An Investigation of Patient Satisfaction on Service Delivery at the Selected Clinics in the Thulamela Municipality, Vhembe District

By

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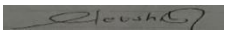
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DECLARATION

I **Netshikweta Thama** declare that **"An Investigation of Patient Satisfaction on Service Delivery at the Selected Clinics in the Thulamela Municipality, Vhembe District",** is my work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



Netshikweta T

Full names **Date: 19 July 2025**

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DEDICATION

This study is dedicated to my Parents, Zwiitwaho and David Netshikweta who raised me well in a Christian way and supported me throughout my studies.

I also dedicate this study to my Grandparents and two brothers for their support and encouragement all the way.

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Firstly, I would like to extend my gratitude to the Lord who made it possible for me to surpass all challenges and the courage to persist in my studies until the last day.

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To all the respondents who took their valued time and cooperation, without them the study would have not been possible.

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LIST OF ABBREVIATION

DoH: Department of Health

HCP: Healthcare Professional

LMIC: Low- and middle-income countries

NHI: National Health Insurance

OHSC: Office of Health Standard Compliance

SASSA: The South African Social Security Agency

TLM: Thulamela Local Municipality

VDM: Vhembe District Municipality

WHO: World Health Organization

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ABSTRACT

Patient satisfaction is a critical indicator of the quality of healthcare services and plays a significant role in shaping health outcomes and patient loyalty. This study investigates patient satisfaction with service delivery at selected clinics in the Thulamela Municipality, Vhembe District, South Africa. The region, characterised by diverse healthcare needs and socio-economic challenges, provides a unique setting to evaluate healthcare delivery and identify areas for improvement. The purpose of the study was to investigate the level of patient satisfaction with service delivery at five selected clinics in Thulamela Local Municipality. The present study adopted a quantitative research approach, using structured questionnaires distributed to 441 patients across five clinics, with three hundred valid responses analysed using SPSS version 27. Findings revealed mixed levels of satisfaction, with factors such as clinic cleanliness and nurse competency receiving positive feedback, while long waiting times, limited availability of medication, and inadequate patient communication were highlighted as areas of concern. Gender and employment status influenced satisfaction levels, with women reporting higher satisfaction, likely due to greater healthcare engagement, whereas unemployed patients faced barriers in accessing quality care. This study underscores the need for targeted improvements in service efficiency, resource availability, and healthcare provider-patient interactions. Recommendations include employing quality assurance officers, conducting regular patient satisfaction surveys, and enhancing staff training in patient-centered care. Consequently, by addressing identified gaps, healthcare policymakers and administrators can improve patient experience, strengthen healthcare delivery, and promote equitable access to quality services.

Keywords: Patient Satisfaction, Service Delivery, Healthcare Quality, Thulamela Municipality, Public Health

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Insights and opinions on the experience of obtaining medical care are provided through patient satisfaction surveys which all institutions conduct from time to time to see if the patients are satisfied with the care they receive or not. Patient satisfaction helps determine how well healthcare is delivered and how responsive the healthcare system is (Gavurova, Dvorsky, Popesko, 2021).

Patient satisfaction serves as an important measure of healthcare quality, helping to assess and enhance the level of care delivered, it is essential to examine the quality of care within the healthcare context to ensure effective service delivery. (Zgraggen, Stoffel, Barbier, & Marbet, 2022). Thus, high-quality work involves studies that assess patient satisfaction with nursing care. The extent of patient satisfaction highlights the strengths and areas for improvement within the healthcare system. It helps healthcare professionals comprehend the patient's perspective and increases accountability and feeling of responsibility to improve the delivery of quality care (Okonta, & Ogaji, 2020). To improve the quality of nursing care, healthcare providers and managers need-to-know factors that influence patient satisfaction. Healthcare providers typically aim to ensure patient satisfaction by effectively addressing their healthcare needs

The National Department of Health (NDoH) has formulated different policies, procedures, and protocols relating to quality care of patients. Among these are other Government policies such as The Office of the Health Standard Compliance (OHSC) amendment Act 2013 (Act no. 12 of 2013) that promotes and protects patients' health by ensuring that public and private health facilities follow prescribed norms and standards.

Patients’ satisfaction is an essential ingredient in measuring quality healthcare as it gives insight into the workers’ progress toward patient’s desires, and it is a significant factor in patients’ expectations. In the past years, due to increased awareness and comprehension

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of the various forms of care and treatment options available, patients have begun to assert their entitlement to better treatment.

1.2 BACKGROUND

Globally, particularly in developing countries, the ongoing deficiencies in health systems negatively affect service delivery and the good health of the population (Zgraggen, Stoffel, Barbier, & Marbet, 2022). Providing quality healthcare services is a global concern for patients. Patients evaluate the quality of healthcare services by stating whether they find the service given to them useful, efficient, and beneficial (Okonta & Ogaji, 2020). Patient satisfaction provides a patient's reflection on and perceptions of health service experience. In this regard, assessing patient satisfaction helps to determine the quality of health care; evaluating patient happiness helps identify the quality of healthcare delivery, and health system responsiveness. Determining patient satisfaction also helps to improve the quality-of-service delivery; to prioritize capacity-building needs; and to improve the distribution of resources (Bentum-Micah, Ma, Wang, Atuahene, & Bondzie-Micah, 2020).

High-quality healthcare services are essential for the advancement and enhancement of service delivery. Patients who are satisfied with the health services provided at the health facility have been shown to comply more readily with medical treatment protocols and are more likely to recommend clinical care to others. For a patient to be fully satisfied with the health services, it requires fulfilling their expectations, needs, and desires with regard to health care (Nguyen, Waller, Pandya, & Portnoy, 2020.)

A different study carried out in Delhi, India, revealed high levels of patient satisfaction at primary healthcare centers. The factors contributing to this positive perception included easy access, helpful healthcare staff, shorter waiting times, and affordable costs. (Verma, Rana, Kankaria, & Aggarwal, 2020). A separate study conducted on a remote island in the UK found that access-related challenges continue to exist despite various policy efforts. The resolution of these issues could potentially be achieved by incorporating local priorities into the approach, expectations, and demographic factors in future policies. (Ali, Saleh, Akoi, Abdulrahman, Muhamed, Noori, & Anwar, 2021) Moreover, another in Israel attempted to track the quality of healthcare services by examining the informal complaints to the front-end employees. The results of the current study were equivocal and

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recommended additional research to evaluate the quality of healthcare services at the primary healthcare level. (Hammoud, Laham, Kdouh, & Hamadeh, 2022).

Similarly, a study conducted in Riyadh, Saudi Arabia, explored the connection between patient satisfaction and health-related behaviour's such as adherence to medical advice, attending appointments, and utilizing healthcare services. This emphasizes the significance of examining patient satisfaction at the primary healthcare level. Patient satisfaction was defined as the degree to which an individual's expectations align with their experiences, with the study concluding that waiting times between registration and consultation significantly influence overall patient satisfaction (Hammoud, Laham, Kdouh, & Hamadeh, 2022).

In countries such as Bangladesh, patient satisfaction is studied by focusing on family planning services and maternal and neonatal health. Their key factors to concerning patient satisfaction are waiting time and the attitudes of healthcare professionals (Kader, 2020). Most studies conducted in Vietnam on patient satisfaction are focused on adult patients in general hospitals. Results from studies in general hospitals suggest that health care professionals' waiting time, attitude, and communication are key factors in patient satisfaction (Nguyen et al., 2020).

Despite numerous published findings on how to provide high-quality care in these nations, patient satisfaction in Africa has been notably poor. To guarantee the sustainability of their services, African healthcare facilities must prioritise service marketing and patient-centered care. Patient happiness in African healthcare is mostly dependent on upholding high standards and enhancing service quality. (Ampaw, Chai, Liang, Tsai, & Frempong, 2020). Although customer satisfaction surveys have been used in a number of African studies, the characteristics that specifically satisfy patients are mostly unknown, hence key stakeholders urge organisations to pay close attention to patient feedback. (Matthews & Mokoena, 2020).

Patient satisfaction surveys are administered in Nigeria, where the key factors include cleanliness of the facility, the comfort of waiting area, waiting time, the attitude of staff, confidence in health care provider, perception of effective treatment, availability of drugs, cost of drugs, and services. This helps to identify areas of improvement and ensures long

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term quality of patient satisfaction. (Okoloagu & Ndibuagu, 2023). In Zambia, patient satisfaction surveys are undertaken to determine patient satisfaction with Human Immunodeficiency Virus (HIV) care providers in public health facilities. The study was undertaken on patients who were lost to follow-up from HIV care and treatment. HIV care professionals in Lusaka's public health facilities participated in a survey to assist enhance the quality of care; the health system benefited from routinely measuring patient satisfaction and views the procedure as a possible factor in patient retention (Mukamba, Chilyabanyama, Beres, Simbeza, Sikombe, Padian, Holmes, Sikazwe, Geng & Schwartz, 2020).

In South Africa, patient satisfaction is a crucial quality assessment measure for delivering health care services. Simple random sampling is done in health facilities on the day that data is collected, using questionnaires. The questionnaire is based on the following factors: the condition of the facility building, hygiene, availability of chairs to sit on, and the treatment patients receive in the facility.

Ramunenyiwa, 2022 conducted a study in Vhembe District to measure patient satisfaction with the care offered at a designated district hospital to address this and enhance care. The results showed that the majority of patients are happy with the treatment they receive at the selected hospital. Some patients were upset with the long wait at admission, and there were few unfavourable statements/disagreements with the care offered. According to McIntyre and Chow, 2020. Long waiting times are associated with dissatisfaction. This was defined as a predictor and dimension that informs the level of patient satisfaction in priority areas of healthcare services (NDoH, 2021. A study carried out in three hospitals within the Vhembe district in Makhado, under Thulamela Municipality, revealed a significant link between extended waiting times and lower patient satisfaction scores. According to the study, a substantial majority of in-patients (76%) and outpatients (43%) were dissatisfied with the waiting time, which was excessively long. The study discovered a substantial association between higher periods of waiting and disagreements and patient dissatisfaction.

1.3 STATEMENT OF THE PROBLEM

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Patient satisfaction is a critical component of healthcare quality, reflecting healthcare services' effectiveness, efficiency, and equity (Asamrew, Endris, & Tadesse, 2020). In the Thulamela Municipality, Vhembe District, which serves a largely rural and diverse population, the quality of service delivery at local clinics is paramount to ensuring public health and well-being. Despite the significant role these clinics play, there are concerns about various aspects of service delivery, such as long waiting times, inadequate medical resources, and the behaviour of healthcare providers. These issues potentially undermine patient satisfaction and trust in the healthcare system (Asamrew, Endris, & Tadesse, 2020).

Existing studies have highlighted general challenges in healthcare delivery within rural areas of South Africa, but there is a lack of specific, comprehensive data on patient satisfaction within the Thulamela Municipality, this knowledge gap hinders healthcare administrators and policymakers' ability to make informed decisions to improve service quality and patient outcomes.

The primary problem addressed by this study is the insufficient understanding of patient satisfaction with the service delivery at selected clinics in the Thulamela Municipality. Without detailed, localized insights, efforts to enhance healthcare services may be misdirected or ineffective. Therefore, this study aims to investigate patient satisfaction, identify key factors influencing satisfaction levels, and provide actionable recommendations to improve service delivery in these clinics.

The study promotes good health and well-being that is developed from sustainable development goal (SDG) number 3, which was set out by the WHO in 2015 to be met by African countries by the year 2030; Improving patient satisfaction is likely to increase patient trust in healthcare providers which also leads to better health outcomes and improvement in overall health indicators. Investigating patient satisfaction in service delivery directly contributes to understanding the quality of healthcare services, which is fundamental to achieving universal health coverage.

1.4 RATIONALE OF THE STUDY

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Patient satisfaction is an essential measure of healthcare quality as it offers information on the provider's success at meeting clients' expectations and is a key determinant of patients' perspective behavioural intention (Ahmad, 2023). Several studies were conducted on patient satisfaction in different countries. The studies focused on exploring reasons that may lead to patient satisfaction or dissatisfaction with the quality of health service delivery in PHC facilities for example (Asamrew, et al., 2020) investigated patient satisfaction with primary health care services and identified factors linked to patient satisfaction in two health districts in Egypt in 2021. Another study examined the degree of patient satisfaction with inpatient services and its determinants: an analysis of a specialised hospital in Ethiopia (Biresaw, Mulugeta, Endalamaw, & Alemu, 2021).

Shortage of doctors and nurses was cited as a factor that affects service delivery negatively in several institutions (Asamrew et al., 2020). Patients are not assisted on time and do not get quality care because of the pressure; some patients lose patience and leave without being assistance. The researcher noticed that the situation led to several complaints. Several scholars have explored the positive and optimistic relationship between healthcare services and patient satisfaction (El-Haddad, Hegazi, & Hu, 2020). The current study focuses on patient satisfaction with service delivery. However, the current research examines the gap in how service delivery has an optimistic moderating influence on the correlation between healthcare services.

1.5 SIGNIFICANCE OF THE STUDY

Findings from this study might provide a deep understanding of patient satisfaction to health care providers working in Thulamela local municipality clinics. It might also help them to produce strategies on how to provide quality care to patients and meet their expectations. The results of this study could assist the Department of Health (DoH) to improve planning when allocating healthcare professionals; it might persuade the government to increase health spending, particularly in the area of customer service training for medical staff.

