for all levels of staff for development in general and in order for staff to be better equipped to assist patients. Currently, within the admission office staff are of various race, who if needed would be able to interpret Zulu should the need arise. The Bill of Rights states that “everyone has the right to have access to health services” and states further that the language barrier serves as a hindrance when accessing healthcare. Integral to the provision of quality healthcare is the ability of services to be rendered in a patient’s home language.

5.2.4 Waiting times

Currently there is no benchmark against which waiting times are monitored and managed. A waiting time benchmark per registration point should be set, based on patient flow and steps in the registration process. Bottlenecks should be identified and a solution to patient flow found. According to the NCS, the healthcare institution must ensure that patients receive treatment, care and support in an equitable and timely manner. Therefore, waiting time and queues must be better managed in order to increase patient satisfaction.

This could be done by conducting a study for a month, whereby patients are asked to inform the reception hospitality attendant if they have waited in excess of 15 minutes per registration point. These results must then be considered against the number of patients that have come through the registration point that day, and any other factors that may have contributed to the delays, such as the computer system undergoing maintenance and delaying the process or the registration point being short staffed. Conversely, factors that should have made the registration process more efficient should also be noted, such as lower patient numbers and surplus staff, to name a few. These results should then be used to manage the registration process by providing management with valuable information from which solutions can be found.

5.2.5 Food portion sizes

Based on results from the survey, it was revealed that certain race groups, specifically black patients found that the food portions were insufficient. This could be due to cultural

differences and patients should be allowed to ask for a second helping, depending on their medical condition and nutritional requirements. The resident dietician should be consulted to assist in planning meals for different patient categories and provide the kitchen with a food portion chart based on gender and age.

5.2.6 Staff training

It was ascertained that frontline staff had never received customer service training. In order to create a customer oriented organisation it is essential that frontline staff be trained in how to deal with the public, especially in emergency or sensitive situations which are more prevalent within a healthcare setting. In addition, patient survey results should be made available to all levels of staff, which is not currently happening. The importance of a customer orientated environment was highlighted in Chapter 1, and in order for the hospital to attain this, all levels of staff need feedback on patient survey results. Staff should be reminded to put themselves in the patient's situation whilst admitted, and how they would feel if they received the treatment that they delivered. Van Heerden (2010) stated that organisations should prioritise educating staff in displaying a customer oriented service in order to form a sound basis for service delivery.

The public relations officer (PRO) who documents the results of the patient satisfaction survey should conduct these feedback sessions, as well as provide direction to staff on how to improve their service, or alternatively reinforce their good practice. Staff should be clear on what is expected of them regarding the service they provide in order to bridge the gap between best practice and the service provided by the hospital. Alternatively, selected reception staff, together with the PRO and reception manager should be sent on professionally conducted front line training courses, and impart this knowledge to other staff via inhouse training sessions.

McCord Hospital has its own fully accredited nursing school and nurses receive practical training within the hospital where necessary. The culture of the hospital and its ethos of care, hope and excellence should be instilled in nurses from the infant stages of their training, to ensure that this ethos is displayed in their treatment of patients, and to further develop the McCord brand.

5.2.7 Customer service representative

In order to maintain exceptional service levels, a customer service representative should be appointed to liaise with all discharged patients before they leave the hospital in order to identify any problems that may have arisen during their stay. This staff member would spend a few minutes with each patient on discharge and complete the survey with patients, allowing the hospital to obtain more valuable information about the patient's experience. This could be done whilst the patient's discharge paperwork is being completed so that the patient discharge process is expedited and the patient does not spend more time in the hospital than is needed.

Telephone surveys should also be conducted if for some reason the patient was not able to complete a survey on discharge.

5.3 LIMITATIONS OF THE STUDY

At the time of the study there was uncertainty regarding the future of the McCord Hospital due to issues surrounding continued funding of the hospital by the DoH. This uncertainty resulted in the forced closure of the maternity ward and consolidation of the male and female medical ward into one central location. News of the possible closure of the hospital was made public, resulting in a decrease in patient numbers due to the misconception that the hospital had in fact closed. Due to the uncertainty of the future of the hospital during the study, the head of departments for maternity and surgery resigned, seeking employment elsewhere. This resulted in a decrease in admissions and elective surgery.

Many patients in the medical ward were severely ill and, in order to respect their privacy, were therefore not approached to be part of the study. This extended the data collection period in order to attain the full sample size. Due to the highly sensitive nature of the data collection, patients were chosen in every ward based on their physical and mental capacity and willingness to participate.