The findings of the study could aid the government in enhancing the public health sector's working environment, which would help to retain and inspire medical personnel. The study

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may also benefit the Thulamela community; if service delivery in clinics is enhanced, it will mean better healthcare services for the community. Retention and motivation of health care professionals improve the quality of service delivery and patient satisfaction. The study's outcomes may also help the health system identify the service delivery areas that need improvement.

1.6 PURPOSE OF THE STUDY

The purpose of the study was to investigate patient satisfaction on service delivery at the selected clinics in the Thulamela Municipality, Vhembe District.

1.6.1. Objective of the study

The study has the following objective:

- To determine the patient's level of satisfaction with service delivery in Thulamela local municipality clinics.

1.7 DEFINITION OF CONCEPTS

Health care professional

A healthcare professional is a person who has been trained to deliver care and services to sick people, either directly as doctors and nurses or indirectly as laboratory technicians, for example (Joseph & Joseph, 2016). In this study, the term health care professional refers to doctors and nurses trained to deliver health care services.

Patient Satisfaction

Patient satisfaction is the opinions, reflections, emotions, feelings, views, perceptions, and overall evaluation given by the patient of the health care services delivered to them (Adhikary, Shawon, Shamsuzzaman, Ahmed, Shackelford, Woldeab, Alam, Lim, Levine & Gakidou, 2018). In this study, patient satisfaction refers to the patient's opinions, reflections, feelings, views, perceptions, and overall evaluation of health care services nurses provide at selected clinics in the Thulamela local municipality.

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Staff Shortage

In this context, the shortage of healthcare professionals, medicines, vaccines, and health products in the health system makes it difficult for the system to meet the needs of public health (World Health Organization, 2016). In this study, shortage refers to an insufficient number of nurses working at clinics in Thulamela, a local municipality.

Service delivery

Service delivery is the provision of health interventions by health professionals for a population to receive continuous palliative care services, rehabilitation, illness management, diagnosis, treatment, and health promotion (World Health Organization, 2019). In this study, service delivery refers to the health interventions provided to the population by nurses working at Thulamela local municipality clinics.

1.8. CHAPTER OUTLINE

The study is organized into five chapters:

Chapter 1: The study's problem statement, goal, aim, objectives, and definitions of important terms are presented in this part.

Chapter 2: This section focuses on a literature review that emphasizes patient satisfaction in the context of service delivery.

Chapter 3: This section outlines the research methods employed for data collection, presentation, and analysis.

Chapter 4: Focusses on presenting, analysing, and interpreting data.

Chapter 5: Outlines the study's general discussion, including its conclusions, limits, suggestions, and findings.

CHAPTER 2

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LITERATURE REVIEW

2.1 INTRODUCTION

This chapter provides an introduction and the study's foundation, outlining the research's scope and significance. A comprehensive search of existing literature was performed using four major databases, Scopus, Google Scholar, Web of Science, and PubMed. To ensure the inclusion of current reports and recent findings, the search was deliberately focused on studies published between 2013 and 2024. This targeted approach enabled the identification of relevant, contemporary research that offers valuable insights into patient satisfaction. The chapter presents a detailed overview of the research problem and its context, focusing on patient satisfaction with service delivery at selected clinics in the Thulamela Municipality, Vhembe District, in Limpopo Province. Patient satisfaction is a critical indicator of healthcare quality, as it reflects how healthcare services meet patients' expectations and needs (Letsoalo & Ramalata, 2024). Understanding patient satisfaction in this context is essential for improving healthcare delivery and patient outcomes in resource-constrained settings.

This literature review will examine existing research related to patient satisfaction, focusing on factors influencing healthcare experiences and perceptions. By exploring prior studies, the researcher identifies gaps and builds a rationale for the study's significance and relevance. This review highlights critical gaps in understanding how service quality, accessibility, communication, and resource availability influence patient satisfaction. Insights from the literature are essential for informing targeted interventions to enhance the standard of service provision and improve patient satisfaction in the Thulamela Municipality clinics.

2.1.1. Global View of Patient Satisfaction and Challenges in Developing Countries

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Patient satisfaction with healthcare services is still a significant concern globally, with substantial disparities between developed and developing countries. It is considered a crucial indicator of the quality of healthcare, influencing health outcomes, patient retention, and overall system efficiency. However, achieving high patient satisfaction remains challenging due to differences in healthcare infrastructure, socioeconomic conditions, and service delivery models (Chowdhury, Chowdhury, & Abdullah,, 2024).

Globally, patient satisfaction is influenced by communication, quality of care, access to services, and waiting times. In high-income countries, technological advancements and patient-centred care models have improved satisfaction levels. However, issues like long waiting periods and the rising costs of care persist. In contrast, low- and middle-income countries (LMICs) face unique challenges, including inadequate healthcare infrastructure, limited resources, and high patient-to-provider ratios (Kilgallon, Khanna, Dey, Smith, & Ranganathan, 2023). For example, in many LMICs, rural populations face significant barriers to healthcare access, leading to dissatisfaction and poor health outcomes.

Furthermore, cultural differences also affect how patient satisfaction is perceived and measured globally. In some regions, the lack of culturally competent care can significantly reduce satisfaction levels. Addressing this issue requires a global approach incorporating diverse perspectives to improve service delivery and accessibility (Chowdhury et al, 2024).

In developing countries, patient dissatisfaction is often linked to resource constraints and systemic inefficiencies. Poor communication, inadequate infrastructure, lack of essential medicines, and overburdened health workers contribute to dissatisfaction. These issues are further exacerbated by economic instability and inequities in healthcare access, disproportionately affecting marginalized populations (Kilgallon, Khanna, Dey, Smith and Ranganathan, 2023). Therefore, targeted interventions are needed to address these systemic barriers and improve patient experiences, particularly in resource-limited settings.

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2.1.2. Patients Satisfaction and Service Delivery in the South African Health Sector

Patients in South Africa, as in a lot of undeveloped nations, are increasingly aware of their right to quality healthcare service delivery. This growing awareness has prompted government institutions, health stakeholders, and consumers to prioritize exceptional healthcare service delivery to address health disparities and ensure value for money (Moloto, Mkhomazi. & Worku, 2020). Over the past decade, the South African healthcare system has implemented numerous reforms aimed at improving access, equity, and the quality of healthcare services.

A significant development was the introduction of the National Health Insurance (NHI) Act in 2024. The National Health Insurance (NHI) aims to establish universal health coverage by consolidating funds to offer free, high-quality healthcare services. This initiative seeks to minimize dependence on private insurance while tackling long-standing disparities in healthcare access (Mokoena & Naidoo, 2024). The NHI is aligned with the government's strategic goal of strengthening healthcare delivery and ensuring equitable access for all citizens, regardless of socioeconomic status (Department of Health, 2024).

To address gaps in public primary healthcare, the National Department of Health introduced the Ideal Clinic Realisation and Maintenance Framework (ICRMF) in 2015. The framework sets standards for healthcare facilities and implements improvement actions to achieve or support these standards (Hunter-Adams et al., 2023). Despite these initiatives, challenges such as resource shortages, poor management, and unequal access to care remain prevalent, with the public sector often not meeting service delivery expectations (Moloto et al., 2020).

Efforts to enhance service delivery have included improving access to medicines for chronic diseases and strengthening hospital performance through better pharmacovigilance systems (Kilgallon, Khanna, Dey, Smith & Ranganathan, 2023). Furthermore, the Department of Health's Strategic Plan for 2020/21 to 2024/25 details strategies to enhance hospital efficiency, improve the quality of care, and make healthcare more affordable (Department of Health, 2020).

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While South Africa has made considerable progress in reforming its healthcare system, ongoing efforts are needed to address existing challenges. Continuous monitoring, leadership development, and stakeholder collaboration are essential to achieving quality healthcare delivery for all South Africans.

2.1.3. Barriers to Quality Healthcare Service Delivery leading to Patient Satisfaction Challenges

The problem of overcrowding in public hospitals is one of the many issues that contribute to the provision of subpar healthcare services. Overcrowding is a serious issue, especially in rural areas with inadequate access to basic medical facilities. When rural residents require medical attention, they often turn to public hospitals in urban centers, which become overburdened due to the affordability of services provided (Sivakumar, Manimekalai & Ranjithkumar, 2020). This excessive demand stretches hospital management, leading to inadequate individual attention for patients and overworked healthcare providers (Sivakumar, Manimekalai, & Ranjithkumar, 2020).

Additionally, poor hygiene and unclean environments are still pressing issues in public healthcare facilities. Staff responsible for keeping cleanliness often expect informal payments from patients before completing their duties, undermining the quality of care (Johannessen et al., 2020). Another significant challenge is the lack of proper implementation of quality management systems in the healthcare sector, which limits efficiency and compromises service quality (Johannessen et al., 2020). Without such systems, hospitals are unable to streamline operations or meet patient needs effectively. Patient expectations about healthcare services are shaped by cultural and systemic factors. However, public hospitals face challenges such as increasing patient loads without corresponding improvements in infrastructure, limited financial resources, and inefficient resource use. These issues are compounded by inadequate administrative support (Moloto et al., 2020). Rising healthcare costs further strain government budgets, making it difficult to improve public healthcare delivery. Although hospitals that adopt modern healthcare technologies aim to enhance service delivery, inadequate staff training frequently hampers their ability to meet expectations (Piatti-Funfkirchen, Barroy, Pivodic, & Margini, 2021).

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In the context of service delivery at selected clinics in the Thulamela Municipality, Vhembe District, patient satisfaction is influenced by these systemic challenges. Overcrowding and limited healthcare infrastructure prevent clinics from meeting the growing demand for services. Patients in the region often report dissatisfaction with waiting times, staff attitudes, and perceived quality of care. Additionally, resource constraints such as shortages of essential medicines, inadequate medical equipment, and understaffing exacerbate the problem (Tshivhase, 2022). Poor funding and weak administrative oversight further contribute to the inefficiencies and shortcomings of these healthcare facilities (Mudzusi, Munzhedzi, & Mahole, 2024).

Cultural and social dynamics also shape patients' expectations and perceptions of healthcare services in this area. Patients expect personalized and empathetic care, but the high patient-to-provider ratio limits the ability of clinics to meet these expectations. Addressing these challenges requires a comprehensive approach, including increased investment in healthcare infrastructure, the introduction of robust quality management systems, and the provision of training programs to improve healthcare workers' skills and knowledge (Tripathi, & Siddiqui, 2020). Furthermore, there is a need to enhance administrative ability and implement patient-centred care strategies to improve overall service quality.

2.1.4. The Role of Technology in Improving Patient Satisfaction

Technological advancements have significantly transformed the healthcare landscape, offering innovative solutions to longstanding challenges, particularly in rural and resource-constrained settings. The integration of technology in healthcare has not only improved access to medical services but also played a crucial role in enhancing patient satisfaction. This section explores the influence of technology on patient satisfaction by examining recent studies and their findings in the context of rural healthcare delivery.

One of the key areas where technology has improved patient satisfaction is through the adoption of telemedicine. Telemedicine enables remote consultations, bridging the gap between patients in underserved areas and healthcare providers in urban centres. A study by (Smith, Smith, Kennett, & Vinod, 2022) found that telemedicine services significantly reduced travel times for patients in rural South Africa, leading to higher

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satisfaction levels due to increased accessibility and convenience. Similarly, (Kowal, Naidoo, & Chatterji, 2022) reported that telemedicine enhanced the continuity of care for chronic disease management, as patients were able to consult specialists without the need for physical visits to distant facilities.

Electronic Health Records (EHRs) have also been instrumental in improving service delivery and patient satisfaction. EHRs offer a centralized system for storing patient data, promoting smooth communication and coordination among healthcare providers, reducing errors and improving the efficiency of care. For instance, (Gumus, 2023) highlighted those clinics in Limpopo Province that implemented EHR systems experienced faster service delivery and fewer patient complaints related to administrative delays. Additionally, EHRs enable patients to access their medical records, promoting transparency and empowering individuals to make informed decisions about their health (Gumus, 2023).

Mobile health (mHealth) applications have further revolutionized patient engagement and satisfaction. These applications offer patients features to track their health, schedule appointments, and receive reminders for their medications. A study by Jones-Esan, Somasiri, & Lorne, (2024) found that mHealth apps increased adherence to treatment plans among patients with HIV/AIDS in the Vhembe District. The researchers noted that patients who used the apps expressed greater satisfaction with the healthcare services provided, citing improved communication and a sense of involvement in their care as key factors.

While technology has demonstrated significant potential to enhance patient satisfaction, its implementation in rural settings is not without challenges. Inadequate training of healthcare workers often limits the effective use of digital tools. (Mudau & Matshidze, 2021) observed that many healthcare providers in rural clinics lack the technical skills required to operate advanced technologies, resulting in underutilization and patient dissatisfaction. To address this issue, (Mudau & Matshidze, 2021) emphasized the importance of continuous training programs for healthcare staff to ensure they can maximize the benefits of technological innovations.

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Infrastructure limitations also pose a barrier to the successful adoption of technology in healthcare. Poor internet connectivity and unreliable electricity supply in rural areas can disrupt the functionality of telemedicine platforms and EHR systems. Kaboré et al., (2022) argued that addressing these infrastructural challenges is critical for improving patient satisfaction and ensuring the sustainability of technological interventions. Investments in robust infrastructure, coupled with government support, can create an enabling environment for technology-driven healthcare delivery.

Despite these challenges, technology's potential to transform healthcare delivery is still immense. Emerging technologies such as artificial intelligence (AI) and wearable devices offer new opportunities for personalized care and real-time health monitoring Kaboré et al., (2022) highlighted that AI-driven diagnostic tools have the potential to enhance the accuracy and speed of diagnoses, thereby improving patient outcomes and satisfaction. Similarly, wearable devices that track vital signs can provide patients and providers with valuable data to inform treatment decisions, fostering an initiative-taking approach to health management (Adeghe, Okolo, & Ojeyinka, 2024).

The integration of technology into healthcare systems has proven to be a powerful driver of patient satisfaction, particularly in rural and underserved areas. Telemedicine, EHRs, and mHealth applications have enhanced accessibility, efficiency, and patient engagement. However, challenges such as inadequate training and infrastructure limitations must be addressed to fully realize the benefits of these innovations. With continued investment and strategic implementation, technology can play a pivotal role in achieving equitable and patient-centered healthcare in the Thulamela Municipality and beyond.

2.1.5. Perceived Service Quality and Patient Satisfaction in Healthcare Services

Healthcare service quality is commonly defined as the gap between patients' perceptions of the services provided and their expectations of those services (Ali, Jusoh, Idris and Nor, 2024). This discrepancy significantly influences patient satisfaction, which in turn affects their loyalty and likelihood to recommend the healthcare provider to others. For example, a study conducted in a Jordanian private hospital found that tangible aspects

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and empathy directly impacted patient loyalty, with patient satisfaction serving as a mediating factor (Al-Ababneh, Shakshsheer, Ma'moun & Al-Badarneh, 2022).

Patients' expectations are often shaped by their earlier experiences and perceptions of ideal care standards (El-Haddad, Hegazi, & Hu, 2020). When these expectations are met or exceeded, patients are more likely to continue using the services and share positive feedback, effectively serving as advocates for the healthcare provider (Setiono, & Hidayat, 2022). Conversely, unmet expectations can lead to dissatisfaction, underscoring the importance for healthcare providers to continually assess and align their services with patient expectations. For example, research at Liberia's Ganta United Methodist Hospital highlighted that dimensions such as tangibility, reliability, responsiveness, assurance, and empathy all positively correlated with patient satisfaction (Strother, Tipayamongkholgul, Kosaisevee, & Suwannapong, 2022).

Various theoretical frameworks have been proposed to evaluate service quality, including the SERVQUAL model, which assesses dimensions like tangibility, reliability, responsiveness, assurance, and empathy (Setion et al., 2022). Empirical evidence supports the notion that high-quality service delivery leads to increased patient satisfaction (Abu-Rumman, Shraah, Al-Madi, & Alfalah, 2022). For instance, a study in India demonstrated that empathy not only directly affected behavioural intentions but also influenced other dimensions such as responsiveness, assurance, and tangibles, which indirectly impacted behavioural intentions through patient satisfaction (Jhamb, Mittal, & Sharma, 2020).

Patient satisfaction is a critical determinant of patient loyalty, though the strength of this relationship can vary across different healthcare settings (Nguyen, & Nagase, 2021). In environments where switching costs are high, patients may exhibit greater loyalty. However, given the essential nature of healthcare services, loyalty is a complex issue, as patients often require, rather than desire, these services (Nguyen, & Nagase, 2021). Certain dimensions of service quality, like empathy, play a crucial role in determining patient satisfaction. For instance, research in Saudi Arabian government hospitals identified empathy as the most influential factor affecting patient satisfaction, suggesting

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that healthcare providers should prioritize training in interpersonal skills to enhance patient relationships (Alghamdi, Alkazemi, Alghamdi, Alwarafi, & Waggas 2022).

While numerous studies across various contexts have generally indicated that patients are satisfied with healthcare services, there is a consistent need for improvement in specific service delivery dimensions. Continuous monitoring and enhancement of these areas are essential to maintain and elevate patient satisfaction levels (Alghamdi et al., 2022).

2.2. Theoretical Framework

The SERVQUAL model, created by Setiono et al., 2022 , is a popular framework for evaluating service quality and its influence on customer satisfaction, particularly in healthcare contexts. It measures the disparity between patients' expectations and their actual experiences across five essential dimensions: tangibles, reliability, responsiveness, assurance, and empathy. (Setiono et al., 2022).

In the context of a study investigating patient satisfaction with service delivery at chosen clinics in the Thulamela Municipality, Vhembe District, the SERVQUAL model provides a valuable lens for examining the quality of healthcare services. The tangibles dimension evaluates the physical aspects of the clinics, such as the cleanliness of facilities, availability of seating, and appearance of staff. In resource-constrained areas like the Vhembe District, patients might express dissatisfaction if facilities are poorly maintained or essential medical equipment is unavailable. This is a significant factor influencing perceptions of service quality and, consequently, patient satisfaction.
The reliability dimension assesses the ability of the healthcare staff to provide consistent and accurate services. In the clinics under study, this could include the availability of medications, adherence to appointment schedules, and the accuracy of diagnoses. Patients' reliability experiences significantly affect their overall satisfaction, especially in rural settings where access to healthcare is already limited (Nazhifah, Bachtiar, Oktamianti, & Candi, 2023).

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Responsiveness, another critical dimension, refers to the willingness and promptness of staff to address patient needs. In the Thulamela clinics, this could involve the speed of service delivery, attentiveness during consultations, and efficiency in handling emergencies. Long waiting times and delayed responses are common issues in many rural clinics, often resulting in patient dissatisfaction (Kilgallon, Khanna, Dey, Smith, & Ranganathan, 2023). The assurance dimension focuses on patients' confidence and trust in healthcare providers, often based on their knowledge, courtesy, and professionalism. Patients at the clinics in Thulamela might evaluate assurance based on their interactions with healthcare workers and whether these interactions foster a sense of safety and confidence in the care provided. In rural healthcare systems, a lack of trained personnel can negatively impact this dimension. Finally, empathy assesses how healthcare providers understand and address individual patient needs. In the clinics studied, empathy might be reflected in how much time healthcare workers spend listening to patients, showing compassion, and providing personalized care. The lack of personalized attention can leave patients feeling neglected, reducing their overall satisfaction (Nembhard, David, Ezzeddine, Betts, & Radin, 2023).

Using the SERVQUAL model in this study provided a comprehensive understanding of the gaps in service delivery at these clinics. It not only highlights areas needing improvement but also provides a framework for developing strategies to enhance patient satisfaction.

Summary

Chapter 2 presented a comprehensive review of existing literature on patient satisfaction in healthcare; this chapter discussed key concepts, factors, and previous research findings relevant to the study of patient satisfaction in rural and resource-constrained settings. The chapter started by highlighting the significance of patient satisfaction as a key measure of healthcare quality. It explored how patient satisfaction reflected how healthcare services met patients' expectations and needs, particularly in underserved areas like Thulamela. Reviewing myriad studies showed that factors such as service

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quality, accessibility, communication, and resource availability played significant roles in shaping patient experiences and perceptions.

The review also highlighted the role of technological innovations in improving patient satisfaction, especially in rural healthcare settings. Technologies like telemedicine, Electronic Health Records (EHRs), and mobile health (mHealth) applications have been shown to enhance accessibility, efficiency, and patient engagement. However, challenges such as inadequate training, infrastructure limitations, and connectivity issues in rural areas were discussed as barriers to effectively using these technologies. Additionally, the chapter drew attention to existing gaps in the literature, particularly in understanding how specific factors influenced patient satisfaction in the global context of healthcare delivery and also in Thulamela Municipality.

CHAPTER 3: RESEARCH METHODOLOGY

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3.1 INTRODUCTION

Research methodology encompasses the specific approaches and strategies employed to identify, gather, evaluate, and interpret data within a research study. These methods guide the systematic process of inquiry, ensuring that the research is carried out effectively and the findings are reliable and relevant. The research methodology refers to the approach or framework a researcher uses to develop a strategy for solving or identifying a problem. It is essential to recognize that the methodology serves as a blueprint, guiding the researcher in achieving the set objectives or reaching the desired outcome. It must be noted that the research methodology establishes the manner through which the researcher will adopt the selection of participants, collection of data, and the analysis of data thereof. This chapter outlines the methodology adopted by the researcher. The research methodology is crucial, as it serves as a blueprint for achieving the research objectives.

3.2 RESEARCH APPROACH

A quantitative, descriptive research design was adopted. In this study, quantitative research design aimed at discovering how many people think or act in a specific way. The standard format of this design was for each respondent to be asked the same questions, which ensured that the entire data sample could be analysed fairly. The researcher used the quantitative research approach because it is clear and easier to generate truthful results from a large group of people, concentrating on the quantity of respondents. The researcher was able to gather information, test pre-existing theories, and present qualitative findings using objective data thanks to the quantitative research approach (Tracy, 2021).

3.3 METHODOLOGICAL DESIGN

3.3.1. Descriptive research design

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The study design refers to the structured plan for collecting data, serving as a framework to reach the research goals. Its main aim is to outline the approach for addressing the research question, testing hypotheses, or fulfilling the study's specific objectives (Maree, 2021). In this research, a cross-sectional descriptive survey approach was employed to investigate patient satisfaction by healthcare practitioners. The researcher chose cross-sectional descriptive design because it gathers a substantial volume of data at a particular moment, enabling the findings to be quickly accessible

3.3.2. Cross-sectional design

The researcher employed a cross-sectional design to investigate patient satisfaction with service delivery at selected clinics within the Thulamela Municipality, Vhembe District. Cross-sectional studies are effective in providing a snapshot of the current situation, allowing the researcher to identify the prevalence of specific characteristics or conditions within the population at a particular time (Setia, 2016). This design was chosen because it facilitated data collection from a large number of patients simultaneously, making it possible to analyse and compare patient satisfaction across different clinics within the municipality (Levin, 2006). Cross sectional design allowed for the collection of data from a diverse patient population, providing a comprehensive overview of patient satisfaction levels across the selected clinics.

3.4 STUDY SETTING

The study was carried out in the Thulamela Local Municipality, situated at the eastern edge of the Vhembe District in Limpopo Province, South Africa. It is located approximately between the coordinates of 22° 45' 24.24"S latitude and 30° 35' 53.36"E longitude (Figure 1), this municipality is one of the four located within the Vhembe district, with a total population of 618,462, consisting of 136,982 households, and a poverty rate of 68.81%. (Stats SA, 2022). Thulamela is classified as a 'type B' local municipality due to its small-town population, community land tenure, and village system. Based on data from South Africa (2011), 90% of the population lives in tribal or rural areas, reflecting the scattered dwelling groups of the erstwhile "homelands." according to the Department of Health Annual Report 2022, there is a problem with patient satisfaction on service delivery in

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Thulamela local municipality clinics. The researcher also heard people complaining about service delivery at the local radio stations.

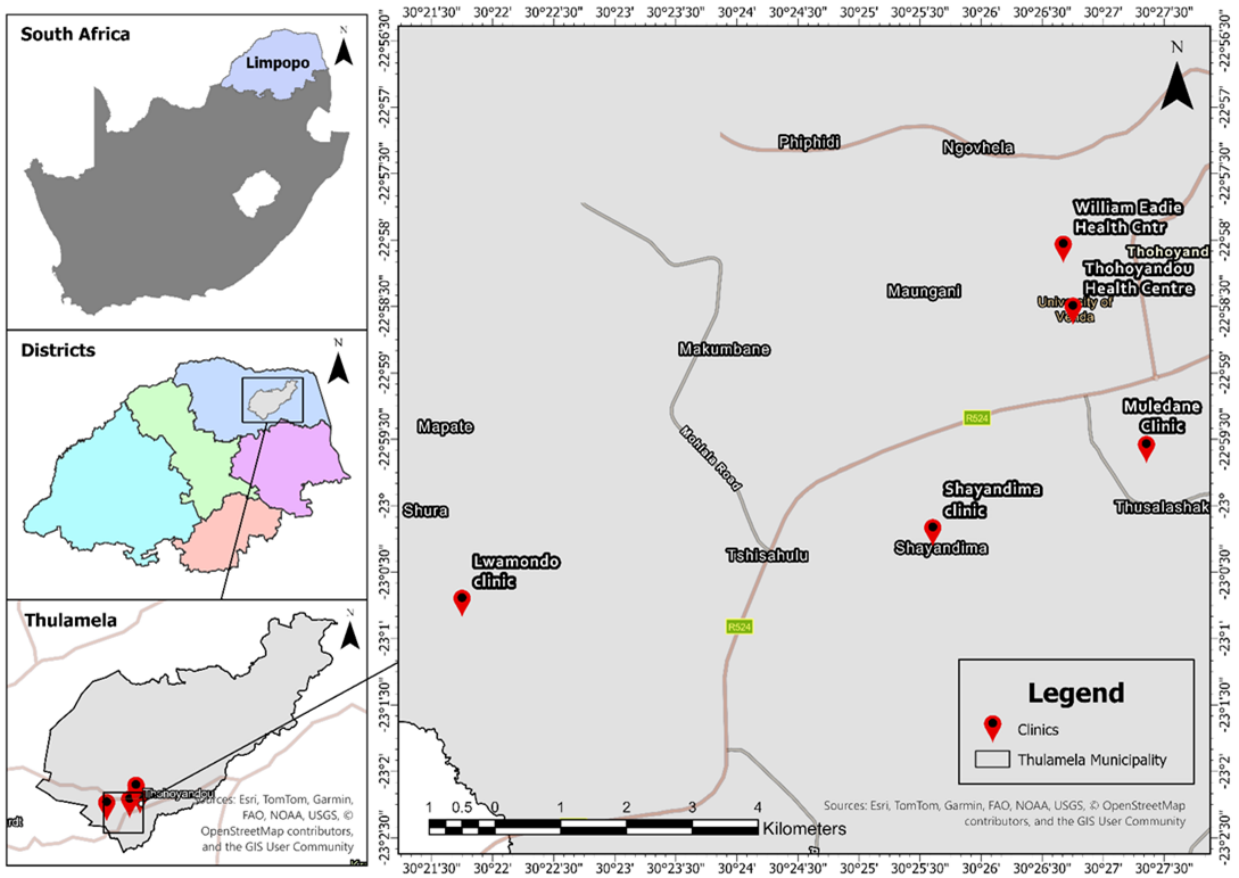


Figure 1: A map of Thulamela municipality showing clinics.