5.3.1 Future studies

A comparative study should be done within the outpatient department to assess whether these services need improvement. The outpatient department sees more patients than the inpatient department and hence needs to run more efficiently and have shorter waiting

times in clinics and support services such as x-ray and pharmacy. In many cases the outpatient department is the first step in the admission process, hence the service received in this department is the foundation of the overall patient experience. Van Heerden (2010) stated that patients go through numerous points of service before being physically admitted in a ward, and during this process they would have developed either a positive or negative attitude of the service before even experiencing the inpatient element. Many of the service points are within the outpatient department which therefore highlights the importance of an efficient outpatient department.

5.3.2 Study to assess technical quality of doctors

According to Nair (2013), claims against the KwaZulu-Natal DoH for negligence during childbirth currently amounts to R1 billion. She stated that since 2006 a total of 165 claims of negligence had been registered against the KwaZulu-Natal DoH. This staggering statistic makes it essential for the technical quality across all disciplines within the hospital to be assessed in future. This will help decrease any practices that may in future give rise to litigation, in addition to offering the patient a better service by reducing the complication rate post operatively. An added benefit would be the financial benefit to the hospital, as currently all post-operative complications that are found to be the fault of the hospital are not charged to the patient, but the cost of corrective treatment is borne by the hospital. By hospitals striving toward compliance with the national core standards, specifically infection control, clinical governance and leadership training, these incidents can be reduced.

5.4 CONCLUSION

The aim of this study was to understand how satisfied patients were with service elements offered by McCord Hospital. The findings of the empirical research from patient surveys were analysed and discussed in order to draw conclusions and make recommendations for the organisation. The data that was collected answered the questions on how service can be improved, and in addition highlighted areas where the hospital was excelling in service. An important element in achieving competitive advantage is that of delivering superior customer service, and recognition of both perceptions and needs of patients. Quality improvement is a process and McCord Hospital has laid a good foundation to build on in the future. The hospital has ensured that its patients receive treatment and care that meet their

basic needs and contribute to their recovery. Patients today have a better understanding of healthcare due to information widely available on the internet. They are therefore more informed regarding medical conditions and play a more active role in treatment than before. The healthcare experience does not only involve the medical treatment, but requires the institution to satisfy patients' emotional, spiritual and physical needs. It is therefore important that healthcare institutions such as McCord Hospital continually assess the quality of their service offering in order to ensure that the needs of the patient are being met.

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APPENDIX 1:

INTRODUCTORY LETTER

Informed Consent Letter

UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

Dear Respondent,

MBA Research Project
Researcher: Stephanie Nair (083 645 7675)
Supervisor: Anesh Maniraj Singh (031-2607061)
Research Office: Ms P Ximba 031-2603587

I, Stephanie Nair am an MBA student, at the Graduate School of Business and Leadership, of the University of KwaZulu-Natal. You are invited to participate in a research project entitled An overview of customer service at a semi private hospital in Durban. The aim of this study is to determine if McCord Hospital is offering an effective service to patients.

Through your participation I hope to understand the current levels of service offered by McCord. The results of the questionnaires are intended to contribute to the hospital being able to improve the service it offers to their patients, resulting in better healthcare outcomes for the patients it serves.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this survey. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business and Leadership, UKZN.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact me or my supervisor at the numbers listed above.

The survey should take you about 15 minutes to complete. I hope you will take the time to complete this survey.

Sincerely

Investigator's signature_____

Date_____

APPENDIX 2:

CONSENT LETTER

UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

MBA Research Project
Researcher: Stephanie Nair (083 645 7675)
Supervisor: Anesh Maniraj Singh (031-2607061)
Research Office: Ms P Ximba 031-2603587

CONSENT

I…… (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Signature_____ Date_____

APPENDIX 3:

QUESTIONNAIRE

Patient No:_____

Please tick the appropriate boxes.