One of the four local municipalities that make up the Vhembe District Municipality (VDM) is Thulamela Local Municipality (LIM 343), a Category B4 municipality created in accordance with the Local Government Structures Act (Act 17 of 1998). With a total area of only 10% of VDM's land, Thulamela Local Municipality (TLM) is the smallest of the municipalities at about 5834 km2, which was further diminished on August 3, 2016, when it was combined to form the new Collins Chabane Local Municipality (LIM345) (VDM Integrated Development Plan 2016//17 Review).With 26 rural primary healthcare institutions (24 clinics and 2 healthcare centres), it is the second-largest municipality in the province of Limpopo in terms of population.

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3.4. POPULATION AND SAMPLING

3.4.1. Target population

According to Bhandari (2022), a population is an entire group from which a study is trying to draw conclusions. The population in the research is the group to which the findings can be applied or to which the research aims can be extrapolated (Satishprakash, 2018). All men and women who were 18 years of age or older and present at the clinics on the day of data collection and medical services at the chosen clinics in Thulamela Local Municipality made up the study's target population. The researcher chose participants who are 18 years older because they can sign the informed consent form without the need for a parent or guardian. The study population was inpatients and outpatients accessing health service in the clinics. The researcher intended to have an overall of 441 respondents in all 5 five selected clinics. Therefore, the researcher gave out 80 questionnaires per each of the five clinics. The respondents per each clinic were selected based on convenience.

3.4.2. Recruitment process

To conduct an investigation of patient satisfaction with service delivery at clinics in Thulamela Municipality, the recruitment process included identifying the Target Population and define the specific characteristics of the patients the researcher would want to include in the study. This was based on demographics (age, gender, etc.) or specific health conditions. Contacting Clinic Administrators and reach out to the administrators or managers of the clinics in Thulamela Municipality to seek their permission and cooperation for recruiting respondents from their clinics. The researcher created clear and informative recruitment materials such as posters, flyers, or information sheets that provided details about the study objectives, procedures, and benefits of participation. Work with clinic staff to help identify and approach potential respondents. They also assisted in informing patients about the study and encouraging them to participate. The researcher approached patients after they had received services at the clinic. This ensured that patients' experiences were recent and relevant (Sedgwick, 2014).

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3.5. Sample and sampling

Sampling Technique

The sampling technique is essential to ensure that the sample accurately represents the population (Creswell, 2021). In this study, a probability sampling method, specifically stratified random sampling, was employed. This approach enabled the researcher to ensure that different subgroups within the population were appropriately represented, thereby improving the generalizability and validity of the results.

Stratified Random Sampling

Stratified random sampling involves categorizing the population into distinct subgroups (strata) based on particular characteristics, such as age, gender, or the clinic attended. After dividing the population, respondents are then randomly selected from each stratum to ensure a representative sample (Levy & Lemeshow, 2013). This method is beneficial when the population is heterogeneous, and the researcher aims to ensure representation from all key subgroups (Etikan & Bala, 2017). First, the population of patients attending the selected clinics was divided into strata based on relevant characteristics. For example, strata were based on different clinics, age groups, or other demographic variables.

Table 1: Population frame, clinics in Thulamela municipality and patients head count per month

Name of the Clinic	**Approximate number of patients visiting the clinic per month**
Damani Clinic	5122
Gondeni clinic	5814
Makonde Clinic	10759
Mukula clinic	8627
Sterkstroom Clinic	10 824
Thondotshivase Clinic	9 277
Tshiombo Clinic	8 034
Vhufuli Tshitereke Clinic	10 167

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William Eddie Health centre	11 058
Dzingahe Clinic	8 749
Fondwe Clinic	8 192
Muragoni Clinic	3 301
Pfanani Clinic	9 635
Phiphindi Clinic	10 690
Sibasa Clinic	17 688
Tshififi Clinic	7 120
Mbilwi Clinic	4 928
Thohoyandou Health Centre	31 374
Dzwerani Clinic	10 401
Lwamondo clinic	13 439
Magwezha clinic	8 399
Muledane Clinic	12 525
Mulenze clinic	6 791
Shayandima Clinic	14 521
Tshisaulu Clinic	12 030
Tswinga Clinic	9932
Total	269 397

The researcher purposively selected five clinics with the highest monthly headcount in Thulamela municipality to be part of the study.

Table 2: Clinics with the highest headcount, which will be used in the study

Name of Clinic	**Headcount per month**
Thohoyandou Health Centre	31374
Shayandima Clinic	14 521
Lwamondo clinic	13 439
Muledane clinic	12 525
William Eddie Health centre	11 058
Total	82 857

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Sample Size

There is no fixed number of percentage of subjects that determine the size on an adequate sample (Forister and Dyer, 2017). The study used the Slovin's formula to decide its sample size.

n=Sample size of the adjusted population

N=Population size

e= accepted level of error (0.05)

n= 82 857/1+82 857$(0.05)^2$

n=82 857 / (1+82 857 (0.0025)

n= 82 857/ (207.145)

n=401

10% was added on the initial sample of 401 for the purposes of pretest 10/100 x 401=40

Therefore, the total sample, including the 10% respondents, was 441.

3.5.1. Probability sampling

Non-probability sampling was used in the study because it is less costly and convenient compared to probability sampling (Khan, 2020.). Data was collected from the first patients approached in the clinic yard until the required sample for the unit was reached. The study had a sample of (441) respondents, which the researcher calculated using Slovin's formula, both male and female patients from the selected five clinics situated at Thulamela local municipality to compare the service offered at clinics. The selection of respondents was based on their availability.

3.5.2 Inclusion/exclusion

Inclusion criteria

The following inclusion criteria were applied in the sample selection process.

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- Patients between the age group 18 years and above were included in the study because they can consent to participate.
- Patients who had been treated at selected clinics

Exclusion criteria

The following criteria will be applied to exclude respondents from the study:

- The researcher did not consider unstable psychiatric patients, emergency, and extremely ill patients.

3.6. RESEARCH INSTRUMENTS

Hair Jr et al. (2003) explain that a questionnaire is a set of prepared questions or measures to which respondent's record answers. Kumar (2011) defines a questionnaire as written questions, meaning that the respondents answered by simply ticking the answer of their choice. The questionnaire was used as a key data collection tool for this study. The researcher developed an open and close-ended questionnaire guided by the study's objective; the language used is English, and during the interview, the researcher observed nonverbal cues and questions interpreted in the respondent's vernacular language. The questionnaire statements were concise and clear, allowing respondents to easily select their preferred answer by ticking the appropriate option. This approach also had the advantage of gathering substantial amounts of information from a large number of people in a short time frame, making it both efficient and cost-effective .The questionnaire was composed of a demographic data section and a series of questions. Questionnaires were given to patients present at the clinic for consultation on the day that the researcher was there for data collection. The respondents were given an explanation on how to complete the questionnaire and each participant took 20-25 minutes, on average, to complete the instrument. The illiterate respondents were assisted to complete the questionnaires. Statements were read by the researcher and asked the extent they agree or disagree while being given the option to remain neutral.

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The researcher was available to read and give clarity to the respondents who could not read properly. The researcher completed the questionnaires the on behalf of illiterate respondents, the statements on the questionnaire were read out for them while giving options on which answer to tick or write. The Cronbach alpha of the questionnaire was measured to reliability of the questionnaire.

3.6. DATA COLLECTION PROCEDURE

To investigate patient satisfaction with service delivery at clinics in Thulamela Municipality, the recruitment process included identifying the Target Population and defining specific characteristics of the patients the researcher wanted to include in the study. This was based on demographics (age, gender, etc.) or specific health conditions.

This study made use of structured questionnaires to collect data. Data was collected by the researcher at local clinics, and the researcher approached patients who were available at the clinic for consultation and medication collection. The researcher was responsible for ensuring that respondents understood the questions, in cases where respondents were unable to read or write, the researcher read the questionnaires aloud and helped them record their responses exactly as stated, without making any changes; it took 20 to 25 minutes for each respondent to answer the questions. The researcher faced challenges, such as respondents not being able to respond because they were running late and did not have time to respond to the questionnaires.

3.7. DATA TREATMENT AND ANALYSIS

Muhammad (2016) suggested that data analysis involves interpreting the collected data to draw conclusions that align with the interests and objectives that motivated the research. Similarly, Sarker (2021) defines data analysis as the process of cleaning, transforming, and modelling data to extract valuable information that can guide business decision-making. Data was gathered and input into an Excel spreadsheet before being analysed using SPSS version 27. Categorical data was examined through tables, pie charts, and bar graphs, alongside cross-tabulation and the chi-square test.

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3.7.1. RELIABILITY AND VALIDITY

The test-retest technique ensured the reliability of the instrument. Reliability refers to the consistency of a method, ensuring that when applied repeatedly to the same object, it produces the same results each time (Babbie, 2020), a structured questionnaire was used to collect data from respondents by the researcher. Consistency in responding to the questions was evaluated using the test-retest method wherein a similar set of questions was given at different times to a small sample of 10 percent of the population size, a sample of 41 patients who attended the clinics for consultation but were not part of the main study was surveyed to check for consistency in their responses. The initial responses were compared with those given a week later to determine if the answers remained consistent. This reliability testing enabled the researcher to adjust the instrument, ensuring the results were dependable and consistent.

3.7.2. Reliability

The study utilized content validity, construct validity, and face validity. Content validity ensures that the instrument thoroughly measures all relevant aspects of the intended content (Taherdoost, 2016.). Reliability ensures that the measurement instruments and procedures yield consistent and stable results. Reliability was ensured by administering the questionnaire to the same respondents twice but with interval time in-between, then Cronbach's alpha was used to assess the internal consistency of the questionnaire. A high alpha value (above 0.70) indicates that the items on the questionnaire measure the same construct reliably (Tavakol & Dennick, 2011) and conducting item-total correlation analysis to ensure that each item correlates well with the overall questionnaire score. Items with low correlations may need to be revised or removed.

3.7.3. Validity

Face Validity

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To ensure face validity, the researcher submitted the questionnaire to the supervisor as well as to the Health Sciences Higher Degrees committee of the department and faculty. Based on the feedback received from these experts, the researcher made necessary adjustments to the instrument.

Content Validity

The researcher used a literature review of related studies to ensure that the questions on the questionnaire cover or are relevant to the study. The researcher made a presentation of questionnaires to the supervisor so that they could be modified using the feedback received to ensure that close-ended questions would be given to the respondents to complete.

3.8. ETHICAL CONSIDERATIONS

3.8.1 Permission for inclusion as a participant

Bhandari (2022) defines ethical consideration in research as a set of principles that guide research design and practices, emphasizing the importance of ensuring no harm comes to the research participants. In this study, the researcher took necessary measures to protect the confidentiality of respondents' identities. Since the research involved human participants and their livelihoods, it had the potential to evoke emotions, leading to honest disclosures about their views on how the informal sector operates.

3.8.2 Anonymity

Anonymity refers to keeping anonymous any information about the respondents by avoiding revealing their names and protecting sensitive information about them (Akaranga & Makau, 2016). The information obtained from the respondents was protected. To ensure anonymity, no names were written on the questionnaires; the questionnaires were numbered, and respondents would not be able to be traced.

3.8.3 Confidentiality

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Confidentiality refers to the assurance that the information collected remains private between the researcher and the respondent (Allen, 2017). To maintain confidentiality, the completed questionnaires were only shared with the researcher's supervisors. In order to protect the respondents' identities, the completed questionnaires were securely stored in sealed envelopes, as recommended by Al Tajir (2018.

3.8.4 Informed consent

Haahr, Norlyk, and Hall (2014) define informed consent as the requirement that research participants be fully informed about the procedures and potential risks involved in the study and give their consent to participate. In this study, the researcher provided the respondents with background information on the study, explaining its purpose and what would be expected from them. Before any questionnaires were completed, the researcher obtained the respondents' permission by having them sign a consent form.

3.9 CONCLUSION

This chapter was on the research methodology of this study. This chapter presents the study's findings. This was done to facilitate easy analysis and understanding of the data of the study that sought the Investigation of Patient Satisfaction on Service Delivery at the Selected Clinics in the Thulamela Municipality, Vhembe District. Four hundred and forty-one questionnaires were distributed to patients at selected clinics in Thulamela Municipality from 04 November 2024 to 13 December 2024, however, only 300 fully completed questionnaires were returned. Three hundred respondents participated in this study.The following chapter presents the results of the study using graphs and pie charts, accompanied by a detailed interpretation of the findings.

CHAPTER 4

PRESENTATION OF RESULTS AND INTERPRETATION

4.1 INTRODUCTION

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This chapter presents the findings of the study. The data were analysed in line with the specific objectives of the study, and the findings related to each objective are presented in the following sections. Responses were organized into frequency tables, converted into percentages, and illustrated through charts, bar graphs, and tables. The study's objectives are outlined as follows:

•To determine the patient's level of satisfaction on service delivery in Thulamela local municipality clinics.

4.2. EMPIRICAL TEST RESULTS

4.2.1. Section A: demographic information of respondents

4.2.1.1. Gender of respondents

The gender distribution, as shown in Figure 4.1, highlights that (n=157; 52%) of respondents were females, while (n=143; 48%) were males. This skew suggests that women are more frequent users of healthcare services, likely due to maternal and child health needs. Clinics should ensure that services are inclusive and address the specific needs of all genders.

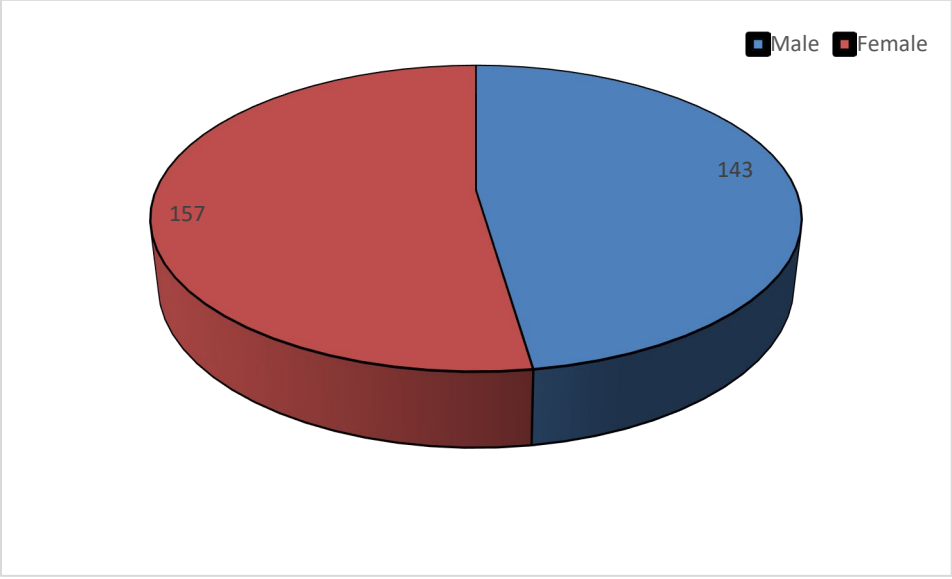


Figure 4.1: Respondents gender

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4.2.3 Age of respondents

The age distribution in Figure 4.2 shows that respondents that were aged 19-35 years were (n=130; 43%), and those aged between 36- 60 years were (n=91; 30%), while those that were 60 years and above were (n=55; 19%), and the least age group was 18 years and below (n=24; 8%). This indicates that middle-aged adults make the majority of clinic users, potentially driven by reproductive health needs and work-related healthcare requirements. Older respondents may require specialized services for chronic conditions, which should be prioritized to ensure comprehensive care**.**

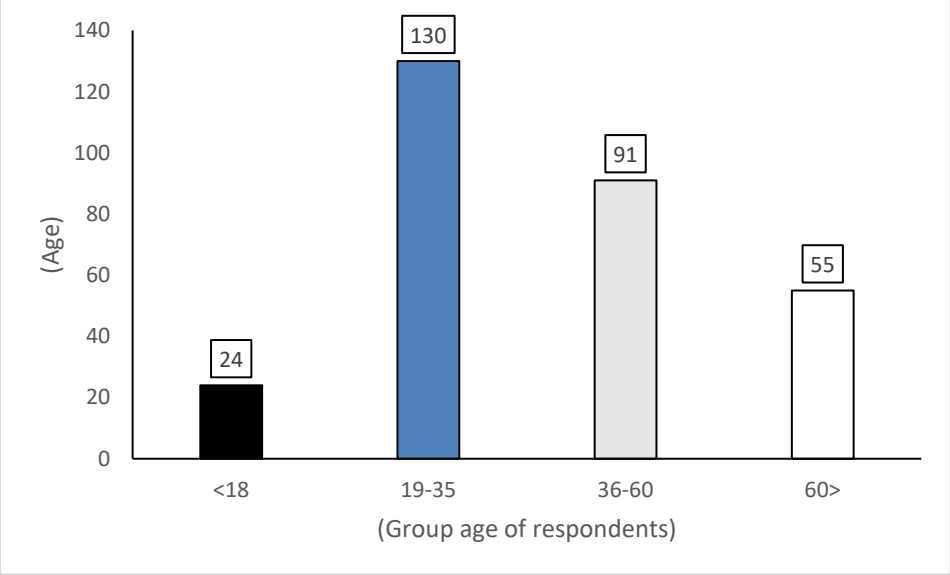


Figure 4.2: Age of respondents

4.2.4 Employment status of respondents

Employment status, as shown in Figure 4.3, reveals that respondents (n=68; 23%) indicated that they depend on the South African Social Security Agency (SASSA) grant, the respondents who cited that they were employed were (n=54; 18%), those that were self-employed were (n=53; 18%), while pensioners were (n=52; 17%) and unemployed respondents were (n=40; 13%) and lastly studying (n=33, 11%). The high unemployment rate suggests that there is a need for the government to provide free and accessible

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healthcare services to the nation. Addressing economic barriers could enhance satisfaction, particularly for unemployed individuals.

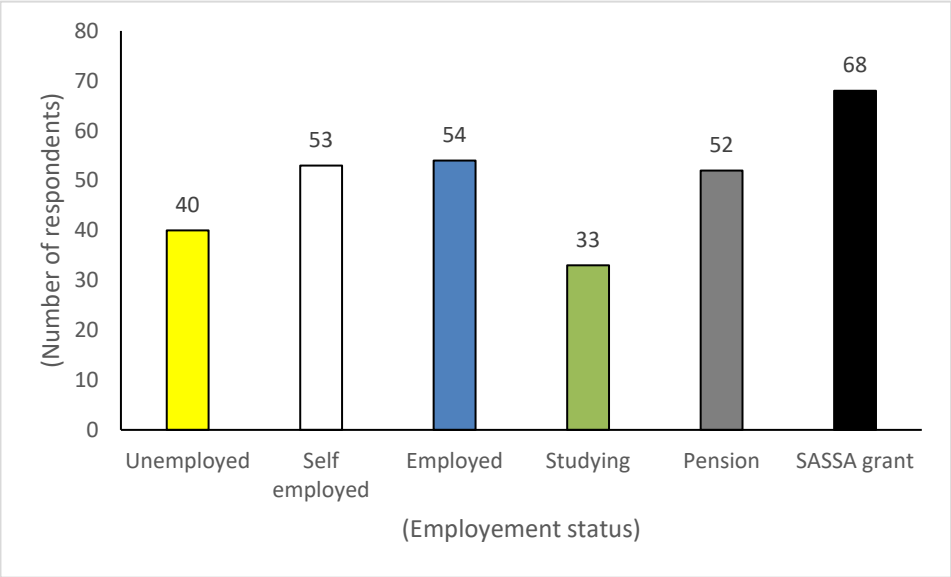


Figure 4.3: Employment status of respondents

4.2.5 Respondents educational level

Educational levels, outlined in Table 4.1, show that respondents who had primary education were (n=93; 31%), those who had no formal education (n=53; 18%), while respondents who had secondary education were (n=53; 18%), (n=61; 20%) had tertiary education, and (n=40; 13%) had other educational backgrounds. The high percentage of respondents with primary or no formal education (49%) suggests that many patients may face challenges depending on their understanding of healthcare procedures. Clinics should simplify communication strategies by using visuals and clear instructions to cater to this demographic.

Table 4.1: Respondents educational level

Educational Level	Respondents number	Percentage (%)
None	53	18

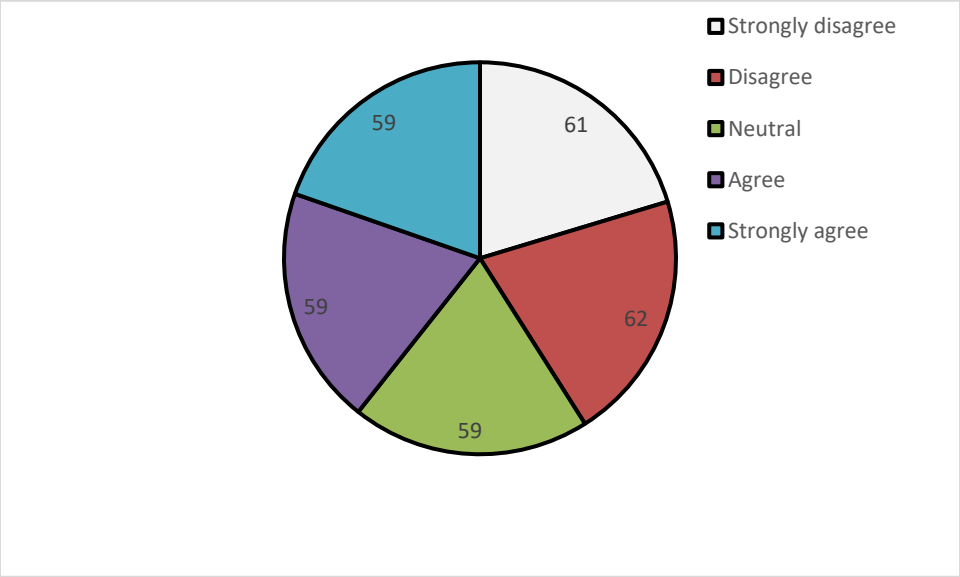
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Primary	93	31
Secondary	53	18
Tertiary	61	20
Other	40	13

4.3 SECTION B: PATIENT SATISFACTION WITH THE CLINIC WHERE CARE WAS PROVIDED

4.3.1 I have visited the clinic to receive care in the past

Respondents' responses regarding previous clinic visits (Figure 4.4) indicate that (n=62; 20%)respondents disagreed that they had visited the clinic to receive care in the past, and respondents that strongly agreed that they had used the clinic to receive care in the past were (n=61; 20%) which means they are first-time users, while those that strongly agreed that they had visited the clinic were (n=59; 20%) with those that agreed to have visited the clinic being (n=59; 20%), respondents that gave a neutral response were(n=59; 20%). (Figure 4.4). The high rate of frequent visits suggests trust and reliance on public health services or a lack of alternative health services. The researcher suggests that providing high-quality services by HCPs is essential as it builds trust and strengthens the Nurse-Patient relationship.



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Figure 4.4: Respondents response on whether they have visited the clinic to receive care in the past.

4.3.2 Respondents on whether the reception of the clinic they attended was welcoming

Reception experiences, as shown in Figure 4.5, were rated well by (n=65; 22%) who indicated they strongly agree to have received a welcoming reception and respondents that agreed the reception was welcoming were (n=61; 20 %), while (n=61; 20%) strongly disagree to a welcoming reception and (n=59; 20%) felt the reception was unwelcoming and lastly those that were neutral were (n=54, 18%). The researcher suggests that the negative perception among a significant minority highlights the need for improved customer service training to create a more inclusive and respectful environment.

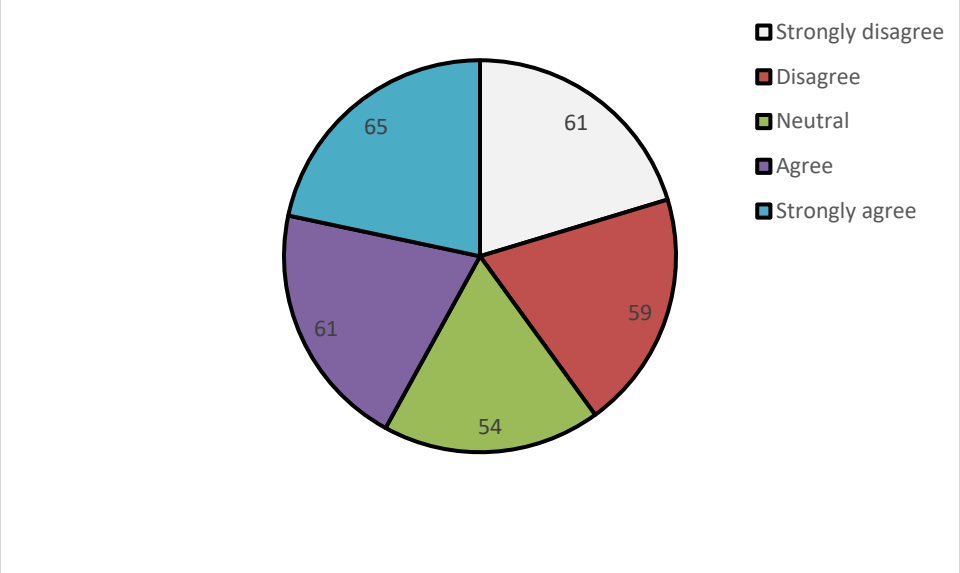


Figure 4.5: Respondents response on whether reception is welcoming or not

4.3.3 Respondents' response on whether waiting time in the queue is not long

The study revealed mixed responses about waiting times. While (n=60; 20%) respondents strongly agreed that waiting time in queues is not long and (n=66; 22%) respondents (agreed that waiting times were acceptable, a significant portion expressed dissatisfaction, with (n=61; 20.4%) disagreeing that waiting time was long and (n=58; 19.3

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%) strongly disagreeing, lastly with (n=55; 18.3%) indicated neutral. Long waiting times were identified as a source of frustration, particularly for employed individuals with limited time. To address the long waiting time in health facilities, there is a need to implement measures aligned with the six ministerial priorities. These include streamlining service delivery to reduce waiting times, improving patient experience through effective communication, and fostering better staff attitudes. Clean and safe waiting environments, consistent availability of resources, and improved infrastructure, such as expanded service counters and queue management systems, can further enhance efficiency and satisfaction.

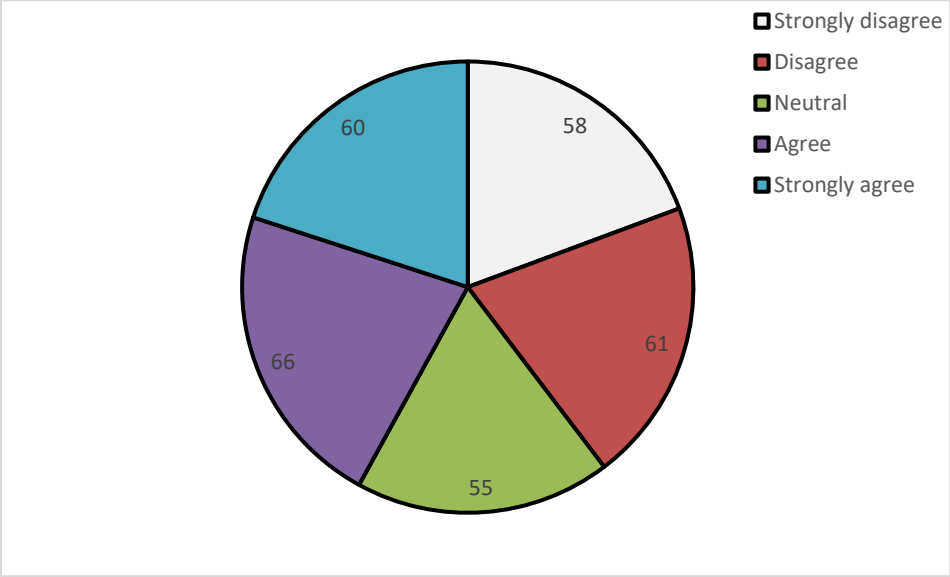


Figure 4.6: Respondents' response on waiting time in the queue is not long

4.3.4 Respondents responses on whether the clinic's environment was clean or not

Cleanliness of the clinic environment (Figure 4.7) was positively rated by (n=69 ;23.0%) respondents who agree that the environment was clean and respondents that showed to strongly agree to the environment being clean were (n=54; 18.0%), while (n=66 ; 22.1%) disagree to the environment being clean, and respondents that strongly disagree to the environment being clean were (n=59; 19.6%) with the remaining number of respondents (n=52, 17.3%) indicated neutral response to the cleanliness of the environment. The high

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satisfaction rate reflects adherence to hygiene standards, but efforts should be made to address concerns raised by the minority to ensure universal confidence in the clinic environment.

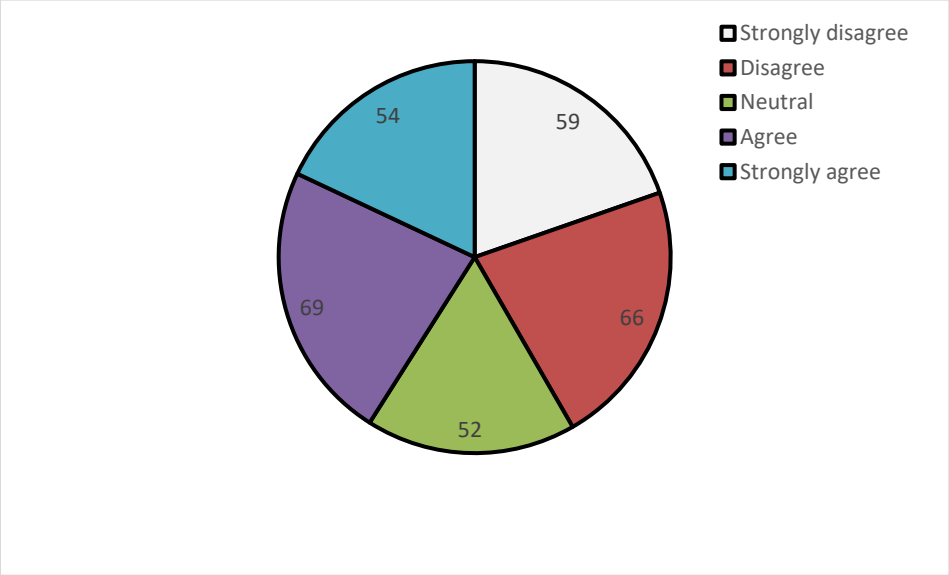


Figure 4.7: Respondents responses on whether the clinic environment was clean or not

4.3.5 Respondents responses on the general service whether it was good or not

General Service quality (Figure 4.8) (n=68; 22.7%) respondents strongly agree that general service they received was good while (n=53; 17.7%) of respondents agree that the service was good, while respondents that indicated a neutral response were (n=61; 20.3%), with (n=61; 20.3%) respondents who strongly disagree to good service and lastly respondents who disagree to general good service were (n=57; 19.0%). While the majority are satisfied, the quarter expressing dissatisfaction points to gaps in resource availability, staff attitudes, or overall service efficiency. Addressing these gaps could significantly boost satisfaction rates.

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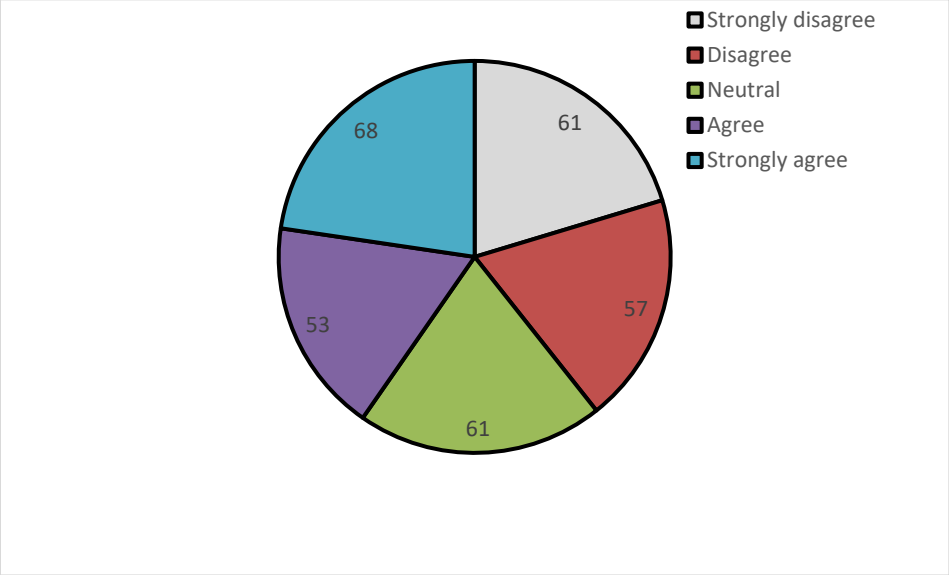


Figure 4.8: Respondents response on whether the general service was good or not

4.3.6 I will recommend this clinic to my relatives

Respondent's willingness to recommend the clinic to relatives (Figure 4.9) was high, with (n=72; 24%) respondents who strongly agreed, while respondents that agreed that they would recommend the clinic to their relatives were (n=58; 19.3%), with (n=71; 23.7 %) stating that they strongly disagree to recommending the clinic to their relatives and those that disagreed to recommending the clinic to their relative were (n=46; 15.3%), while the remaining number of participants (n=53, 17.7%) indicated neutral. According to the researcher, this indicates that most respondents trust the services provided, but resolving the concerns of the dissatisfied minority could improve the clinic's reputation further.

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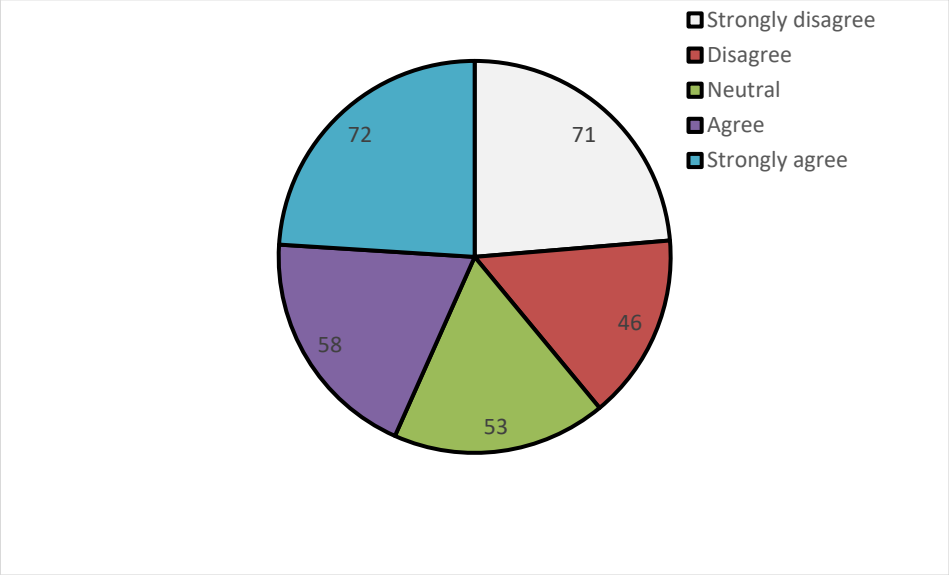


Figure 4.9: participant's response on whether they will recommend the clinic to their relatives

4.3.7 If I am sick again, I will come back to this clinic

Similarly, willingness to return to the clinic **(**Figure 4.10**)** was expressed by (n=58; 19.3%) respondents who agreed they would go back to the clinic if they were sick again and (n=55; 18.3%) respondents strongly agreed that they would go back to the clinic if they were sick again, respondents that strongly disagreed to returning to the clinic if they were sick again were(n=60; 20%), while those that stated they disagree to going back to the clinic if they were sick again were (n=57; 19%) respondents. While the rest decided to indicate neutral which had many responses (n=70, 23.4%). The researcher suggest that high loyalty rate reflects positive patient experiences, although addressing the reasons for the 39% unwillingness to return such as waiting times or perceived service quality remains critical.

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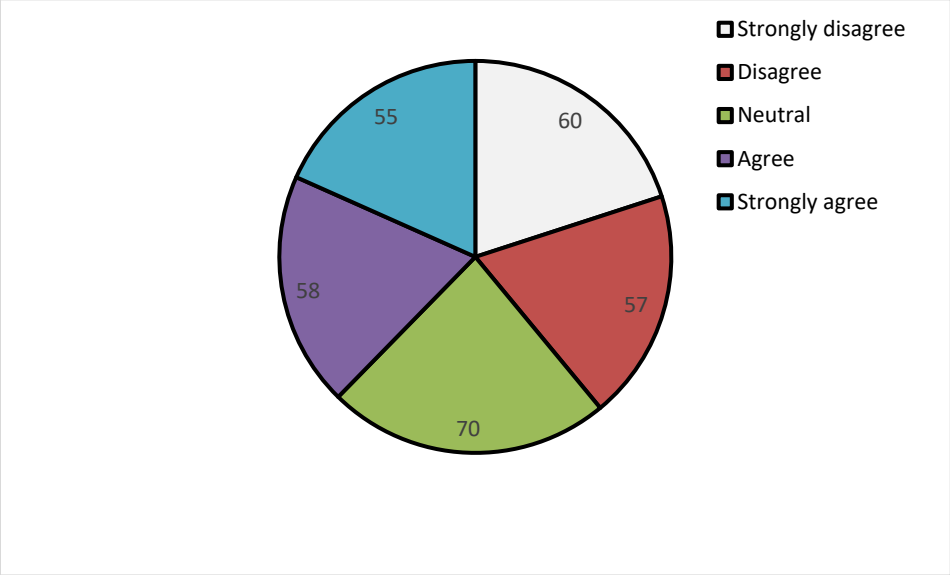


Figure 4.10: Participant's response of whether they can come back or not to the clinic they attended if sick again.

4.4 SECTION C: SATISFACTION WITH PATIENT CARE PROVIDED BY HEALTH CARE PROVIDERS

4.4.1 Patients satisfaction with care provided by health care providers

The data in Table 4.2 shows patients' satisfaction with various aspects of care provided by healthcare providers, as measured by their agreement or disagreement with statements about their experiences. The responses are distributed across five categories: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree.

Several areas show elevated levels of satisfaction. For example, a substantial number of (n=80; 26.6%) respondents strongly agreed that they were satisfied with the nurse's skills, while (n=85; 28.3%) patients strongly agreed that they were satisfied with the overall service provided. Similarly, (n=80; 26.6%) patients strongly agreed that they had confidence in the nurses. However, aspects such as the explanation of patients' rights (only 17.3% strongly agreed) and respect for privacy (21% strongly agreed) indicate room for improvement in patient-provider communication and privacy considerations.

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Other indicators, such as nurses explaining treatment plans (25% strongly agreed) and showing concern (23.6% strongly agreed), reflect moderate levels of satisfaction. However, a sizable portion of patients expressed neutral or negative sentiments about various aspects, such as counseling on their illness (22.6% strongly disagreed) and the time taken for consultations (16.6% strongly disagreed). The researcher suggests variability in the quality of care, highlighting the need for targeted interventions to address areas of dissatisfaction while reinforcing positive practices**.**

Table 4.2: Patient's satisfaction with care provided by health care providers

	Patient's experiences	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly Agree**	
		(N)	*(%)*	*(N)*	*(%)*	*(N)*	*(%)*	*(N)*	*(%)*	*(N)*	*(%)*
1	Nurses explain my rights to me	61	20.3	68	22.6	56	18.6	63	21.2	52	17.3
2	Nurses speak to me in a language that I understand	58	19.3	59	19.6	61	20.3	66	22.0	56	18.8
3	The nurse who treated me was polite	72	24	56	18.7	59	19.7	51	17.0	62	20.6
4	I was pleased with the way I was treated at the clinic	65	21.6	59	19.6	61	20.3	65	21.6	50	16.9
5	The nurse explained to me what was wrong with me	61	20.3	61	20.3	57	19.1	61	20.3	60	20.

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6	The nurse respected my privacy	68	22.6	62	20.6	47	15.6	60	20.0	63	21.2
7	Satisfied with nurse's skills	50	16.6	40	13.3	60	20	70	23.3	80	26.8
8	Satisfied with the service provided	40	13.3	55	18.3	64	21.4	66	22.0	75	22.3
9	I have confidence on nurses	55	18.3	40	13.3	57	19.0	74	24.7	74	24.7
10	Time taken for consultation was good	50	16.6	60	20.0	60	20.0	54	18.0	76	25.4
11	Explanation about my condition was good	60	20.0	50	16.6	54	18	65	21.6	71	23.8
12	The nurse who attended to me showed concern	62	20.8	55	18.3	52	17.3	60	20.0	71	23.6
13	Counselling was given to me regarding my illness	68	22.6	56	18.6	59	19.6	55	18.3	62	20.9
14	Explanation on how to take treatment was given	50	16.7	53	17.6	58	17.3	64	21.3	75	27.1

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4.4.2 The areas or aspects of care that need improvement in the clinic.

On this section only 140 respondents answered on this section with 160 skipping or not having any area where the clinic should improve. Most of the respondents had concerns with waiting time, availability of medication, treatment by nurses, and administration should be improved.

4.4.3 How often do you visit the clinic? Once a month, once in 6 months, once in a year, after 5 years

The bar chart in Figure 4.11 highlights the frequency of clinic visitation among respondents, categorized into four intervals: once a month, once in six months, once a year, and after five years. The largest group (83 respondents) visits the clinic monthly, reflecting regular healthcare engagement driven by chronic conditions, ongoing treatments, or routine check-ups. Similarly, a considerable number of respondents (81) visit the clinic annually, suggesting a preference for yearly health assessments or the management of less urgent medical needs. These patterns demonstrate an active interaction with healthcare services among a substantial portion of the population.

In contrast, sixty-nine respondents visit the clinic every six months, indicating moderate healthcare engagement, potentially for preventive care or periodic follow-ups. Notably, the smallest group (67 respondents) visits the clinic only once every five years, revealing a gap in consistent healthcare access or use. This infrequent attendance may be influenced by perceived good health, financial or logistical barriers, or limited awareness of the benefits of regular check-ups. The data suggests the need for targeted interventions to encourage more consistent healthcare use, particularly for those with limited engagement, to ensure better health outcomes across all groups.

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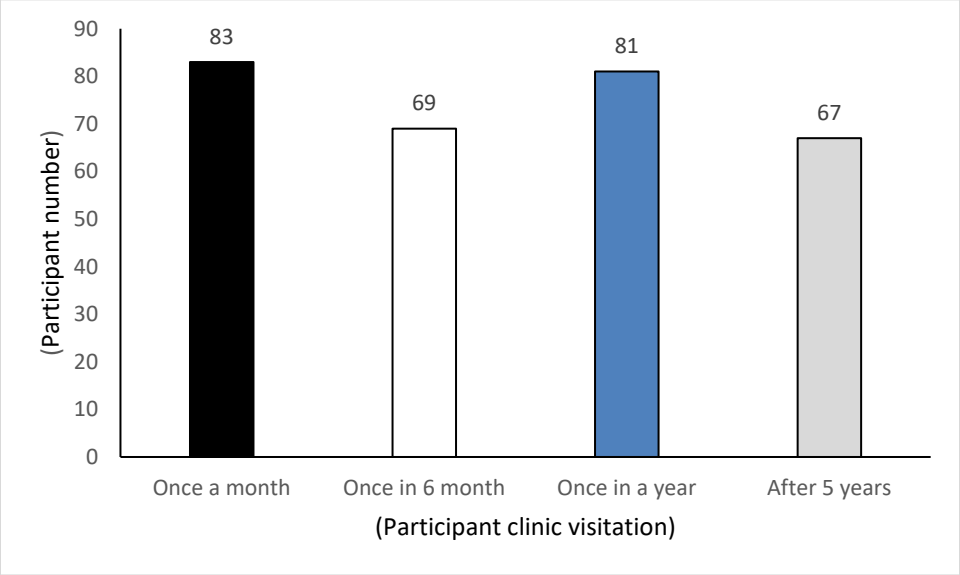


Figure 4.11: Respondents clinic visitation time.

4.5 CHAPTER SUMMARY

This chapter presents the findings and interpretation of the study investigating patient satisfaction with healthcare service delivery at selected clinics in the Thulamela Municipality, Vhembe District. Data collection involved distributing 441 questionnaires between November 4, 2024, and December 13, 2024, with 300 valid responses received. The findings are aligned with the study objective and are analysed through frequency tables, percentages, and visual aids, such as charts and graphs, to provide clarity and support interpretation.

The demographic data reveal that 52.3% of respondents were female, reflecting higher healthcare utilization by women, often driven by maternal and child health needs. The majority of respondents (43%) were aged 19–35 years, highlighting the importance of reproductive and work-related healthcare services. Employment data show that 22.6% of participants relied on South African Social Security Agency (SASSA) grants, indicating a significant need for affordable healthcare services. Furthermore, nearly half (48.6%) of respondents had primary or no formal education, suggesting potential communication challenges and underscoring the importance of simplified, patient-centered communication strategies.

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Patient satisfaction with service delivery varied across different dimensions. Reception experiences received positive feedback from 41.9% of respondents, yet long waiting times emerged as a significant source of dissatisfaction, with 39.6% expressing frustration. Suggestions for improvement include the adoption of digital queue management systems and enhanced infrastructure to streamline patient flow. Cleanliness was rated positively by 41% of respondents, but dissatisfaction from 40% pointed to inconsistencies in maintaining hygiene standards. Similarly, general service quality received mixed reviews, with a quarter of respondents citing resource shortages, staff attitudes, and inefficiencies as areas of concern.

Despite these challenges, many respondents expressed loyalty to the clinics, with a massive portion indicating a willingness to return or recommend the services to others. However, dissatisfaction with waiting times and perceived inefficiencies reduced trust among some patients, highlighting the need for targeted improvements.

Regarding satisfaction with healthcare providers, the study found that while many respondents were confident in the nurses' skills and overall care (28.3% strongly agreeing), there were concerns about insufficient communication and counselling. Only 17.3% of respondents strongly agreed that their patient rights were adequately explained, while 22.6% strongly disagreed about receiving proper counselling for their illnesses. These findings underscore the need for better patient-provider communication, enhanced privacy measures, and improved counselling services.

Key areas for improvement identified include reducing waiting times, ensuring consistent availability of medication, improving nurse-patient interactions, and addressing administrative inefficiencies. Targeted interventions, such as staff training and resource optimisation, are essential to address these gaps and improve the overall patient experience. While the study highlights trust in the clinics' services among many respondents, addressing the identified shortcomings can enhance satisfaction and promote better healthcare outcomes.

The next chapter presents a comprehensive summary of the study, followed by a detailed discussion of the findings, conclusions drawn from the research, and recommendations for future practice and investigation.

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CHAPTER 5

SUMMARY, DISCUSSIONS, CONCLUSION, RECOMMENDATIONS

5.1 SUMMARY

Chapter 1: Orientation to the Study

The introduction provided a detailed background on the critical role of patient satisfaction in assessing healthcare service delivery quality. It highlighted the relevance of patient satisfaction surveys in improving healthcare systems and the challenges in meeting patients' expectations in resource-limited settings like the Thulamela Municipality. The study aimed to bridge the gap in understanding the satisfaction levels and key factors influencing it in rural clinics, emphasizing the importance of equitable and patient-centered healthcare.

Chapter 2: Literature Review

The literature review explored global, regional, and local patient satisfaction studies, emphasizing service quality, communication, accessibility, and waiting times. The SERVQUAL model was identified as a valuable framework for analysing service gaps and their impact on satisfaction. Gaps in literature, particularly in rural settings, were noted, which the study aimed to address. The review underscored the importance of aligning healthcare services with patient expectations to enhance satisfaction and improve outcomes.

Chapter 3: Research Methodology

This chapter describes the study's quantitative, cross-sectional design and how it was applied to gather data from patients at selected clinics in Thulamela Municipality. The sampling process ensured the inclusion of diverse demographics, while structured questionnaires captured patient experiences comprehensively. Ethical considerations,

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including informed consent and confidentiality, were rigorously followed, ensuring the credibility and reliability of the research.

The results revealed mixed levels of patient satisfaction. While factors like clinic cleanliness and nursing skills received favourable ratings, long waiting times and inadequate communication from healthcare providers were significant areas of dissatisfaction. Demographic characteristics, such as gender, age, and education levels, influenced satisfaction levels, with women and younger patients expressing higher engagement with healthcare services. The findings highlighted the need for operational improvements, better staff training, and resource optimization to address these issues.

Chapter 4: Presentation and Interpretation of Results

The results revealed mixed levels of patient satisfaction. While factors like clinic cleanliness and nursing skills received favourable ratings, long waiting times and inadequate communication from healthcare providers were significant areas of dissatisfaction. Demographic characteristics, such as gender, age, and education levels, influenced satisfaction levels, with women and younger patients expressing higher engagement with healthcare services. The findings highlighted the need for operational improvements, better staff training, and resource optimization to address these issues.

5.2. DISCUSSION OF FINDINGS

The study revealed that female respondents (52%) were slightly more dominant than male respondents (48%). This aligns with global trends, as women are generally more frequent users of healthcare services due to maternal health needs and care-giving roles (WHO, 2021).

Regarding patient satisfaction, previous research suggests that gender plays a role in healthcare experiences and perceptions. Women often report higher satisfaction levels than men, as they tend to have more frequent interactions with healthcare providers, leading to better familiarity and communication (Ferreira, Vieira, Pedros, Caldas, &

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Varela, 2023). However, in some cases, women may also express dissatisfaction due to gender biases in medical care or perceived neglect of their health concerns (Heisi Greene, Opper, Stavropoulou, Harper, Nascimento, Zewdie, Darmstadt, Greene, Hawkes, & Henry, 2019)

In this study, female respondents reported higher satisfaction with healthcare providers' communication and overall service. This may be due to women's greater likelihood of actively seeking care, asking questions, and forming relationships with healthcare staff. Studies indicate that women are more engaged in healthcare decision-making and tend to place a higher value on provider empathy and effective communication (Hong & Oh, 2020). On the other hand, male respondents expressed more dissatisfaction with waiting times and service efficiency, which aligns with literature indicating that men prefer quick and efficient service encounters with minimal delays. (Greenspan, Chebet, Mpembeni, Mosha, Impunga, Winch, Kilewo, Baqui, & McMahon, 2019).

The findings suggest that clinics should adopt a gender-sensitive approach to service delivery. For instance, strategies such as streamlining processes to accommodate men’s preference for efficiency while also ensuring that women receive the comprehensive care, they require can enhance satisfaction across both groups. Furthermore, training healthcare staff to address gender-specific needs and concerns effectively can improve patient experiences for all demographics.

The findings showed mixed levels of satisfaction with various aspects of service delivery. For example, 41.9% of participants reported a positive reception experience, showing that clinic staff had made efforts to provide a welcoming environment. However, dissatisfaction with waiting times (39%) shows the need for operational improvements. Long waiting times have consistently been identified as a significant source of patient frustration in healthcare facilities Rwashana, Williams, & Neema, (2019). Digital queue management systems, staff allocation optimization, and patient flow improvements have been shown to alleviate this issue, as noted in a study by Rwashana, et al, (2019).
Clinic Cleanliness received favourable ratings from 41% of respondents, reflecting adherence to basic hygiene standards. Cleanliness is crucial in healthcare settings as it

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reassures patients about the environment's safety (WHO, 2021). However, dissatisfaction expressed by 40% of participants points to inconsistencies in keeping these standards. Routine hygiene checks and staff training on infection prevention can enhance overall perceptions of cleanliness and patient confidence.

General Service quality was positively rated by 40.2% of participants, yet a quarter expressed dissatisfaction. This discrepancy may stem from resource shortages, staff attitudes, or inefficiencies in service delivery. According to Donabedian's (2014) framework, structural and process improvements such as addressing staffing shortages, investing in medical supplies, and fostering a patient-centered culture are essential for enhancing service quality.

Several determinants of patient satisfaction were highlighted, with varying levels of success in meeting patient expectations. Nurses' skills were rated highly, with 50% of participants expressing satisfaction. These results align with the findings of the study conducted by (Karaca, and Durna, (2019), which highlighted the critical role of skilled healthcare professionals in influencing patient trust and satisfaction. However, areas such as explaining patient rights (17.3% strongly agreed) and respecting privacy (17.3%) were flagged as needing improvement. Privacy and communication are foundational elements of patient-centered care, as emphasized Naughton, (2018). Training staff in respectful communication and maintaining confidentiality can improve these dimensions of care.

Another key determinant was the adequacy of counseling and follow-up. Dissatisfaction with counseling (22.6% strongly disagreed) suggests that patients may not be receiving sufficient guidance on managing their health conditions. This gap aligns with the findings by Weinkove, McQuilten, Adler, Agar, Blyth, Cheng, Conyers, Haeusler, Hardie, Jackson, and Lane, (2020) which emphasize the positive impact of patient counselling treatment adherence and outcomes. Efforts to integrate patient education sessions and provide tailored follow-up care can address these concerns and foster greater satisfaction.

The socio-demographic profile of participants significantly influenced their satisfaction levels. Female participants were the majority (52.3%), reflecting global trends of higher healthcare use among women due to reproductive health needs and caregiving roles (WHO, 2021). This result is similar to the findings by Langer, Meleis, Knual, Atun, Aran,

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Arreola-Ornelas, Bhutta, Binagwaho, Bonita, Caglia and Cleason, (2015), which showed that women's have greater probability of seeking preventive and maternal health services. The predominance of participants aged 19–35 years (43%) further supports the role of age-specific health issues, such as reproductive health and work-related illnesses, as drivers of healthcare access. This age group often faces unique healthcare demands, including antenatal care and workplace stress, requiring tailored services.

Educational background appeared as a critical factor influencing healthcare interactions. Almost half of the participants (48.6%) had primary or no formal education, which may hinder their understanding of healthcare procedures and communication with providers. These results are similar to the study by Mbanda (2020) emphasize the importance of health literacy interventions, such as simplified communication strategies and visual aids, in enhancing patient comprehension and satisfaction. Clinics serving low-education populations should consider integrating these strategies to bridge the communication gap and improve service delivery.

5.3. LIMITATIONS OF THE STUDY

There are limitations to the study. First, the general level of patient satisfaction may have been impacted by the patient's reluctance to express their satisfaction with the care they received at the clinic. This study cannot be generalized since it was conducted in a small geographical area. Additionally, the healthcare professionals (HPCs) might enhance patients' care during collection, which could affect the study's conclusion.

5.4. RECOMMENDATIONS

5.4.1. Recommendations to HCP'S

- HCPS should have a system in place that ensures adequate stock levels through effective supply chain management to mitigate patient dissatisfaction related to medication shortages.
- The staff should be regularly trained on patient service and fostering a culture of empathy and respect to help improve staff attitude.

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- HPCS should conduct interviews where they engage with patients to assess their health needs and identify gaps that needs to be filled this will help them to understand the patient's level of satisfaction.

5.4.2. Recommendations to Department of Health

To improve service delivery and patient satisfaction, the following recommendations are proposed:

- Employ quality assurance officers to ensure compliance with healthcare standards and enhance service delivery monitoring.
- Conduct regular surveys on quality improvement to assess patient experiences and identify key areas requiring intervention.
- Create dedicated posts focusing on customer care challenges to enhance patient engagement and address service-related complaints.
- Implement strategic measures to reduce service delays, such as optimizing resource allocation and improving patient flow management.

5.4.3. Recommendations to the community

- The community should familiarise themselves with services offered at their local clinics, how they access them and their rights.

5.5. CONCLUSIONS

The results of this study offer valuable insights into patient satisfaction determinants within Thulamela Municipality clinics. While there are positive aspects, such as skilled nursing care and adherence to hygiene standards, areas like waiting times, communication, and counselling require targeted interventions. Incorporating patient feedback into service improvement plans, alongside evidence-based strategies, can enhance the quality of care and foster greater trust and satisfaction among patients.

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APPENDICES/ANNEXURES

APPENDIX A: ETHICS CERTIFICATE

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ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms T Netshikweta

STUDENT NO:
18017936

PROJECT TITLE: **An Investigation of Patient Satisfaction on Service Delivery at the Selected Clinics in the Thulamela Municipality, Vhembe District.**

ETHICAL CLEARANCE NO: **FHS/24/PH/07/0708**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr BS Manganye	UNIVEN, PUBLIC HEALTH	Supervisor
Ms T Netshikweta	UNIVEN, PUBLIC HEALTH	Investigator – Student

Type: Masters Research
Risk: *Minimal risk to humans, animals, or environment* (Category 2)
Approval Period: **August 2024 – August 2025**

The Human and Clinical Trials Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project.
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately,
  - New institutional rules, national legislation or international conventions deem it necessary.

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: August 2024

Name of the HCTREC Chairperson of the Committee: Prof NS Mashau

Signature:

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2024 -08- 07
Private Bag X5050
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University of Venda
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APPENDIX B : APPROVAL LETTER FROM DEPARTMENT OF HEALTH

University of Venda
Creating Future Leaders

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

Ref : LP_2024-08-023
Enquires : Legodi P
Tel : 015-293 6028/6410
Email : Malesela.Legodi@dhsd.limpopo.gov.za

NETSHIKWETA THAMA

CC: UNIVERSITY TO ENSURE COMPLIANCE WITH CLAUSE 2d OF THIS APPROVAL LETTER

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

AN INVESTIGATION OF PATIENT SATISFACTION ON SERVICE DELIVERY AT THE SELECTED CLINICS IN THE THULAMELA MUNICIPALITY, VHEMBE DISTRICT

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
   a. Present this letter of permission to the office of District Executive Manager a week before the study is conducted.
   b. This permission is **ONLY** for Lwamondo Clinic, Muledane Clinic, Shayandima Clinic, Thohoyandou CHC, William Eddie CHC
   c. In the course of your study, there should be no action that disrupts the routine services or incur any cost on the Department.
   d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   f. **The approval is only valid for a 1-year period.**
   g. If the proposal has been amended, a new approval should be sought from the Department of Health
   h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

pp **Head of Department** **Date** 7/10/2024

Private Bag X9302, Polokwane 0700
Fidel Castro Ruz House, 18 College Street, Polokwane 0700
Tel: 015 293 6000. Fax: 015 293 6211. Website: www.doh.limpopo.gov.za

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APPENDIX C: LETTER OF INFORMATION

RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

Appendix B

LETTER OF INFORMATION

Title of the Research Study : **An Investigation of Patient Satisfaction on Service Delivery: A Case Study of Thulamela Local Municipality**

Principal Investigator/s/ researcher : Netshikweta Thama

Co-Investigator/s/supervisor/s : **Dr Manganye BS**

- **Brief introduction:** I Netshikweta Thama, am a public health student at the University of Venda embarking on research title **"An investigation of patient satisfaction on service delivery at the selected clinics in Thulamela municipality, Vhembe District.** I would like you to participate on the study noting that you are not forced and if you come across words that you do not understand please feel free to ask for clarity, so I can explain.

Purpose of the Study

The purpose of the study is to investigate the patient satisfaction by healthcare practitioners regarding service delivery at Thulamela local municipality clinics.

Outline of the Procedures :

The respondents will be responsible to complete the questionnaires. The questionnaires were delivered to the respondents to complete in their preferred places. The researcher gave respondents at least 20-25 minutes complete questionnaires. The researcher personally collected questionnaires from the respondents. Questionnaires were delivered to everyone who is fifteen years and above who reside in Thulamela local municipality.

Risks or Discomforts to the Participant

The researcher is investigating a sensitive topic, and therefore participant's identities is going to be protected. There will be no risk or injury from participating in the study. The researcher will ensure confidentiality to respondents.

Benefits : (*To the participant and to the researcher/s e.g. Publications*)

Upon completion of the research, a workshop will be organized in order to present to them the findings of the research. If this strategy fails due to costs that may arise, the researcher intends to make copies of findings distributed to the respondents. The study will be published at the University of Venda library and also extracts from this study will be submitted on accredited journals for publication.

Reason/s why the Participant May Be Withdrawn from the Study: (*Non-compliance, illness, adverse reactions, etc. Need to state that there will be no adverse consequences for the participant should they choose to withdraw)*

Participation in the study is voluntarily, and respondents can withdraw at any given time if they do not feel comfortable. Even those who could not complete the questionnaires are not going to face any consequences.

Remuneration : respondents will not receive any payments

Costs of the Study : All the costs will be covered by the researcher. researcher will deliver and collect the questionnaires.

Confidentiality : respondents will remain confidential

Sharing the results : No information will be shared to anyone outside The research team and no name will be attached To the information you have provided

General : participation is voluntary

APPENDIX D: UNIVEN STANDARD CONSENT FORM

CONSENT

Statement of Agreement to Participate in the Research Study:

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- I hereby confirm that I have been informed by the researcher, (Netshikweta Thama), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: FHS/24/PH/07/07/08
- I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature

(*Name of researcher*) herewith confirm that the above participant has been fully

Informed about the nature, conduct and risks of the above study.

Full Name of Researcher

Netshikweta Thama Date: 04/11/2024 Signature 

Full Name of Witness (If applicable)

APPENDIX E: DATA COLLECTION QUESTIONNAIRE GUIDE

QUESTIONNAIRES

PLEASE MARK RESPONSES ON THIS QUESTIONNAIRE

IF YOU NEED HELP, PLEASE DO NOT HESTITATE TO ASK THE RESEARCHER

Questionnaire Number……. Clinic…….

SECTION A: DEMOGRAPHIC DETAILS

Please give your answers to each of the following questions.

1.

GENDER	MALE	FEMALE
CODE	1	2

2.

AGE GROUP	<18	19-35	36-60	>60
CODE	1	2	3	4

3. EMPLOYMENT STATUS

STATUS	UNEMPLOYED	SELF EMPLOYED	EMPLOYED	STUDYING	PENSION	SASSA GRANT
CODE	1	2	3	4	5	6

4. EDUCATION LEVEL

EDUCATION LEVEL	**CODE**
NONE	1
PRIMARY	2
SECONDARY	3
TERTIARY	4
OTHER (SPECIFY)	5

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SECTION B: PATIENT SATISFACTION WITH THE CLINIC WHERE CARE WAS PROVIDED

Please answer the questions as honestly as possible by ticking

B	Patient's general satisfaction with the clinic	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	I have visited the clinic to receive care in the past					
2	The reception is welcoming					
3	Waiting time on the que is not long					
4	The clinic's environment is clean					
5	General service is good					
6	I will recommend this clinic to my relatives					
7	If I am sick again, I will come back to this clinic					

SECTION C: SATISFACTION WITH PATIENT CARE PROVIDED BY HEALTH CARE PROVIDERS

Please answer the questions as honestly as possible by ticking

C	Patient's experiences	Strongly disagree		Disagree		Neutral		Agree		Strongly Agree	
		(N)	*(%)*	*(N)*	*(%)*	*(N)*	*(%)*	*(N)*	*(%)*	*(N)*	*(%)*
1	Nurses explain my rights to me										
2	Nurses speak to me in a language that I understand										

3	The nurse who treated me was polite										
4	I was pleased with the way I was treated at the clinic										
5	The nurse explained to me what was wrong with me										
6	The nurse respected my privacy										
7	Satisfied with nurse's skills										
8	Satisfied with the service provided										
9	I have confidence on nurses										
10	Time taken for consultation was good										
11	Explanation about my condition was good										
12	The nurse who attended me showed concern										
13	Counselling was given to me regarding my illness										
14	Explanation on how to take treatment was given										

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15. What are the areas or aspects of care that need improvement in the clinic?

16. How often do you visit the clinic? Once a month, once in 6 months, once in a year, after 5 years

APPENDIX F : TURNITIN REPORT

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ORIGINALITY REPORT

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APPENDIX G: EDITOR'S LETTER

Office no: 125, Building, A3 B School of Languages, Faculty of Humanities, North-West University Innocent.Zitha@nwu.ac.za Office Tel : 0183892655



To whom it may concern

Dear Sir/Madam

This is to authenticate that I, Zitha Innocent, have proofread and edited a dissertation for a Master of science in the Department of Public Health in the Faculty of Health Sciences at the University of Venda entitled **An Investigation of Patient Satisfaction on Service Delivery at the Selected Clinics in the Thulamela Municipality, Vhembe District**

By

Thama Netshikweta

Student number: 18017936

I have meticulously and comprehensively inspected this dissertation for consistency, coherence, and correctness of language use, ensuring proper register usage and citations. I have suggested several amendments, which were communicated to the student for consideration and implementation. The student has undertaken to effect these amendments before this dissertation is finally submitted.

Date: 18/02/2025

BA Hons (English), MA (English), PhD (current studies), Lecturer (English) @ North-West University