1. Gender

   Male ☐ Female ☐

2. Age

   20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ >60 ☐

3. Payment Type

   Cash Patient ☐ Medical Aid ☐ Other ☐ Specify _____

4. Race

   Black ☐ White ☐ Coloured ☐ Indian ☐ Other ☐

5. What is the main reason you chose McCord Hospital for your medical care? Choose the most applicable option.

   Affordability ☐ Prompt service ☐ Convenient location ☐

   I was referred to McCord ☐ Other Hospitals were full ☐

6. How long did it take for you to register and pay?

   0-15 mins ☐ 16-30mins ☐ >31 mins ☐

7. Ward Admitted

   Male Medical ☐ Female Medical ☐ Maternity ☐ Male Surgical ☐

   Female Surgical ☐ Day Care Ward ☐

8. What information was given to you at the admission office? You may choose more than one answer.
   - Procedure Fees ☐
   - Items included in the fee ☐
   - Items excluded from the fee ☐
   - Consent to procedure form ☐

9. The admission clerks were:
   - ☐ Very efficient in processing my admission
   - ☐ Efficient in processing my admission
   - ☐ Inefficient in processing my admission
   - ☐ Very inefficient in processing my admission

10. Queries can be more efficiently handled if admission clerks (Please choose one)
   - ☐ Are more knowledgeable of hospital policies
   - ☐ Have assistance from other staff to make the process faster
   - ☐ Spoke to me in my home language
   - ☐ Have faster computers
   - ☐ Not applicable. I was happy with the service.

11. I found the ward to be

Very Dirty and Very Uninviting	Dirty and Uninviting	Clean and Inviting	Very Clean and Very Inviting
1	2	3	4

12. How often was your bed linen changed?

Never	Every Morning	Every Evening	Every Morning and Evening	Whenever it was needed
1	2	3	4	5

13. The food in the ward was.

Tasteless but was of sufficient quantity	Tasteless and not of sufficient quantity	Very tasty but not sufficient quantity	Very tasty and of sufficient quantity	Not Applicable. I didn't have a meal in the ward
1	2	3	4	5

14. Did the meals meet your religious needs?

Yes ☐ No ☐ Not Applicable ☐

15. If you answered No to the question above, please indicate why by ticking the relevant box.

My religious dietary requirements were ignored ☐

I was not asked about my religious dietary requirements ☐

16. How would you rate the nurses on the following attributes :

	Poor 1	Weak 2	Average 3	Good 4	Excellent 5	Not Applicable 6
Skill displayed during procedures : e.g. (taking of blood pressure)						
Manners						
Appearance (uniforms)						
Explained things to me in a manner that was easy to understand						
Treatment of my family						
Responded quickly when I called						
Compassion shown to me						

17. Nurses could offer a better service if (please choose one)

☐ The ward has more nurses on duty

☐ Nurses were more knowledgeable

☐ Nurses were more caring

☐ Nurses spoke to me in my home language

☐ Not applicable. I was happy with the service of nurses

18. How would you rate your overall satisfaction of the service you received from the nurses

Poor	Weak	Average	Good	Excellent
1	2	3	4	5

19. How would you rate the doctors on the following attributes:

	Poor 1	Weak 2	Average 3	Good 4	Excellent 5	Not Applicable 6
Skill displayed during procedures (inserting drips etc)						
Manners						
Appearance						
Explained things to me in a manner that was easy to understand						
Treatment of my family						
Compassion shown to me						

20. Doctors could offer a better service if (please choose one)

- ☐ They spent more time educating me on my health problems
- ☐ Treated me with respect
- ☐ Listened to me
- ☐ Had a better knowledge of my medical history
- ☐ Spoke to me in my home language
- ☐ Not applicable. I was happy with the service from the doctors

21. How would you rate your overall satisfaction you received from the doctors?

Poor	Weak	Average	Good	Excellent
1	2	3	4	5

22. Please suggest the two most important elements of service that need improvement at McCord Hospital.

Patient's Privacy ☐

Friendliness of Staff ☐

Cleanliness of building ☐

Ability of medical staff to answer my questions ☐

Waiting Times at reception ☐

Security ☐

23. Are there any other suggestions you have for improvements at McCord Hospital?

_____

_____

_____

_____

_____

THANK YOU FOR YOUR PARTICIPATION.

APPENDIX 4:

ETHICAL CLEARANCE

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

05 April 2013

Ms Stephanie Nair (204517466)
Graduate School of Business & Leadership
Westville Campus

Protocol Reference Number: HSS/0168/013M
Project Title: An overview of customer service in hospitals

Dear Ms Nair

Expedited Approval

I wish to inform you that your application has been granted Full Approval through an expedited review process:

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Professor Steven Collings (Chair)
/ms

cc Supervisor: Professor Anesh M Singh
cc Academic Leader: Dr E Munapo
cc School Admin: Ms Wendy Clarke

Humanities & Social Sc Research Ethics Committee
Professor S Collings (Chair)
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Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville